CIRCULAR

No. MCI-Academics/2019/168360 Date:02/12/2019

To,

1. Conveners of MCI Regional and Nodal Centres
2. Dean/Principal of all Medical Colleges.

Subject:- Implementation of Competency Based Curriculum- Part II of the Regulations on Graduate Medical Education, 1997- Reg.

This is to inform all concerned that on 06th November 2019, the Board of Governors in Supersession of Medical Council of India had with the prior approval of Central Government notified in Gazette of India, Part II of the Regulations on Graduate Medical Education, 1997. These Regulations constitute the governing regulations with respect to batches admitted in MBBS course from academic year 2019-20 onwards. A copy of these regulations is available on MCI website under the link E-Gazette. These Regulations give effect to the competency based learning including designing and implementing the new competency based Medical Education curriculum that focuses on the desired and observable ability in real life situations in order to effectively fulfil the roles of Indian Medical Graduate as (a) Leader and member of the health care team and system; (b) Communicator with patients, families, colleagues and community; (c) Life-long learner committed to continuous improvement of skills and knowledge; and (d) professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession. The "COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE" is also available on the MCI website.

In order to roll out the curriculum successfully the MCI and its Nodal and Regional centres had conducted "Curriculum Implementation Support

Program" (CISP) workshops for sensitizing faculty of Medical Colleges about the competency based UG curriculum. It has come to the notice of this Council that some of the Medical Colleges have not conducted the Curriculum Implementation Support Program (CISP).

Those Medical Colleges that have till date not conducted the CISP program, are hereby directed to coordinate with the Incharge (Convener) of their respective Nodal and Regional Centres and get the program conducted expeditiously for their Medical College Faculty. The observer from Nodal and Regional Centre who will be designated to supervise the conduct of the CISP Program in these Medical Colleges, where CISP is proposed to be held now, will be paid TA/DA and honorarium by the College concerned and an Undertaking from the Dean/Principal of the concerned College has to be given in this regard to the Nodal and Regional Centre for getting the CISP conducted/supervised.

Such workshops are in the interest of the MBBS students and Faculty of the Medical Colleges. The Council shall in due course seek report of participation in CISP from all Medical Colleges.

Sd/-
(Dr. R.K. Vats)
Secretary General

BOARD of GOVERNORS in supersession
of Medical Council of India

COMPETENCY BASED UNDERGRADUATE CURRICULUM
FOR THE INDIAN MEDICAL GRADUATE

Knows Knows how Shows Shows how Performs

Observe

Demonstrate

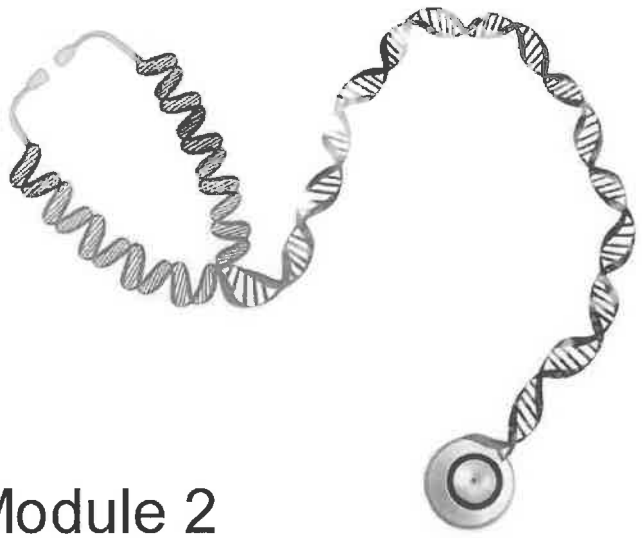
Enumerate

Assist

Counsel

Describe

Prescribe



Analyse

Integrate

Guide

Communicate

Correlate

Interpret

Module 2

Early Clinical Exposure

Critique

Collaborate

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge	Skills	Attitude	Values	Responsiveness	Communication

Curriculum Implementation Support Program

Early Clinical Exposure for

Undergraduate Medical Education

Program

2019

Medical Council of India
Pocket-14, Sector-8, Dwarka,
New Delhi 110 077

All rights reserved. No part of this publication/documents may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission from Academic Cell of Medical Council of India, except for the use in Curriculum Implementation Support Program by medical teachers and institutions as well as in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by copyright law. 2019.

How to cite: Medical Council of India. Early Clinical Exposure for the Undergraduate Medical Education Training Program, 2019: pp 1-43.

Dr. Vinod K. Paul
MD, Ph.D, FASc, FNASc, FAMS, FNA
Chairman
Board of Governors in Super-session of
Medical Council of India
Sector-8, Pocket-14,
Dwarka, New Delhi-110 077
Ph: +91-11-25367039
Fax: +91-11-25367031
Website: www.mciindia.org



डॉ विनोद कुमार पॉल
एम.डी., पी.एचडी., एफ.ए.एस., एफ.ए.एन.एस.
एफ.ए.एम.एस., एफ.एन.ए
अध्यक्ष
भारतीय आयुर्विज्ञान परिषद के
अधिक्रमण में शासी बोर्ड
सेक्टर-8, पॉकेट-14,
द्वारका, नई दिल्ली-110 077
फोन: +91-11-25367039
फैक्स: +91-11-25367031
वेबसाइट: www.mciindia.org

Foreword

Early Clinical Exposure

The primary objective of medical education is to prepare students for a lifetime of patient care. The students must not lose this perspective through their years of study. One of the key requisites of a curriculum is providing relevance to learning. The competency driven curriculum developed for the MBBS program has several unique features that guides student learning by maintaining a focus on patients.

Early Clinical Exposure introduces some aspects of clinical and social contexts of patient care into the first year of undergraduate teaching program. The purpose of this program is to provide a reference to basic science learning so that students can understand the applicative aspects of learning. Importantly it helps to reinforce comprehension of normal and its altered expression and disease states.

Early patient contact by the student is desirable because it introduces the learner to the most important stakeholder in his or her career at a nascent time; this will hopefully provide the stimulus and encouragement required for the learner to focus on the task ahead. Simple designed programs - allowing patient interaction/context in a supervised setting - will facilitate the student to learn from patient's perception of illness, its effect on health, its impact on family relationships and well-being and professional activity. Providing such opportunities for "immersive learning" early in the curriculum will shape the learner's commitment to care, empathy, altruism and service, the guiding principles enshrined in the new curriculum.

Introduction of Early Clinical Exposure in the undergraduate curriculum fulfills a long standing request of educators. This booklet incorporates some ideas and best practices gleaned from experts and institutions across the country. We are confident that each institution will add to this corpus of experience, their own lessons, cases and modules and hopefully share them with other institutions.

The Early Clinical Exposure program is designed to enrich the learning experience of the student and provide him or her tools that will not only strengthen the foundation laid in the first phase, but also bring to focus the larger import of learning done in that phase to future phases and career. We are grateful to the members of the Expert Group and the Academic Cell for painstakingly putting this booklet together. We hope that teachers and institutions will benefit from the suggestions provided herein and can successfully adapt and apply them into their own environment.

Chairman, BOG

Phone : 25367033, 25367035, 25367036
दूरभाष : 25367033, 25367035, 25367036
Fax : 0091-11-25367024
E-mail : mci@bol.net.in
Website : www.mciindia.org



पॉकेट – 14, सेक्टर – 8
द्वारका फेस– 1
नई दिल्ली–110 077
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA
BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

Foreword

Early Clinical Exposure

This booklet provides a suggested pattern for the Early Clinical Exposure component for the MBBS program commencing 2019. The Early Clinical Exposure component allows students to understand basic science from an applicative perspective. The ability to learn concepts with their future application will generate interest and provide for greater retention and comprehension in the learner. One key aspect of this component is provision of authentic human contact. Exposure to patients and their families early will be a great influence on the professional and personal development of students and provide a stimulus to improved learning.

This booklet has been developed by experts invited by the Board of Governors in super cession of the MCI and incorporates their vast expertise and experience. The time and effort spent in creating this guide that can be used by institutions to develop their own learning process and content is gratefully acknowledged. Appreciation is also due to the efforts of the Academic Cell and of the faculty at various Regional and Nodal centers who worked tirelessly to ensure that the new competency driven curriculum and its various unique components are implemented fully and flawlessly across the medical colleges in the country.

Secretary General

Expert Group

1. **Dr. Avinash Supe**
   Former Director (ME and MH) and Dean, Emeritus Professor,
   Departments of G I Surgery and Medical Education
   Seth GS Medical College and KEM Hospital, Mumbai – 400012

2. **Dr. Krishna G. Seshadri**
   Member, Board of Management
   Visiting Professor
   Departments of Endocrinology, Diabetes and Medical Education
   Sri Balaji Vidyapeeth, Puducherry - 607 403

3. **Dr. R. Sajith Kumar**
   Professor and Head, Departments of Infectious Disease and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Government Medical College, Kottayam, Kerala – 686008

4. **Dr. P.V. Chalam**
   Principal and Professor, Department of Surgery
   Bhaskar Medical College, RR Dist., Telangana – 500075

5. **Dr. Praveen Singh**
   Professor and Head, Departments of Anatomy and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Pramukhswami Medical College, Karamsad, Gujarat - 388325

6. **Dr. Tejinder Singh**
   Professor, Department Medical Education
   Sri Guru Ram Das Institute of Medical Sciences and Research
   Amritsar, Punjab – 143501

7. **Dr. P.V. Vijayaraghavan**
   Convener, MCI Nodal Centre,
   Vice Chancellor and Professor of Orthopedics,
   Sri Ramachandra Medical College and Research Institute,
   Porur, Chennai-600116.

8. **Dr. Subir K. Maulik**
   Professor, Department of Pharmacology
   All India Institute of Medical Sciences, New Delhi-110029

9. **Dr. M Rajlakshmi**
   Chief Consultant, Academic Cell, Medical Council of India,
   Pocket 14, Sector 8, Dwarka, NewDelhi 110077.

Additional Contributions from

1. **Dr. Munira Hirkani**
   Associate Professor, Department of Physiology
   Co- Convener, MCI Nodal Centre for Faculty Development
   Seth GS Medical College and KEM Hospital, Mumbai – 400012

2. **Dr. Dinesh K Badyal**
   Professor, Departments of Pharmacology and Medical education
   Convener, MCI Nodal Centre for Faculty Development
   Christian Medical College, Ludhiana, Punjab – 141008

Curriculum Implementation Support Program

Module – 2

EARLY CLINICAL EXPOSURE

Early Clinical Exposure

Guidelines for Universities, Curricular Committees and Faculty

Early Clinical Exposure (ECE) provides a clinical context and relevance to basic sciences learning. It also facilitates early involvement in the healthcare environment that serves as motivation and reference point for students, leading to their professional growth & development.

1. Objectives of the Document are to:

- Describe the modalities of applications of ECE in a medical college
- Facilitate the development of modules of ECE for students
- Facilitate Implementation of ECEin their medical college

2. Introduction:

Students require context to understand basic sciences. They also require grounding in human and social aspects of the practice of medicine. Early clinical correlation and exposure to clinical environment will provide a point of reference and relevance to the novice learner. The ECE program in the MBBS curriculum tries to create an opportunity for students to correlate learning in Phase I subjects with their clinical application. Learning of basic sciences with respect to a clinical context can improve student's motivation to learn and also improve retention. It also provides authentic human context and early introduction to immersion into the clinical environment.

The MBBS curriculum has therefore been modified such that clinical exposure can be introduced earlier along with the basic sciences. Students will be able to learn the basic and clinical sciences by means of integrating learning activities, like early clinical contact, clinical skills, communication skills or task-based learning sessions.

Students can be exposed to clinical experiences in various forms and in a variety of settings which are outlined in this booklet. This does not reduce the

importance of traditional basic science instruction, but enriches and contextualizes the learning for the students.

3. Objectives of Early Clinical Exposure:

The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

(a) Recognize the relevance of basic sciences in diagnosis, patient care and treatment
(b) Provide a context that will enhance basic science learning
(c) Relate to experience of patients as a motivation to learn.
(d) Recognize attitude, ethics and professionalism as integral to the doctor-patient relationship
(e) Understand the socio-cultural context of diseases through the study of humanities

4. Elements of ECE:

The three elements of ECE are:

1. Provision of clinical correlation to basic sciences learning.
2. Provision of authentic human contact in a social or clinical context that enhances learning in the early/pre-clinical years of undergraduate education.
3. Introduction to humanities in medicine

Salient Principles:

The key principles underlying early clinical exposure are providing a clinical context and ensuring patient centricity. Early clinical exposure provides for the three key elements listed above. The clinical context can include case scenario, videos, actual patient, simulated patient etc. The presence of actual patients in every sessions of ECE, though not essential, is preferred. Therefore, ECE is exposure to the relevant clinical context in earlier years. It must be noted

that purpose of ECE is not to prepone the conventional clinical teaching but to provide better understanding of basic sciences through a clinical context.

5. Context from proposed GMER 2019:

9.2.1 Objectives:

The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

(a) Recognize the relevance of basic sciences in diagnosis, patient care and treatment
(b) Provide a context that will enhance basic science learning
(c) Relate to experience of patients as a motivation to learn
(d) Recognize attitude, ethics and professionalism as integral to the doctor-patient relationship
(e) Understand the socio-cultural context of diseases through the study of humanities

9.2.2 Elements:

a) **Basic science correlation:** To apply and correlate principles of basic sciences as they relate to the care of the patient (this will also become part of integrated modules).
b) **Clinical skills:** To include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training will be imparted in the time allotted for early clinical exposure).
c) **Humanities:** To introduce learners to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

6. Structure of the program for students:

Planning of activities & its distribution

It would be desirable to plan all teaching learning sessions in basic sciences around a clinical scenario so that students understand its relevance. But the clinical scenario in ECE should not be restricted to just the initial part of the teaching sessions, but form a framework around which learning will occur.

The time allotted for ECE in first year (as per GMR, 2019) is 90 hours which has to be equally divided among the three preclinical subjects. So the time available for each subject is 30 hours. It is suggested that, it can be further divided as follows:

1. **Basic sciences correlation** (18 hours): One three hour session per month for 6 months may be allotted. The clinical context can be introduced using actual patient contact or by use of paper based cases, charts (e.g. use of spirogram, electromyogram with its clinical correlation), graphics (e.g. using photos of gigantism/hypothyroidism/ Cushing's syndrome in endocrinology), videos (e.g. videos depicting normal & abnormal respiratory movements, embryology, endoscopy, laryngoscopy etc.), reports (e.g. blood/urine reports indicating biochemical markers), field visits etc. in community/ hospital laboratories.

2. **Clinical skills (experience and human context)** (12 hours): Three hour session per month for 4 months per department may be allotted. Cases may be demonstrated by preclinical faculty or clinicians, in out-patient departments/ wards/ demonstration rooms, as feasible, in small groups.

   Each 3-hour session of clinical experience can follow the guidelines below:

   - Introduction to the module & instruction by preclinical faculty: 30 minutes

- Clinical experience (in groups at different places like wards/OPDs/classrooms with guided observation/checklist): 1 hour 30 minutes
- Summary & conclusion (with learning points): 30 minutes
- Reflection (with guidance & monitoring) on what was learnt: 30 minutes

Examples of clinical context and related learning outcomes are provided in **Annexure I.**

Examples of deviations from normal to be observed and noted by student when exposed to clinical context are given in **Annexure II**. These can be used while preparing observation guides.

It is important to finalise a detailed observation guide for students and instruct them, before the actual interaction, regarding what he/she is supposed to observe during the ECE session. In observation guide, list out clinical features the student has to focus in the particular context. You may refer to the sample modules for ECE given in **Annexure III.**

3. **Humanities:** This will be merged with AETCOM module and therefore no additional time is allotted.

   A sample for Humanities module is attached in **Annexure IV**

7. Formative & Internal Assessment:

Formative assessment will have a major role in the teaching of Early Clinical Exposure. The assessment must focus on students' activities during ECE. Students will participate in various activities such as case based scenarios, live patient's interactions, simulated patients, videos etc. A record of these activities should be maintained and assessed periodically.

Elements from ECE should be included as appropriate in formative and summative assessments of the respective subjects.

A) Internal Assessment:

Early Clinical Exposure should be part of internal assessment for the respective subject. During assessment, questions should test clinical correlation in basic sciences.

B) University Examinations:

It is suggested that examinations should include elements from ECE to test the ability of the student to apply basic science knowledge in clinical context.

The Modified Essay Questions (Problem based long answer questions), Clinical vignette based Short Answers Questions (SAQ), objective type questions (e.g. Multiple Choice Questions - MCQs) and OSPE can include parts of ECE. **Annexure V** gives examples of clinical vignette based short answer questions.

8. Capacity Building for Faculty:

Faculty Development:

Faculty need to be reoriented to the principles and practice of early clinical exposure. Preclinical and clinical faculty need to coordinate and involve in the activities related to hospital visits. Clinical faculty may be involved in the planning of ECE sessions. Faculty should be trained to develop, implement and assess ECE which is relevant to their subjects and phases including setting question papers, use of case based questions, assessing clinical context in earlier years and applications of the ECE.

9. Implementation, Monitoring / Curricular Governance:

Planning, Implementation and oversight of ECE is the responsibility of the Curriculum Committee of the college. The Curriculum Committee (CC) will work

in collaboration with phase-wise curriculum subcommittee (CSC), and Heads of departments to plan the ECE sessions and coordinate hospital visits.

Responsibilities of Principal/Dean

- Hold regular meetings of the Curriculum Committee and Heads of Departments
- Ensure implementation of ECE & monitor its activities.

Responsibilities of Head of Departments

- Function as Coordinator of ECE program in their disciplines

Responsibilities of Curriculum Committee

- To review regularly and record ECE activities & make necessary changes /adjustments as required from time to time.
- To help in scheduling ECE sessions for class-room, hospital & community visit
- To ensure that the competency based UG curriculum is implemented by all departments as per MCI guidelines.

Responsibilities of MEU

- To arrange the sensitization programs for all faculty members (including the Principal/Dean, Heads of departments of pre-clinical & related clinical departments)
- To train and orient the resource persons

10. Further Reading:

List of resources

Must read

1. Başak O, Yaphe J, Spiegel W, Wilm S, Carelli F, Metsemakers JFM. Early clinical exposure in medical curricula across Europe: An overview. Eur J Gen Pract. 2009 Jan 1;15(1):4–10.

Additional reading

2. Dornan T, Littlewood S, Margolis SA, Scherpbier A, Spencer J, Ypinazar V. How can experience in clinical and community settings contribute to early medical education? A BEME systematic review. Med Teach. 2006 Feb; 28(1):3–18.
3. McLean M. Sometimes we do get it right! Early clinical contact is a rewarding experience. Educ Health Abingdon Engl. 2004 Mar; 17(1):42–52.
4. Abramovitch H, Shenkman L, Schlank E, Shoham S, Borkan J. A tale of two exposures: a comparison of two approaches to early clinical exposure. Educ Health Abingdon Engl. 2002;15(3):386–90.
5. Kachur EK. Observation during early clinical exposure – an effective instructional tool or a bore? Med Educ. 2003; 37(2):88–9.
6. MacLeod RD, Parkin C, Pullon S, Robertson G. Early clinical exposure to people who are dying: learning to care at the end of life. Med Educ. 2003; 37(1):51–8.
7. Duque G, Gold S, Bergman H. Early Clinical Exposure to Geriatric Medicine in Second-Year Medical School Students—The McGill Experience. J Am Geriatr Soc. 2003; 51(4):544–8.
8. Johnson AK, Scott CS. Relationship between early clinical exposure and first-year students' attitudes toward medical education. Acad Med J Assoc Am Med Coll. 1998 Apr; 73(4):430–2.
9. Vyas R, Jacob M, Faith M, Isaac B, Rabi S, Sathishkumar S, et al. An effective integrated learning programme in the first year of the medical course. Natl Med J India. 2008; 21(1):21–6.
10. Sathishkumar S, Thomas N, Tharion E, Neelakantan N, Vyas R. Attitude of medical students towards Early Clinical Exposure in learning endocrine physiology. BMC Med Educ. 2007 Sep 5; 7:30.

11. Badyal DK and Singh T. Teaching of the basic sciences in medicine: Changing trends. –The changing trends. National Medical Journal of India. 2015; 28(3):137-40.

Annexure I

Examples of clinical context and related learning outcome

Clinical Context	Outcome
Parkinson's disease **(Neurophysiology)** *Patient/video/simulated patient/role play*	1. Demonstrate understanding of alterations in normal functions of Basal ganglia and their clinical expression. 2. Explain anatomical and physiological basis of signs & symptoms of Parkinson's disease 3. Observe examination of Motor system (Tone of the muscles) in a patient with Parkinson's disease
COPD **(Respiratory Physiology)** ***Patient/video/investigations***	1. Demonstrate understanding of alterations in normal respiratory physiology and anatomy in chronic obstructive lung disease and their clinical expression. 2. Explain the concept of restrictive and obstructive lung disease
Ascites **(Abdominal system)** *Patient/video/USG*	1. Demonstrate understanding of alterations in normal physiology and anatomy in portal system and their clinical expression. 2. Observe tests for eliciting presence of fluid in abdomen

Claw hand, Foot drop, Carpal tunnel syndrome (Peripheral nerve injuries) Patient/ video	1. Demonstrate understanding of alterations in normal anatomy & function of these nerves and their clinical expression. 2. Observe tests for eliciting normal function of these nerves
Clinical Context	**Outcome**
Varicose veins (Venous drainage of the lower limbs) *patient/video*	1. Demonstrate understanding of alterations in normal anatomy and physiology in peripheral venous system and their clinical expression 2. Demonstrate understanding of principles behind clinical examination of varicose veins
Type 2 Diabetes mellitus (T2DM) (Nutrition & Biochemical Lab tests) *patient/ Lab investigations*	1. Demonstrate understanding of alterations in metabolism and physiology in diabetes mellitus and its clinical expression 2. Explain the basis and rationale of biochemical tests done in diabetes mellitus
Obesity (Nutrition) *Video/Clinical parameters*	1. Demonstrate understanding of alterations in Metabolism and physiology in over nutrition and its clinical expression 2. Explain to the population the health risks associated with being overweight/obesity 3. Describe the metabolic and endocrine consequences of obesity.

Annexure II

Examples of deviations from normal, to be observed and noted by the student, when exposed to clinical context.

Example of the Disease / Disorder	**Deviations from normal, to be observed and noted by student, when exposed to clinical context. The students should be able to compare abnormal and normal**
Cerebellar dysfunction	Tremor, abnormalities of coordination, tone of muscles, findings on elicitation of knee jerk, ocular signs, abnormality in performing alternate rapid movements
Pneumonia	Presence of adventitious sounds on auscultation
Pleural Effusion	Position of mediastinum, findings on percussion, abnormalities of breath sounds
Arthritis	Swelling / Oedema & tenderness in the affected joint, restricted & painful joint movements
Jaundice/Anaemia	Examination for icterus /Pallor- site and colour
Cushing's syndrome	Moon face, hirsuitism, striae, buffalo hump

Annexure III

Sample Modules for ECE

ECE Module 1: Acute Myocardial Infarction (AMI)

Setting: Class room

Topic of Basic Science: Coronary Circulation

ECE through- Acute Myocardial Infarction case(Paper based case / Role play)

Goal:

The student must be able recognize the relevance of coronary circulation in diagnosis, patient care and treatment of Acute MI

Expected Competency:

1. Demonstrate understanding of alterations in normal anatomy and physiology of coronary circulation and its clinical expression.
2. Correlate the clinical manifestation in myocardial infarction with altered coronary circulation
3. Explain the basis and rationale of biochemical tests done in myocardial infarction.

Objectives:

At the end of the ECE module I MBBS student shall be able to:

1) Describe the mechanism of regulation of coronary circulation.
2) Describe the role of lipoproteins in derangement of coronary circulation.
3) Explain the biochemical changes occurring in acute myocardial infarction
4) Identify the clinical manifestation secondary to decreased coronary circulation.
5) Explain the basis of treatment of acute myocardial infarction

Learning Experiences:

Total time: 3 hours

- Introduction and instruction to students: 20 mins.

- Exposure to clinical context and discussion:90 mins
- Summary and conclusion: 10 mins
- Reflection: 30 mins
- Assignment: 30 mins

ECE: Classroom setting: 3 hours

Clinical Context:

A 48 year old company executive experienced a sudden, crushing chest pain, after he returned from his morning walk. His wife noticed that he was pale, sweating profusely and was in distress. She rushed him to the ICU of a nearby hospital immediately. He told the attending physician that on previous occasions too he had felt such pain but he it had subsided with rest. He is known smoker. He also suffers from diabetes, dyslipidemia and hypertension. ECG was taken & it showed ST elevation in leads II, III and AVF. He was admitted in the ICU.

**This clinical scenario can be either used as a paper based case or be performed as a role play if feasible.*

Facilitator's guide:

- *What is the probable reason for the severe pain in chest?*
- *Why did the regulatory mechanisms fail to meet increased demand of Oxygen ?*
- *How are diabetes Mellitus, hypertension and cardiac ischemia related?*
- *What do the changes in ECG indicate?*

Lab report:

Various investigations carried out 4 hours after the onset showed

- Raised cardiac specific troponin T & I
- Raised CK-MB
- Raised Cholesterol (Total, LDL and Triglycerides)

** get an actual lab report copy of a patient of Acute Myocardial infarction admitted at your hospital and use the same taking care not to disclose the identity.*

Facilitator's guide:

- Why are the cardiac Biomarkers raised?
- *What do the serum lipid levels indicate?*
- *What is the role of dyslipidemia in disruption of coronary circulation?*
- *What will be the next steps to manage acute MI?*

Formative assessment:

Submit assignment on the topic anatomical and physiological basis of treatment of acute myocardial infarction.

Reflections can be structured using the following guiding questions

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate for improvements in the module

1. How helpful has the ECE module been in improving your knowledge about coronary circulation?
2. Which components of the program helped you to learn?

3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Resources

Appropriate text resources to be identified by the institutional subject experts.

ECE Module 2: Post - Myocardial Infarction Counseling

Setting: OPD

Topic: Coronary Circulation

ECE through- Post -Myocardial Infarction Counseling **(OPD visit)**

Goal:

The student must realize the relevance of basic sciences in patient care and relate to experience of patients as a motivation to learn

Expected Competency:

1. Demonstrate knowledge of process of counseling and communicating to patients with empathy, the dietary modifications and lifestyle changes in post coronary syndromes

Objectives:

At the end of the ECE module I MBBS student shall be able to:

1. Explain the basis of necessary dietary and life style modification to be undertaken in a patient recovering from Acute MI
2. Identify the salient features of effective communication between doctor and patient
3. Realize the impact of illness on patient's life

Learning Experiences:

- Introduction and instruction to students: 20 mins
- Exposure to clinical context: 45 mins
- Discussion: 45 mins
- Summary and conclusion: 10 mins
- Reflections: 30 mins
- Assignment: 30 mins

Part I - OPD setting: 45 mins

The Preclinical departments should arrange rotation of students to the OPD in collaboration with Medicine/ Cardiology / Cardiac Rehabilitation departments. Visits should be arranged in small groups so as to offer a better clinical experience. The clinicians should be made aware of the objectives of module. Patients recovering from Acute Myocardial infarction either treated with medications or interventions can be the focus for learning.

Observation Guide:

Students can be divided to observe different aspects of the doctor patient interaction and share ideas in post-clinic discussion.

Instructions to the students: During the consultation with a post-myocardial infarction patient, observe the interaction carefully.

Observation Guide to group A

Note down the lifestyle and dietary modifications advised by the doctor to prevent reoccurrence of MI.

Observation guide to group B

Observe the communication between the doctor and patient and list all the points in this interaction that helped the patient understand the information being shared. Also list the points that could be done to help the patient further.

Patient Interview:

Encourage one of the students in the group to interview the patient regarding how this illness has impacted his/her life.

Part II: Post clinic discussion: 45 mins

In small groups

- Students observing different aspects will share ideas.
- Facilitator must take care to give an opportunity to all students to voice their observations.

- All points emerging must be noted down on black board/ whiteboard during discussion.
- Facilitator to encourage the students to discuss the reasons for the dietary and life style modification to be undertaken in a patient recovering from Acute MI.
- Facilitator will also discuss the points of effective communication between doctor and patient, focusing on the importance of explaining in a way the patient understands.

  This can be linked with module 1.4 of AETCOM - the foundations of Communication-1 and used for introducing or reinforcing the principles of effective communication.

  For discussing points of effective communication, the Kalamazoo consensus statement which provides a working model for teaching communication skills can be used.

  1. Builds relationship
  2. Opens the discussion
  3. Gathers information
  4. Understands the patient's perspective
  5. Shares information
  6. Manages flow

  The other option is to use the Five A's behavior change model for health behavior change counseling to improve chronic illness care- Assess, Advise, Agree, Assist, Arrange.
- Discuss about how this illness affects the patient's life.
- At the end the student is asked to reflect on the experience and write it down in the log book.

Formative assessment:

- **Clinical skills:** Doctor patient communication can be assessed using Log book to record the patient details in the clinical experience. Reflections about

this patient encounter in the OPD is to be written down by the student and reviewed by teacher-in-charge of ECE.

Reflections can be structured using the following guiding questions

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate for improvements in the module:

1. How helpful has the ECE module been in improving your knowledge about lifestyle changes post myocardial infarction?
2. Which components of the program helped you to learn?
3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Resources:

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.
2. Vallis, Michael et al. "Clinical review: modified 5 As: minimal intervention for obesity counseling in primary care" Canadian family physician Medecin de famille canadien vol. 59, 1 (2013): 27-31.

ECE Module 3: Parkinson's disease

Setting: OPD/ Classroom

Topic: Role of Basal Ganglia in Voluntary control of posture and movement

ECE through: Parkinson's disease (actual patient/ video)

Goal:

The student must realize the relevance of basic sciences in patient care and relate to experience of patients as a motivation to learn.

Expected Competency:

1. Demonstrate understanding of alterations in normal functions of Basal ganglia and its clinical expression.

Objectives:

At the end of the ECE module I MBBS student shall be able to:

1. Explain anatomical, biochemical and physiological basis of symptoms and signs of Parkinson's disease
2. Explain the difference between pyramidal and extrapyramidal lesions
3. Observe the examination of motor system

   *Please note that teaching-learning of the clinical skills must be supplemented by a DOAP session (Demonstrate Observe Assist Perform)on examination of Motor system or preceded by it, as feasible, so that the student is able to demonstrate the correct clinical examination of the motor system ultimately.

Learning Experiences:

- Introduction and instruction to students: 20 mins
- Exposure to clinical context and Discussion: 90 mins
- Summary and conclusion: 10 mins
- Reflections: 30 mins
- Assignment: 30 mins

ECE: Classroom setting: 3 hours

Actual patient/simulated patient with Parkinson's disease can be invited to the classroom or a video recording of the history and physical examination can be shown to the students as per feasibility.

Observation Guide:

Instructions to the students:

- During the consultation, listen carefully to the patient's complaints. Note the onset, duration and progress of these symptoms.
- Observe the physical examination carried out and note down the salient features of the examination.
- Try to find an explanation for his/her symptoms and signs.

Part II: Post clinic discussion: 1 hr

In small groups:

- Students will share their observations
- Facilitator must take care to give an opportunity to all students to voice their observations.
- All points emerging must be noted down on black board/ whiteboard during discussion
- Facilitator discusses the patient's history –onset of tremors and parts affected history of falls, poor balance, muscle stiffness, drooling of saliva, difficulty in writing, loss of memory along with change in voice and the basis of signs like: mask-like face, pill rolling movement, festinant gait and cog wheel rigidity.
- Facilitator also discusses the technique of examination of tone in the patient.
- At the end, the student is asked to reflect on the experience and write it down in the log book.

Formative assessment:

Basic Science correlation: To be assessed on the basis of assignment on 'Treatment options for the Shaking Palsy'

Reflections can be structured using the following guiding questions:

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate forimprovements in the module

1. How helpful has the ECE module been in improving your knowledge about Parkinson's disease?
2. Which components of the program helped you to learn?
3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Resources:

Appropriate text resources to be identified by the institutional subject experts.

ECE Module4: Varicose Veins

Setting: Classroom & OPD

Topic of Basic Science: Front of Thigh / Veins of Lower limb

ECE through- Varicose vein case (Video / Patient)

Goal:

The student must be able recognize the clinical manifestations of altered anatomy of venous system.

Expected Competency:

1. Demonstrate understanding of alterations in normal anatomy and physiology in peripheral venous system and its clinical expression
2. Demonstrate understanding of principles behind clinical examination of Varicose veins

Objectives

1. Discuss the clinical manifestation of impaired venous drainage in Lower limb
2. Explain the basis of treatment of Varicose veins

Learning Experiences:

- Introduction and Instruction to students: 20 mins
- Exposure to clinical context and discussion: 90 mins
- Summary and conclusion: 10 mins
- Reflections: 30 mins
- Assignment: 30 mins

ECE: Classroom setting: 3 hours

A 40-year old male, bus conductor noted dilated engorged tubular structures over his calf and thigh region. These were becoming prominent after a long time standing posture.

**This clinical scenario can be used as either, a paper based case supplemented by video or on actual patient if feasible.

Facilitators guide:

- *What are these dilated engorged tubular structures?*
- *Why do these develop in lower limb only?*

Clinical Examination:

Trendelenburg's test and other clinical tests

**Perform Trendelenburg's test on actual patient, if available.

Facilitators guide:

- *What are the steps to perform Trendelenburg's test? What is anatomical basis for these tests?*
- *Which veins can be tested by this method and why?*
- *What will be the steps to manage varicose veins?*

Formative assessment:

- Structured Long answer question on veins of lower limb
- OSCE for demonstration of Trendelenburg's test
- Submit assignment on the topic medical and surgical basis of treatment of varicose veins.

Reflections can be structured using the following guiding questions:

- What happened? (What did you learn from this experience)

- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate for improvements in the module

1. How helpful has the ECE module been in improving your knowledge about varicose veins?
2. Which components of the program helped you to learn?
3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Resources

Appropriate text resources to be identified by the institutional subject experts.

ECE Module 5: Type 2 Diabetes mellitus (T2DM)

Setting: Class room /OPD

Topic of Basic Science: Carbohydrate Metabolism

ECE through: Type 2 Diabetes Mellitus Case (Role play/ Paper based case/ actual Patient)

Goal: The student must be able recognize the clinical manifestations of altered carbohydrate metabolism

Expected Competency

1. Demonstrate understanding of alterations in metabolism and physiology in diabetes mellitus and its clinical expression
2. Explain the basis and rationale of biochemical tests done in diabetes mellitus

At the end of the ECE module I MBBS student shall be able to:

1. Explain the significance of estimating Blood glucose level, urine glucose and ketone bodies and HbA1c
2. Discuss the role of HbA1c in management of diabetes mellitus
3. List the guidelines to collect blood sample for glucose estimation
4. Interpret the results of the Blood glucose test, Urine glucose,urine ketones and HbA1c
5. Demonstrate the use of glucometer to estimate blood glucose level

Learning Experience:

Total 3 hours

1. Introduction & Instruction 20 mins
2. Exposure to clinical content and discussion in small groups 60 mins
3. DOAP - use of glucometer for estimating blood sugar level 30 mins
4. Summary & Conclusion 10 mins
5. Reflection &Assignment 30 mins

ECE Classroom setting:3 hours

Mr. Shukla, a 45 year old businessman was happy that he had lost 4 kg weight in last 2 months. He felt he was losing weight as he had started drinking more water than usual though he kept feeling hungry all the time. Maybe getting up at night too to empty his bladder was disturbing his sleep and made him feel tired all through the day.

His physical examination and lab investigations carried out as part of the yearly health checkup showed the following significant findings:

BMI: 28

Fasting Plasma Sugar: 180 mg/dl Urine Sugar: absent

Postprandial Plasma Sugar: 230 mg/dl Urine Sugar: +

Urine ketones: absent HbA1c: 7.9 %

He was asked to follow up with a physician so he has come to your OPD.

**Perform this clinical scenario as a role play. You may distribute copies of a mock lab report to aid discussion.*

Facilitator's Guide:

- *Explain what is happening with Mr.Shukla. What are alterations in normal physiology/ biochemistry that can explain clinical presentation of Mr. Shukla?*
- *Why is urine sugar absent in fasting sample?*
- *Explain the significance of raised HbA1c and high BMI in a patient of Type 2 DM*
- *Why should the blood sample for glucose be collected in fluoride -EDTA bulb or tube (grey).*

The facilitator will then have a DOAP session (Demonstrate Observe Assist Perform) on use of glucometer to estimate blood glucose levels

Formative assessment:

Basic Science correlation: To be assessed on the basis of assignment on 'Diabetes - A metabolic disorder'

Reflections can be structured using the following guiding questions:

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate forimprovements in the module

✓

1. How helpful has the ECE module been in improving your knowledge about disorders of carbohydrate metabolism?
2. Which components of the program helped you to learn?
3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

ECE Module 6: Acid -Base Disorder

Setting: Class room & Clinical Biochemistry Laboratory

Topic of Basic Science: Acid -Base Balance

ECE through: Acid -Base Balance Disorder Case (paper based case)

Goal: The student must be able recognize the clinical manifestations of altered acid base balance

Expected Competency:

1. Describe the processes involved in maintenance of normal pH of body fluids and the derangements associated with these.
2. Discuss and interpret results of Arterial Blood Gas (ABG) analysis in various disorders.
3. Observe use of ABG analyzer.

At the end of the ECE module I MBBS student shall be able to:

1. Explain the basis of the biochemical changes noted due to compensatory mechanisms in various acid base disorders.
2. Describe the use of ABG analysis and Serum electrolyte values in diagnosis of acid base disorders.
3. Describe and interpret the results of the ABG analysis in the different types of Acidosis and Alkalosis.
4. Describe the Principle of Arterial Blood Gas (ABG) analyzer

Learning Experience:

Total 3 hours

1. Introduction & Instruction - 15 mins
2. Exposure to clinical content and Discussion 1hr 30 mins
3. Demonstration of working of ABG analyzer 30 mins

4. Summary & Conclusion 15 mins
5. Assignment 30 mins

ECE Classroom setting: Objectives1-3can be achieved with the help of the following case and Objective 4 can be demonstrated in the Clinical Biochemistry Laboratory.

Part 1:

Mrs. Rajashree is a 45 year old teacher. She was suffering from severe diarrhea for the last 5 days. The stools were watery and copious. She also complained of fatigue and shortness of breath since morning.

Facilitator's Guide:

- *What is the critical course of events that will alter her acid base status?*
- *What acid base abnormalities would you expect in her based on above information?*
- *What physical findings would you expect from this acid base disturbance?*

Part 2:

Her blood reports were as follows:		
Fasting Blood Sugar: 100 mg/dl		$PaCO_2$: 30 mmHg
pH: 7.24	Cl^-:106 meq/L	Na^+ 134 meq/L
HCO_3^-: 15meq/L	K^+: 4.2meq/L	

Facilitator's Guide:

- *Review the Biochemical report. What is the primary abnormality? How did you decide that?*
- *What are alterations in normal physiology/ biochemistry that can explain clinical presentation of Mrs. Rajashree ?*
- *Is the compensatory response observed?*
- *Calculate the anion gap and interpret the findings.*

Part 3:

Laboratory Visit:

The students to observe the working of an ABG analyser in the Laboratory

Facilitator's Guide:

- Facilitator will demonstrate the working of an ABG analyzer and explain its principle.

Formative Assessment:

Students can be given various ABG reports to interpret and explain the compensatory response that would occur.

Reflections can be structured using the following guiding questions:

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Programme Evaluation:

✓ Feedback from students to evaluate and modify program

1. How helpful has the ECE module been in improving your knowledge about Acid- Base disorders?
2. Which components of the program helped you to learn?
3. Did the ECE module make the basic science subjects learning more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Provide suggestions to improve leaning further.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Annexure IV

Humanities Module

Study of medical humanities plays a pivotal role in preparing students to practice in the community. It develops the students' capacity to listen, interpret and communicate with patients. Appreciating the subjective aspects of a person's healthand illness will enable them to offer individualised care. It will also provide a channel to the students to express themselves through creative mediums of literature, music and arts.

Literature and Medicine

Background

Medicine is an integral part of literature - classic popular and science fiction. A whole genre of medical fiction exists which reflects the community's view of the medicine, its system and health care workers. Literature also portrays human suffering and gives learners perspectives quite different from that obtained from teachers. Many doctors are prolific writers and have written about personal suffering as well as the impact of medicine. The module allows the learner to explore medicine and human suffering from a literary perspective.

Competency addressed

The learner must explore, discuss and reflect on human illness suffering and medicine as portrayed in literature (classic/contemporary)

Learning Session

Year of Study: 1

Hours: 8 hours

Exploratory session: 2 hours

Self-directed Learning: 4 hours

Research / Task / Report

Discussion and closure: 2 hours

Description:

1. An exploratory session is created where either in small groups or an interactive large group, students are allowed to speak about the portrayal of suffering illness and health care workers and the system as portrayed in classic and contemporary literature. Evoke questions about regional literature in particular. Explore differences in portrayal of doctors in classic vs. contemporary literature. Evoke a discussion about doctors accounts of their own suffering
2. Students, individually or in groups, are asked to choose and read and report on a book that has affected their view of the illness, suffering or the medical profession
3. **Discussion and closure:** A closure session where students share their reflection based on their tasks and learnings and their implications

Assessment

Submitted Narrative and reflections

Annexure V

Clinical vignettes for short answer questions

Sample 1

A 55 year old man complained to his general practitioner that he felt tired easily. He also complained of dizziness, sweating and palpitations after meals. He had undergone partial gastrectomy seven years ago involving removal of major part of body and fundus of the stomach. Since last 2.5 years he had stopped taking Vit B_{12}injections.

Q. Explain the physiological basis of:

a. Need of Vit B_{12} injections after partial gastrectomy involving fundus and body of stomach.

b. Symptoms of dizziness, sweating and palpitations observed after a meal in this patient.

Sample 2

A 35 year old male patient reports to the out-patient department with complaints of increasing stretch marks and muscular atrophy. He also complained of increased weight gain especially on the upper back area.

Q.a. Explain the biochemical features **expected** in this patient.

Q.b. Explain the biochemical basis of the tests used to confirm and further evaluate the cause of this condition.

Sample 3

A patient with a diagnosis of leprosy came to the hospital with complaints of absence of sensation in right hand. Clinical examination showed sensory loss in medial one and half finger & medial side of palmar-dorsal aspects of right hand. There was also flattening of hypothenar eminence &difficulty in holding paper tightly between the affected fingers on right side.

Q.a. Mention the affected structure.

Q.b. Describe branches and area of distribution of the affected structure in hand.

Q.c. Explain the anatomical basis of flattening of hypothenar eminence.

Q.d. Explain the difficulty in holding of paper tightly between fingers on right side.

BOARD of GOVERNORS in supersession of Medical Council of India

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

Knows | Knows how | Shows | Shows how | Performs

Describe
Enumerate
Observe
Demonstrate
Assist
Counsel
Prescribe
Analyse
Integrate
Guide
Communicate
Correlate
Interpret
Critique
Collaborate

ELECTIVES

Module 6

Clinician | Communicator | Team Leader | Professional | Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Module on Electives
for
Undergraduate Medical Education
Program
2020

Medical Council of India
Pocket-14, Sector-8, Dwarka,
New Delhi 110 077

All rights reserved. No part of this publication/documents may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission from the Medical Council of India, except for the use in Curriculum Implementation Support Program by medical teachers and institutions as well as in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by Copyright Law. 2019.

How to cite: Medical Council of India. Electives for the Undergraduate Medical Education Training Program, 2020: p 1- 30.

Dr. Vinod K. Paul
MD, Ph.D, FASc, FNASc, FAMS, FNA
Chairman
Board of Governors in Super-session of
Medical Council of India
Sector-8, Pocket-14,
Dwarka, New Delhi-110 077
Ph: +91-11-25367039
Fax: +91-11-25367031
Website: www.mciindia.org

डॉ विनोद कुमार पॉल
एम.डी., पी एचडी., एफ ए.एस. एफ.ए.एन.एस.
एफ.ए.एम.एस., एफ.एन.ए
अध्यक्ष
भारतीय आयुर्विज्ञान परिषद के
अधिक्रमण में शासी बोर्ड
सेक्टर-8, पॉकेट-14,
द्वारका, नई दिल्ली-110 077
फोन: +91-11-25367039
फैक्स: +91-11-25367031
वेबसाइट: www.mciindia.org

Foreword
ELECTIVES

Students who join medicine come in with many professional and personal aspirations. While meeting the needs of the profession and nation, the MBBS program is also designed to create time and opportunity for students to explore future interests. Allowing students time to experience a specialty or project of their choice is thus key to helping student interest bloom.

Creating a diversity of choices within a specified framework that will allow students to be part of a laboratory, participate in research, be part of a super-specialty care team or interact with patients in a community care setting is a mandate of the new regulations notified by the Government of India. Electives allow students to get a taste of a future career; they also allow them to pursue academic interests, do projects and work in diverse environments. These experiences outside the traditional boundaries of the core program allow students to reflect, plan and grow their careers. They also allow students to begin the process of professional networking early.

Institutions must give sufficient importance to the planning and execution of electives. Besides creating diverse opportunities, thought must be given to providing a safe and enabling environment for students to learn. Identifying and orienting preceptors for this purpose, developing portfolio and log book events and continuous program evaluation are key to the success of the program. I urge all institutions to look beyond traditional boundaries to create areas of opportunity for students. Strategic collaborations with centers of excellence will increase value for students while building bridges of collaborative work among institutions.

This booklet is designed to help institutions plan and execute elective rotations. The Expert Group has elucidated a balanced approach that can be followed by all institutions. As always we are keen to learn and share any best practices that institutions develop. I am grateful to the Academic Cell of MCI and the Expert Group as well as the nodal and regional centers of the MCI for their continued contribution in supporting institutions and teachers in implementing the forward looking changes in the new competency based UG curriculum.

Chairman
Board of Governors

Phone : 25367033, 25367035, 25367036
दूरभाष : 25367033, 25367035, 25367036
Fax : 0091-11-25367024
E-mail : mci@bol.net.in
Website : www.mciindia.org

पॉकेट – 14, सेक्टर – 8,
द्वारका फेस– 1
नई दिल्ली–110 077
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

Foreword

Electives

Changes in the Graduate Medical Education Regulations notified by the Government of India in 2019 have been done with a view to create physicians of first contact who are relevant to both their community and the globe. These regulations aim at defining outcomes and help students work towards these. These Regulations also envisage a broader role for trainees as scholars, researchers and specialists. In order to diversify experience, stimulate interest in research and discover learning beyond primary care, an opportunity has been created in the new MBBS program for the student to undertake electives of his or her choice subject to availability. Two months of elective time one each in the basic sciences or research and the other in clinical sciences or community clinics have been created. Leverage has been given to institutions to create these electives based on local circumstances and perceived need. Elective postings are compulsory for students and its successful completion is necessary for students to be able to attend the final examination.

This booklet is intended as a guide for institutions to plan the elective postings. Institutions are requested to provide the opportunity for students to take electives of their choice, if needed through external collaborations, if such opportunities are limited while following the guidelines mentioned in the Graduate Medical Education Regulations and this booklet. I would like to express my gratitude to the Academic Cell of MCI and the Expert Group whose constant guidance has helped in the successful roll out of the new curriculum.

Secretary General, MCI

Expert Group

1. **Dr. Avinash Supe**
   Former Director (ME and MH) and Dean, Emeritus Professor,
   Departments of G I Surgery and Medical Education
   Seth GS Medical College and KEM Hospital, Mumbai – 400012

2. **Dr. Krishna G. Seshadri**
   Member, Board of Management
   Visiting Professor
   Departments of Endocrinology, Diabetes and Medical Education
   Sri Balaji Vidyapeeth, Puducherry - 607 403

3. **Dr. R. Sajith Kumar**
   Professor and Head, Departments of Infectious Disease and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Government Medical College, Kottayam, Kerala – 686008

4. **Dr. P.V. Chalam**
   Principal and Professor, Department of Surgery
   Bhaskar Medical College, RR Dist., Telangana – 500075

5. **Dr. Praveen Singh**
   Professor and Head, Departments of Anatomy and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Pramukhswami Medical College, Karamsad, Gujarat - 388325

6. **Dr. Tejinder Singh**
   Professor, Department Medical Education
   Sri Guru Ram Das Institute of Medical Sciences and Research
   Amritsar, Punjab – 143501

7. **Dr. P.V. Vijayaraghavan**
   Convener, MCI Nodal Centre,
   Vice Chancellor and Professor of Orthopedics,
   Sri Ramachandra Medical College and Research Institute,
   Porur, Chennai-600116.

8. **Dr. Subir K. Maulik**
   Professor, Department of Pharmacology
   All India Institute of Medical Sciences, New Delhi-110029

9. **Dr. M Rajalakshmi**
   Chief Consultant, Academic Cell, Medical Council of India,
   Pocket 14, Sector 8, Dwarka, New Delhi 110077.

Additional Contributions from

1. **Dr. Purnima Barua**
   Associate Professor, Department of Microbiology
   Convener, MCI Nodal Centre for Faculty Development
   Jorhat medical college & Hospital, Jorhat - 7850001

Curriculum Implementation Support Program

Module:

ELECTIVES

Electives

Introduction

The MBBS program is geared to create a primary care provider of first contact. It also visualises the student as a future scholar, specialist, researcher and scientist.

Provision of avenues in the competency based undergraduate MBBS program for the student to explore and experience various streams of the profession is important. Electives are learning experiences that will provide the learner with an opportunity to gain immersive experience of a career stream, discipline or research project.

The opportunity to "work" in a clinical, laboratory, research, community set up or in a team-based setting at an early stage in the profession is an invaluable experience for learners as this will have lasting impact on their professional life. An elective allows students to think of a career beyond examinations and gives them an impetus to think laterally besides laying down the foundation for future professional pathways. It also allows students to match their aspirations with the ground reality in a field of their dreams.

The revised Regulations on Graduate Medical Education, part II 2019 (GMER 2019) have created such opportunity in the MBBS program providing students options to do electives in basic sciences, join in ongoing clinical programs and in research settings. This document is meant to guide institutions, Curriculum Committee members and MEU faculty of colleges, and teachers on how to prepare and experience the conduct of an elective that incorporates the principles enshrined in the GMER document, 2019.

Objectives

The participant must be able to develop electives for block 1 and block 2 as envisaged in GMER 2019 document.

Glossary

Elective: An elective is a learning experience created in the curriculum to provide an opportunity for the learner to explore, discover and experience areas or streams of interest.

Block: is a defined time period during which learning experiences are created in a particular specialty, subject or theme.

Log Book: Is a *verified record* of the progression of the learner documenting the acquisition of the requisite knowledge, skills, attitude and/or competencies.

Portfolio: is a collection of the learner's progression in tasks and competencies. A portfolio is an evidence of events documented in the log book. It includes selected assignments, self-assessment, feedback, work-based and in-training formative assessments, reflections and learnings from planned activity in the curriculum.

Log books are thus linked to portfolios and may be included in the portfolio.

Definitions

An Elective is a learning experience created in the curriculum to provide an opportunity for the learner to explore, discover and experience areas or streams interest in the profession.

Curricular Element or Program addressed

Electives

Relevant extract from Regulations on Graduate Medical Education, Regulations on Graduate Medical Education (Amendment), 2019, part - II for MBBS course starting from academic year 2019-20 onwards

9.3. Electives

9.3.1 Objectives: To provide the learner with opportunities:

(a) For diverse learning experiences,

(b) To do research/community projects that will stimulate enquiry, self-directed, experiential learning and lateral thinking.

9.3.2 Two months are designated for elective rotations after completion of the examination at end of the third MBBS Part I and before commencement of third MBBS Part II.

9.3.3 It is mandatory for learners to do an elective. The elective time should not be used to make up for missed clinical postings, shortage of attendance or other purposes.

9.3.4 Structure

(a) The learner shall rotate through two elective blocks of 04 weeks each.

(b) Block 1 shall be done in a pre-selected preclinical or para-clinical or other basic sciences laboratory OR under a researcher in an ongoing research project. During the electives, regular clinical postings shall continue.

(c) Block 2 shall be done in a clinical department (including specialties, super-specialties, ICUs, blood bank and casualty) from a list of electives developed and available in the institution OR as a supervised learning experience at a rural or urban community clinic.

(d) Institutions will pre-determine the number and nature of electives, names of the supervisors, and the number of learners in each elective based on the local conditions, available resources and faculty.

9.3.5 Each institution will develop its own mechanism for allocation of electives.

9.3.6 It is preferable that the list of elective choices are made available to the learners in the beginning of the academic year.

9.3.7 The learner must submit a learning log book based on both blocks of the elective.

9.3.8 75% attendance in the electives and submission of log book maintained during elective postings is required for eligibility to appear in the final MBBS examination.

9.3.9 Institutions may use part of this time for strengthening basic skill certification.

Description of Curricular program

Two choices of electives are offered to medical students before the commencement of III MBBS part 2. For the purpose of this document these shall be called Block 1 and Block 2. The salient features of each block and their differences are summarised in Table 1.

Table 1: Salient features of Electives in Block 1 and Block 2

	Block 1	Block 2
When	Before commencement of IIIrd MBBS part 2	Before commencement of IIIrd MBBS part 2
Duration	4 weeks	4 weeks
Focus of electives	Pre-/para - clinical disciplines or in other basic sciences laboratory or join ongoing research programs	Clinical specialties or community clinics (rural or urban)
Nature of learning	Supervised Experiential Immersive Self-directed	Supervised Experiential Immersive Self-directed
Regular clinical postings	Will continue	Will not be offered
Attendance	Mandatorily 75% attendance is required as prerequisite to be allowed	Mandatorily 75% attendance is required as prerequisite to be allowed

	to take Part 2 summative examination	to take Part 2 summative examination
Assessment	Formative Record of activities in log book and portfolio (or annexure to log book) to be submitted as prerequisite to be allowed to take Part 2 summative exam	Formative Record of activities in log book and portfolio (or annexure to log book) to be submitted as prerequisite to be allowed to take Part 2 summative exam
Out of institution experience	Allowed (note clinical postings allowed to continue)*	Allowed within the city*
Out of city or state experience	Continuation of clinical postings makes this difficult	Allowed with due approval*

* See caveat in text

The primary purpose of block 1 is to provide the learner with research experience in basic sciences OR laboratory sciences OR in clinical sciences. The purpose of block 2 is to provide the learner an explorative experience with guided patient care in a specialty of choice.

Electives in both blocks will require planning and coordination by the institution, various departments involved and preceptors who will directly supervise and guide students. Coordination will also be required with external institutions, community clinics and preceptors as may be required for the conduct of electives.

1. Planning the learning experience

The first step in the process is to plan the learning experience. Given the diversity of blocks there will be some variation in the content style and degree of learning; however, each elective should have the following:

a. defined learning objectives,
b. an identified preceptor responsible for guiding the student,

c. a pre-published timetable of activities identified for the learner during the elective,
d. list of learning resources for the learner to be used during the elective,
e. provision to be part of the team to obtain an immersive learning experience,
f. prerequisites, if any, to be completed before joining the elective,
g. defined formative assessments with appropriate requirements for portfolio and log book entry, and
h. program evaluation by the stakeholders.

A template for planning learning experiences is provided in Table 2.

Examples of several kinds of learning experiences are found in annexure 1.

Table 2: Template for planning learning experiences in electives

Name of Block	
Name of Elective	
Location of hospital lab or research facility	
Name of internal preceptor(s)	
Name of external preceptor (if any)	
Learning objectives of the elective	
Number of students that can be accommodated in this elective	
Prerequisites for the elective	
Learning resources for students	
List of activities in which the student will participate	
Portfolio entries required	
Log book entry required	
Assessment	
Other comments	

2. Identifying learning experiences

To ensure that there is an immersive learning experience and greater attention to the learner, each preceptor identified must be tagged with only a minimum number of students. Therefore, it is important to identify a sufficient number of preceptors, laboratory positions, and existing research projects (for block 1) and specialties and community clinics, for block 2. Input from both faculty and students can be sourced to identify electives that are feasible and desired.

If required and feasible, collaboration with external resources including central and private research institutes and laboratories, hospitals and clinics can be done ensuring that the quality and principles outlined in section 1 are maintained. Student-initiated external rotations may be permitted as long as they do not violate institutional rules and conform with the broad principles outlined. Rotations outside the city will require prior permission from the Medical Council of India. Examples (neither exhaustive nor comprehensive) of block 1 and block 2 electives are provided in Table 3.

Table 3: Examples of Block 1 and Block 2 learning experiences

Block 1	Block 2
Laboratory Experience:	**Clinical Specialty Experience:**
Pathology	Emergency room
Microbiology, Virology	Intensive Care unit
Biochemistry	Psychiatry
Genetics	Adolescent Reproductive Health issues
Molecular biology	Neonatology
Immunology	Dermatology
Pharmaco-vigilance and clinical pharmacology	Health care quality and safety

Infection Control	Rehabilitation and palliative care
Community outreach experience	Sports medicine
Assisted living	Clinical Ethics
Hospice care	**Super-specialty experience**
School Health programs	Hematology
Community outreach for National Health Programs	Oncology
Maternal and child health outreach	Rheumatology
Research	Endocrinology and Diabetes
Student initiated research	Nephrology
Participation in faculty research	Neurosurgery
Community and epidemiologic surveys	Cardiology / Cardiac Surgery
Others	GI surgery
Bioinformatics / Tissue engineering	Organ Transplant Anesthesia
Computers and artificial intelligence in health care	**Urban or Rural community experience**
	Rural Community Health Center
	Primary Health Center
	Corporation health clinic
	Selected private primary care clinic

3. Student counseling and allocation of electives

The list of available learning experiences for each block and the names of preceptors for each should be available to students on the institutional notice board at least three months before the commencement of the electives. A process for submitting applications for both blocks with choices should be made available to

the students. Written information on each learning experience must be available for students to examine and make an informed choice.

A counseling session with faculty mentors to help students choose electives is desirable. The faculty mentors must ascertain a student's expectation from the electives he/she has chosen. Students must also be made aware of the rules regarding attendance, work schedule, documentation and assessment requirements for each elective. The allocation of electives may be done based on student choice and availability of rotation by faculty who have been identified to be in-charge of the electives program, for each block. The allocation must be done sufficiently in advance and the students informed so that the prerequisites for the electives, if any (such as knowledge training in good laboratory practices, good research practices, CPR training etc.) can be completed by the student. A process to identify the veracity of student initiated electives must be in place.

4. Student research

Block 1 may also be used by students under the guidance of a preceptor to complete funded (e.g. ICMR student grant, institutional grant etc,) or unfunded research projects. In addition, predefined work, monitoring, presentation and writing plan may be finalised by the learner and the preceptor, prior to starting the elective. Students may also participate in a pre-existing research project ongoing under the preceptor.

It is important to define the objectives, role of the student in the project and his or her part in the writing and publication or presentation of a part of the project. An assessment by the preceptor of the student's role, contribution, involvement and performance must be made. Documentation of experiences, observations, reflections and presentations by the student may be added to the portfolio or as annexure to the log book. Appropriate log book entries that document the student participation and which are verified by the preceptor are critical for successful

completion of the work undertaken. Similar arrangements must be made if an external preceptor or institution is identified.

5. External institutions

Given the number of positions available in each elective and the need to provide a broad diverse experience for students, colleges can enter into agreements with external institutions within the country to accommodate students for undertaking an elective experience in both block 1 and block 2, as long as this is not in conflict with the rules and policies of the Medical Council of India, the college of the student and the institution identified and the conditions outlined above are complied with. Student-initiated external rotations may not be discouraged provided they meet the expectations of the program as outlined. Out of city/state experiences may be decided based on institutional policy (since clinical postings will continue during block 1, out of city programs may not be feasible here). Out of state electives in block 2 require prior permission from the Medical Council of India. Identifying suitable preceptors in the host institution and briefing them of the expectations and requirements of the program is important. A local preceptor or faculty who can liaise with the external preceptor will help to solve problems and ensure smooth conduct of the elective.

6. Student safety

In each of these electives especially in those involving external rotations, safety of the student should be paramount. Rotations in which the student may be exposed to potentially hazardous situations must be avoided. It must be made clear to the preceptors by the college authorities that students need to be supervised and must not be involved in patient care as the responsible health provider. When required, students must complete the prerequisite training such as good laboratory practice, universal precautions, good clinical practice etc. before being allowed to participate in electives. The student must be oriented to the program through a formal

orientation process that spells out the expectations/outcomes and the precautions to be observed.

7. Assessment

Assessment will be formative (refer to MCI module no. 3 on Assessment, for details). Attendance of not less than 75% and successful completion of items that require log book entry and their submission is a requirement for the student to become eligible to take the final examination. Assessment elements could include participation in grand rounds, seminars, case records, submission of assignments, reflection on learnings, preparation of abstracts for research posters, design and participation in patient education programs etc. The module on Log book available on the MCI Website may be consulted for further information.

8. Program evaluation

Provision for evaluation of the program based on information from all stakeholders should be made in order to evaluate the effectiveness of the program and need for modifications and improvement.

9. Curricular governance

The Curriculum Committee of the college constituted as per MCI norms and headed by the Dean of the college will be responsible for the design, conduct, implementation and evaluation of the elective program. The design and conduct of block 1 may be assigned to Phase 1 and Phase 2 subcommittees constituted by the Dean while that of block 2 may be assigned to Phase 2 Sub-committee. The departmental heads and preceptors are responsible for the day-to-day conduct of the program, guiding and supervising and assessing students.

Annexure 1

1. Example of a learning experience in block 1

Table 4: Example of a block 1 learning experience

Name of Block	Block 1
Name of Elective	Medical Genetics
Location of hospital Lab or research facility	Medical College hospital
Name of internal preceptor(s)	Name/s
Name of external preceptor (if applicable)	N/A
Learning objectives of elective	1. to demonstrate the conduct of commonly available genetic tests in a controlled environment 2. to enumerate indications for common genetic tests 3. To enumerate the testing protocol for commonly performed genetic tests 4. to demonstrate the correct method to perform a karyotype 5. to present a genetic history and determine the nature of inheritance of a given condition
Number of students that can be accommodated in this elective	4
Prerequisites for elective	Necessary immunisations, Universal precaution certification
Learning resources for students	Departmental handbook provided
List of activities of student participation	1. Work daily with a supervisor in observing, assisting and performing genetic tests 2. Participate in departmental education activities 3. Present at least two tests done by student as a case work up

Portfolio entries required	1. Documentation of worked up cases 2. Documentation of presentation done
Log book entry required	Completion of posting signed by preceptor with a "meets expectation '(M)' grade"
Assessment	**Formative:** attendance; day-to-day participation in departmental activity; performance of assigned tasks and presentation of worked up case in department
Other comments	

2. Example of a learning experience in block 2

Table 5: Example of a block 2 learning experience

Name of Block	Block 2
Name of Elective	Diabetology
Location of hospital Lab or research facility	Medical College hospital
Name of internal preceptor(s)	Name/s
Name of external preceptor if applicable	N/A
Learning objectives of elective	1. To provide care for patients with diabetes in a supervised environment 2. To function effectively as a team member in a multidisciplinary team managing diabetes 3. To counsel patients about diabetes care appropriately 4. To describe the pathophysiological clinical correlates as they apply to care of patients with diabetes
Number of students that can be accommodated in this elective	6
Prerequisites for elective	Must have received necessary immunisations, Basic Life Support training
List of activities of student participation	1. Participate in OP and IP rounds 2. Participate in afternoon teaching sessions of the department 3. Present at least two cases that are fully worked up in the teaching session 4. Participate in patient education and multidisciplinary team meetings 5. Participate in audit meetings
Learning Resources	Seshadri K: Clinician's handbook of diabetes

Portfolio entries required	**Assignments provided** Two worked up case records that have been presented Documentation of self-directed learning as summary and reflection
Log book entry required	Satisfactory completion of posting by a preceptor with a "meets expectation 'M' grade"
Assessment	Attendance **Formative:** Participation in OP & IP rounds and team activities, Presentation of worked up cases, Documentation of attendance and required portfolio and log book entries
Other comments	

3. Example of a research rotation in block 1

Table 6: Example of a research learning experience in block 1

Name of Block	Block 1
Name of Elective	Research (Preceptor initiated)
Location of hospital Lab or research facility	Medical College hospital
Name of internal preceptor(s)	Name
Name of external preceptor	N/A
Learning objectives of elective	1. To collect data as prescribed in the protocol 2. To document data in the electronic case record correctly 3. To demonstrate the use of statistical software to do basic research calculations 4. To write an abstract based on the collated data 5. To present abstract to a group of peers and supervisors
Number of students that can be accommodated in this elective	4
Prerequisites for elective	Good clinical practice, Good laboratory practice
List of activities of student participation	1. Work with supervisor in making observations, collect data and document as per protocol 2. Work with statistician to provide a statistical analysis of the data 3. Participate in research meetings of the department, internal and external meetings 4. Write abstract of work done 5. Present abstract in an internal meeting and if possible at an external meeting as a poster or oral presentation

Learning Resources	Sackett DL: Clinical epidemiology Robbins & Cotran Pathological basis of disease
Portfolio entries required	Laboratory notes Statistical work sheet Abstract created
Log book entry required	Satisfactory completion of posting with a "meets expectation '(M)' grade"
Assessment	Attendance Successful completion of research objectives and log book entry
Other comments	

4. Example of an external rotation in block 2

Table 7: Example of a community clinic rotation in block 2

Name of Block	Block 2
Name of Elective	Community Clinic
Location of hospital Lab or research facility	Primary health care center in (name of) a village
Name of internal preceptor(s)	Name
Name of external preceptor if applicable	Name
Learning objectives of elective	1. To provide primary care to patients in a resource limited setting under supervision 2. To function as a member of a health care team in a primary care center 3. To participate in health outreach activities of a primary care center
Number of students that can be accommodated in this elective	6
Prerequisites for elective	Required immunisations to be taken, BLS, Basic Suturing and first aid
List of activities of student participation	1. Provide patient care under the supervision of a community clinic preceptor 2. Assist in common procedures in a community care clinic 3. Counsel patients in their own language 4. Participate in national health care programs offered through the PHC 5. Participate in team meetings of the PHC
Learning Resources	The Washington Manual of Medical Therapeutics, 2019

Portfolio entries required	Daily log of patients seen and activities participated At least 04 fully worked up patients to be documented
Log book entry required	Satisfactory completion of posting by external preceptor co-signed by institutional preceptor
Assessment	Attendance Successful verification of required portfolio entries, Successful completion of the posting as certified in the log book with a "meets expectation 'M' grade"
Other comments	

5. Example of a block 1 rotation in emerging infections

Table 8: Example of a learning experience in block 1 in virology

Name of Block	Block 1
Name of Elective	Emerging viral infections
Location of hospital Lab or research facility	Medical college hospital
Name of internal preceptor(s)	Name
Name of external preceptor if applicable	N/A
Learning objectives of elective	1. To obtain experience in the laboratory investigation of viral outbreaks 2. To obtain experience in diagnostic testing in viral diseases
Number of students that can be accommodated in this elective	6
Prerequisites for elective	Universal precautions and Good laboratory practice modules to be completed
List of activities of student participation	1. Participate in laboratory activities including sample processing, sequencing RT PCR viral cultures etc. 2. Participate in academic programs of the department 3. Write up the laboratory work up of two patients with viral illness 4. Visit to a center with electronic or confocal microscope 5. Present at least two cases in departmental academic forum
Learning Resources	Handbook of Virology testing
Portfolio entries required	Lab Notes and work book entries; Presentations done

Log book entry required	Satisfactory completion of posting authenticated by preceptor
Assessment	Attendance Successful verification of required portfolio entries, Successful completion of the posting as certified in the log book with a "meets expectation 'M' grade"
Other comments	

6. Example of a block 2 rotation in emerging infections

Table 9: Example of a learning experience in block 2 in virology

Name of Block	Block 2
Name of Elective	Clinical infectious disease and virology
Location of hospital Lab or research facility	Medical college hospital
Name of internal preceptor(s)	Name
Name of external preceptor if applicable	N/A
Learning objectives of elective	1. To function as part of an infectious disease team 2. To be able to approach and investigate infection outbreaks 3. Get hands on experience on contact tracing, community isolation measures, and use of technology 4. To understand the principles of the management of viral infections
Number of students that can be accommodated in this elective	6
Prerequisites for elective	Universal precautions and must have taken required immunizations; CPR training
List of activities of student participation	1. Participate in inpatient and outpatient team rounds 2. Participate in community outbreak investigations 3. Counsel patients on correct precautions during outbreaks 4. Diagnose and understand the principles in the management of viral diseases 5. Liaise with the laboratory in the diagnosis 6. Present at least one patient or outbreak investigation in the departmental meeting

Learning Resources	Handbook of clinical virology
Portfolio entries required	Case record of at least one patient Record of patient counseling session or contact tracing done
Log book entry required	Satisfactory completion of posting by preceptor
Assessment	Attendance, Successful verification of required portfolio entries, Successful completion of the posting as certified in the log book with a "meets expectation 'M' grade"
Other comments	

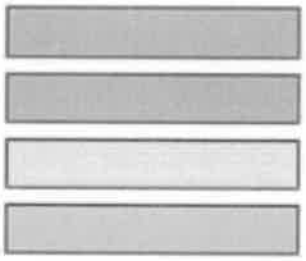
BOARD of GOVERNORS in supersession
of Medical Council of India

COMPETENCY BASED UNDERGRADUATE CURRICULUM
FOR THE INDIAN MEDICAL GRADUATE

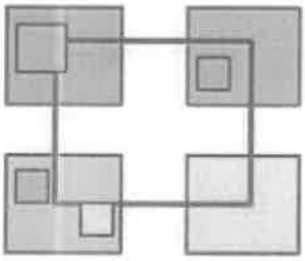
Knows Knows how Shows Shows how Performs

Describe Observe Demonstrate
Enumerate Assist

Counsel Prescribe

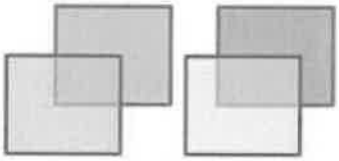


Analyse

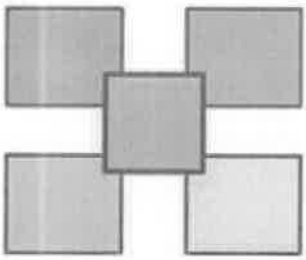


Integrate

Guide Communicate



Correlate



Interpret

Critique Collaborate

Module 4

Alignment and Integration

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Alignment and Integration

Module for

Undergraduate Medical Education

Program

2019

Medical Council of India

Pocket-14, Sector-8, Dwarka,

New Delhi 110 077

All rights reserved. No part of this publication/documents may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission from Academic Cell of Medical Council of India, except for the use in Curriculum Implementation Support Program by medical teachers and institutions as well as in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by copyright law, 2019.

How to cite: Medical Council of India. Alignment and Integration Module for Undergraduate Medical Education Program, 2019: pp 1- 34.

दूरभाष/Phone: 25367033, 25367035, 25367036
फैक्स/Fax : 0091-11-25367024
ई-मेल/E-mail: mci@bol.net.in
वेबसाईट/Website: www.mciindia.org

पॉकेट – 14, सेक्टर - 8,
द्वारका फेस-1, नई दिल्ली-110077
Pocket- 14, Sector- 8, Dwarka,
Phase–I, New Delhi-110077

भारतीय आयुर्विज्ञान परिषद् के अधिक्रमण में शासी बोर्ड
BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

Foreword

Alignment and Integration

Subject based education has tremendous advantages. It provides learners with the opportunity to dwell deep into the learning matter and acquire strong fundamental concepts and the ability to build on it and attain scholarship. However, the unique needs of medical education necessitate both an understanding of "interconnectedness" between subjects and their ultimate application to the patient. In an attempt to address the need for enhancing the "wholesomeness" of education in the competency based curriculum while retaining the inherent strength and flavour of subject-based instruction, the Expert Group has recommended the use of two strategies: (a) alignment of related subject matter in a temporally coordinated fashion, and (b) use of three integration concepts that will enhance prior recall, application and emphasis of interconnectedness namely **sharing, nesting and correlation.**

This is a novel and challenging approach that has been suggested to further the goal of the competency driven curriculum that will require considerable planning, collaboration and team work amongst learners, teachers, planners and administrators in institutions. We believe that this investment is necessary to prepare learners to confront, adapt and be successful in the challenging environment of medical care. In addition to meeting the needs outlined, this approach will foster self - directed learning, team work, collaboration and inquiry. Importantly, the patient centricity that this approach will bring into the curriculum from year one will ensure that learners always have a connect with the ultimate goal of the MBBS program.

This booklet is intended to help institutions and teachers to design curriculum incorporating the approach suggested by the Expert Group. It is richly illustrated with examples on how to create an aligned and integrated timetable. We hope that this will be a useful guide.

We are grateful to the members of the Expert Group and the Academic Cell for painstakingly putting this booklet together. We hope that teachers and institutions will benefit from the suggestions provided herein and can successfully adapt and apply them into their own environment. We aspire to learn more and share with the nation the best practices that abound in all the medical colleges across the country. The ultimate aim of this exercise is to create a generation of doctors who will provide standard health care to the nation while becoming excellent scientists and scholars.

Chairman, Board of Governors

Phone : 25367033, 25367035, 25367036
दूरभाष : 25367033, 25367035, 25367036
Fax : 0091-11-25367024
E-mail : mci@bol.net.in
Website : www.mciindia.org



पॉकेट – 14, सेक्टर – 8,
द्वारका फेस– 1
नई दिल्ली–110 077
Pocket- 14, Sector- 8,
Dwarka Phase - I
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA
BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

Foreword

Alignment and Integration

This booklet provides a suggested pattern for alignment and integration of related competencies encapsulated in different subjects for teaching competency based MBBS program which commenced on August 1, 2019 across the country. Alignment of related topics to the extent feasible is a major thrust of the competency based curriculum. The Regulations in Graduate Medical Education 2019 (GMER 2019) also suggests integration to the extent of 20% of the subject-based curriculum through horizontal and vertical integration. This booklet is in alignment with the GMER 2019 part II document and provides institutions and curriculum planners a step by step approach to create a timetable for teaching, incorporating the principles of alignment and integration.

This booklet has been developed by experts invited by the Board of Governors in supersession of the Medical Council of India and incorporates their vast expertise and experience. The Council acknowledges their time and effort dedicated in creating this guide that can be used by institutions to develop their own learning process and content. Appreciation is also due to the efforts of the Academic Cell of the Council and faculty at the various Regional and Nodal Centres of MCI who worked tirelessly to ensure that the new competency driven curriculum and its various unique components are implemented faithfully and flawlessly across the medical colleges in this country from August 2019.

Vats

(Dr. R.K. Vats)
Secretary General

Expert Group

1. **Dr. Avinash Supe**
   Former Director (ME and MH) and Dean, Emeritus Professor,
   Departments of G I Surgery and Medical Education
   Seth GS Medical College and KEM Hospital, Mumbai – 400012

2. **Dr. Krishna G. Seshadri**
   Member, Board of Management
   Visiting Professor
   Departments of Endocrinology, Diabetes and Medical Education
   Sri Balaji Vidyapeeth, Puducherry - 607 403

3. **Dr. R. Sajith Kumar**
   Professor and Head,
   Departments of Infectious Disease and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Government Medical College, Kottayam, Kerala – 686008

4. **Dr. P.V. Chalam**
   Principal and Professor, Department of Surgery
   Bhaskar Medical College, RR Dist., Telangana – 500075

5. **Dr. Praveen Singh**
   Professor and Head, Departments of Anatomy and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Pramukhswami Medical College, Karamsad, Gujarat - 388325

6. **Dr. Tejinder Singh**
   Professor, Department Medical Education
   Sri Guru Ram Das Institute of Medical Sciences and Research
   Amritsar, Punjab – 143501

7. **Dr. P.V. Vijayaraghavan**
   Convener, MCI Nodal Centre,
   Vice Chancellor and Professor of Orthopedics,
   Sri Ramachandra Medical College and Research Institute,
   Porur, Chennai-600116.

8. **Dr. Subir K. Maulik**
   Professor, Department of Pharmacology
   All India Institute of Medical Sciences, New Delhi-110029

9. **Dr. M Rajalakshmi**
   Chief Consultant, Academic Cell, Medical Council of India,
   Pocket 14, Sector 8, Dwarka, New Delhi 110077.

Curriculum Implementation Support Program

Module – 4

ALIGNMENT AND INTEGRATION

Alignment and Integration

Introduction

The purpose of the MBBS program is to facilitate the medical student to become a primary caregiver to patients. Learning in the various basic and clinical science subjects is predominantly directed towards achieving this purpose. The volume and details required by the student to master each subject that comprises the overall MBBS program is considerable. Subject based instruction provides an opportunity for the student to acquire both vast and deep knowledge of each subject. This structure of instruction, however, may lead to lack of appreciation by the student of the inter-connected nature of knowledge in the various subjects, their relatedness, and importantly their relevance to patient care. Additionally study in silos alone may lead to redundancy in instruction.

Several innovative methods have been developed over the years to address these challenges including various levels of integration of instruction that diminishes and removes boundaries within subjects both horizontally in a phase and vertically across phases. While appreciating the value of these approaches, the proposed Graduate Medical Education Regulations (GMER) 2019 has sought to strike a balance that will retain the strength of traditional subject-based teaching and the reality of subject based assessment while providing the relevance, opportunity to understand the interconnectedness and reduce redundancy in the subjects being taught.

In order to achieve this, the MBBS curriculum will become a) aligned to the extent possible - meaning that as much as possible topics in different subjects in the same phase that have similar threads will be grouped together in the timetable and b) integrated to a limited extent both vertically and horizontally. The purpose of horizontal integration (within a phase) is to remove redundancy and provide interconnectedness. In the earlier phases, the purpose of vertical integration (across phases) is to emphasise the applicative use of the basic science concept taught. In the later phases, its purpose is to utilise and build on prior knowledge and emphasise the foundations of clinical practice.

This document is meant to guide institutions, Curriculum Committee, MEU members, and teachers on how to create a timetable that incorporates the principles that have been laid down above reflecting the spirit of the proposed GMER document 2019.

Objective

The participant must be able to:

Facilitate the development of an aligned and integrated curriculum in his/her institution as envisaged in the GMER 2019 document.

Glossary of terms used

For the purposes of this document -

Alignment implies the teaching of subject material that occurs under a particular organ system/disease concept from the same phase in the same time frame i.e., temporally.

Integration implies that concepts in a topic / organ system that are similar, overlapping or redundant are merged into a single teaching session in which subject based demarcations are removed. For the purpose of this document, topics from other phases that are brought into a particular phase for the purpose of reinforcement or introduction will also be considered as integrated topics. In the GMER 2019, time for integrated teaching is clearly demarcated.

Linker is a session that allows the learner to link the concepts presented in an aligned and integrated topic.

Curricular element or Program addressed

Alignment and Integration

Relevant Extracts from GMER 2019

10.1 Preamble: The salient feature of the revision of the medical curriculum in 2019 is the emphasis on learning which is competency-based, integrated and student-centered acquisition of skills and ethical & humanistic values.

Each of the competencies described below must be read in conjunction with the goals of the medical education as listed in items 2 and 3 of the GMER.

It is recommended that didactic teaching be restricted to less than one third of the total time allotted for that discipline. Greater emphasis is to be laid on hands-on training, symposia, seminars, small group discussions, problem-oriented and problem-based discussions and self-directed learning. Students must be encouraged to take active part in and shared responsibility for their learning.

10.2 Integration must be horizontal (i.e. across disciplines in a given phase of the course) and vertical (across different phases of the course). As far as possible, it is desirable that teaching/learning occurs in each phase through study of organ systems or disease blocks in order to align the learning process. Clinical cases must be used to integrate and link learning across disciplines.

Subject specific competencies with appropriate alignment and integration are available in the new competency based UG Curriculum document uploaded in the Medical Council of India website.

Description of the curricular program

Alignment

Teaching related systems or topics from different subjects in the same phase is strongly recommended. This is the principal method to be followed while creating the phase-wise timetable or calendar and is called alignment (see figure 1).

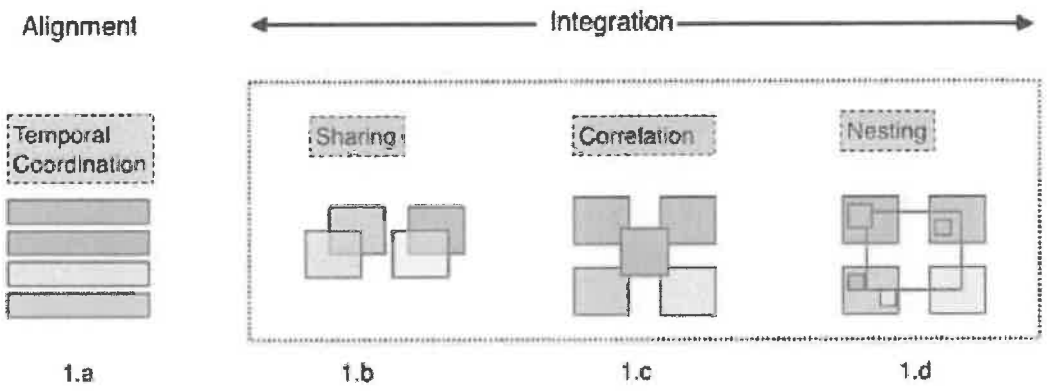


Figure 1: Integration concepts framed in the GMER 2019. Coloured boxes represent subjects. **1a. Alignment** - Temporal coordination: The timetable is adjusted so that topics within the subjects or disciplines which are related, are scheduled at the same time. **1b. Sharing**: Two disciplines may agree to plan and jointly implement a teaching program. **1c. Correlation**: The emphasis remains on disciplines or subjects with subject-based courses taking up most of the curriculum time. Within this framework, an integrated teaching session or course is introduced in addition to the subject-based teaching (green box with red border). **1d. Nesting:** the teacher targets, within a subject-based course, skills relating to other subjects *(Adapted from Harden R Med Edu 2000. 34; 551)*.

Alignment is recommended for the majority of the curriculum allowing similar systems or topics in different subjects to be learnt separately but during the same time frame.

Aligning could be done as organ system based (figure 2a) or topic/disease based (figure 2b) or both (figure 2c)

Example: Syllabi in Cardiovascular system or Respiratory system in anatomy, physiology and biochemistry can be scheduled simultaneously in the timetable (figure 2a).

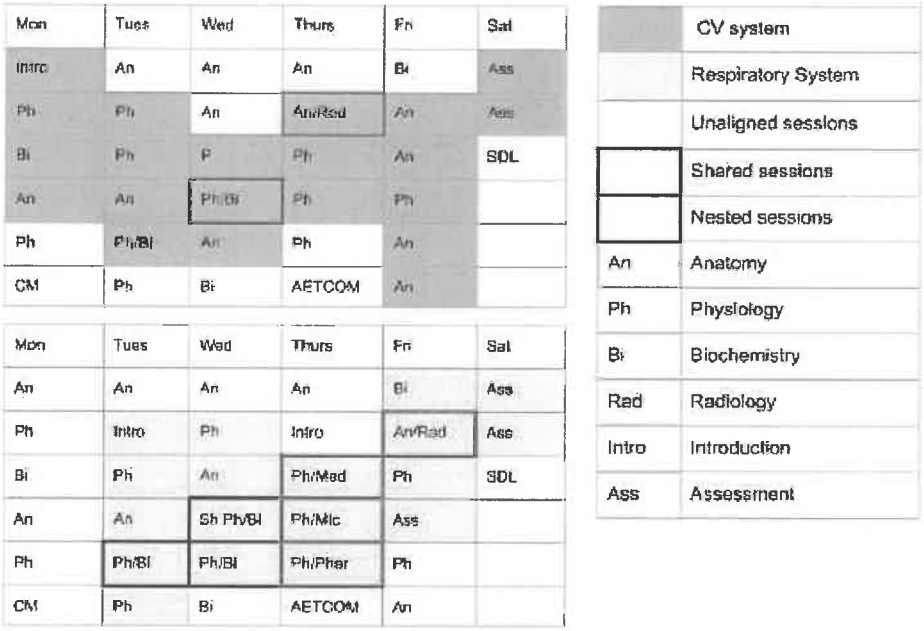
Example: A topic such as acute myocardial infarction or Tuberculosis can be created with the relevant learnings that will lead to the understanding of these topics

If desired, the major alignment can be organ system based with incorporation of some specific topics that will lend itself to integration (see below).

For eg. – In CV organ system the major alignment is with two topics, Acute Myocardial Infarction and Heart failure.

These topics or organ systems that are going to be aligned should be identified by the Curriculum Committee of the teaching institution and must be taught in an aligned fashion in each phase.

The method to derive topic objectives and sessions from competencies is outlined further in this booklet.



Mon	Tues	Wed	Thurs	Fri	Sat
Intro	An	An	An	Bi	Ass
Ph	Ph	An	An/Rad	An	Ass
Bi	Ph	P	Ph	An	SDL
An	An	Ph/Bi	Ph	Ph	
Ph	Ph/Bi	An	Ph	An	
CM	Ph	Bi	AETCOM	An	

Mon	Tues	Wed	Thurs	Fri	Sat
An	An	An	An	Bi	Ass
Ph	Intro	Ph	Intro	An/Rad	Ass
Bi	Ph	An	Ph/Med	Ph	SDL
An	An	Sh Ph/Bi	Ph/Mic	Ass	
Ph	Ph/Bi	Ph/Bi	Ph/Phar	Ph	
CM	Ph	Bi	AETCOM	An	

	CV system
	Respiratory System
	Unaligned sessions
	Shared sessions
	Nested sessions
An	Anatomy
Ph	Physiology
Bi	Biochemistry
Rad	Radiology
Intro	Introduction
Ass	Assessment

Representative timetable using showing how alignment can be done using an organ system based timetable

Figure 2a: Creating an aligned timetable using organ systems (six hours per day basis)

Mon	Tues	Wed	Thurs	Fri	Sat
An	An	An	An	Bi	Ass
Ph	Intro	An	An/Rad	An	Ass
Bi	Ph	Ph/Bi	Ph/Med	An	SDL
An	An	Ph/Bi	Ph	Ph	
Ph	ECE	An	Ass	An	
CM	Ph	Bi	AETCOM	An	

Mon	Tues	Wed	Thurs	Fri	Sat
An	An	Intro	An	Bi	Ass
Ph	Intro	Ph	Intro	An/Rad	Ass
Bi	Ph	An	Ph/Med	Ph	SDL
An	An	Bi	Ph/Mic	Ass	
Ph	ECE	Ph	Ph/Phar	Ph	
CM	Bi	Bi	AETCOM	An	

	AITO MI
	AITO Tuberculosis
	Unaligned sessions
	Shared sessions
	Nested sessions
An	Anatomy
Ph	Physiology
Bi	Biochemistry
Rad	Radiology
Intro	Introduction
Ass	Assessment

Representative timetable using showing how alignment can be done using a Aligned and Integrated Topic Based timetable

Figure 2b: Creating an aligned timetable using Topics

Mon	Tues	Wed	Thurs	Fri	Sat
Intro	An	An	An	Bi	Ass
Ph	Ph	Intro	An/Rad	An	Ass
Bi	Ph	Ph/Bi	Ph/Med	An	SDL
An	An	Ph/Bi	Ph	Ph	
Ph	Ph/Bi	An	Ass	An	
CM	Ph	Bi	AETCOM	An	

Mon	Tues	Wed	Thurs	Fri	Sat
An	An	An	An	Bi	Ass
Ph	Intro	Ph	Intro	An/Rad	Ass
Bi	Ph	An	Ph/Med	Ph	SDL
An	An	Sh Ph/Bi	Ph/Mic	Ass	
Ph	Ph/Bi	Ph/Bi	Ph/Phar	Ph	
CM	Ph	Bi	AETCOM	An	

	CV system
	AITO MI
	Respiratory System
	AITO Tuberculosis
	Unaligned sessions
	Shared sessions
	Nested sessions
An	Anatomy
Ph	Physiology
Bi	Biochemistry
Rad	Radiology
Intro	Introduction
Ass	Assessment

Representative timetable using showing how alignment can be done using system based timetable with use of topics in each system to improve integration

Figure 2c: Creating an aligned timetable using organ systems and topics

Integration

Integration is a learning experience that allows the learner to perceive relationships from blocks of knowledge and develop a unified view of its basis and its application. The GMER 2019 applies these principles to the extent that will retain the strengths of subject based education and assessment while providing experiences that will allow learners to integrate concepts.

Keeping this in mind, the Regulations recommend the adoption of temporal coordination (called **alignment** in this document) as the major method to be followed allowing similar topics in different subjects to be learnt separately but during the same time frame (Fig 1a).

> Example: Pancreatic Beta cell anatomy and histology, Pancreatic Beta cell physiology and Insulin structure and synthesis in biochemistry are usually taught at different times of the year. An effort is made to group these related topics in different subjects during the same time frame in the calendar (figure 3a and 3b).

In a small proportion - not to exceed 20% of the total curriculum an attempt can be made to **share** (figure 1b) topics or **correlate** (figure 1c) topics by using an integration or linker session. The integration session most preferred will be a case-based discussion in an appropriate format ensuring that elements in the same phase (horizontal) and from other phases are addressed.

> Example: Since there is significant overlap in liver function in physiology and bilirubin metabolism in biochemistry - two departments could **share** sessions thereby reducing redundancy in what is being taught. (Note that it is not essential for two teachers to teach but it is important that the session is planned to ensure that the objectives of both subjects are achieved) (figure 3c).

As much as possible, the necessary correlates from other phases must also be introduced while discussing a topic in a given subject - **Nesting** (figure 1d).

> Example: In a session on bilirubin metabolism a patient (a paper case is sufficient) with Dubin Johnson syndrome is **nested** as a short discussion to provide an understanding of what can go wrong, how does it manifest and what is the relevance and future application of learning bilirubin metabolism (figure 3e).

Care must be taken to ensure that achievement of phase based objectives are given primacy - the integrative elements from other phases are used only to provide adequate recall and understand the clinical application of concepts. It must be emphasised that integration does not necessarily require multiple teachers in each class. Experts from each phase and subject may be involved in the lesson planning but not it in its delivery unless deemed necessary.

Topics that cannot be aligned and integrated must be provided adequate time in the curriculum throughout the year. These concepts are summarised in table 1 and figure 3 (a-e).

Assessment will continue to be subject based. However, efforts must be made to ensure that phase appropriate correlates are tested to determine if the learner has internalised and integrated the concept and its application.

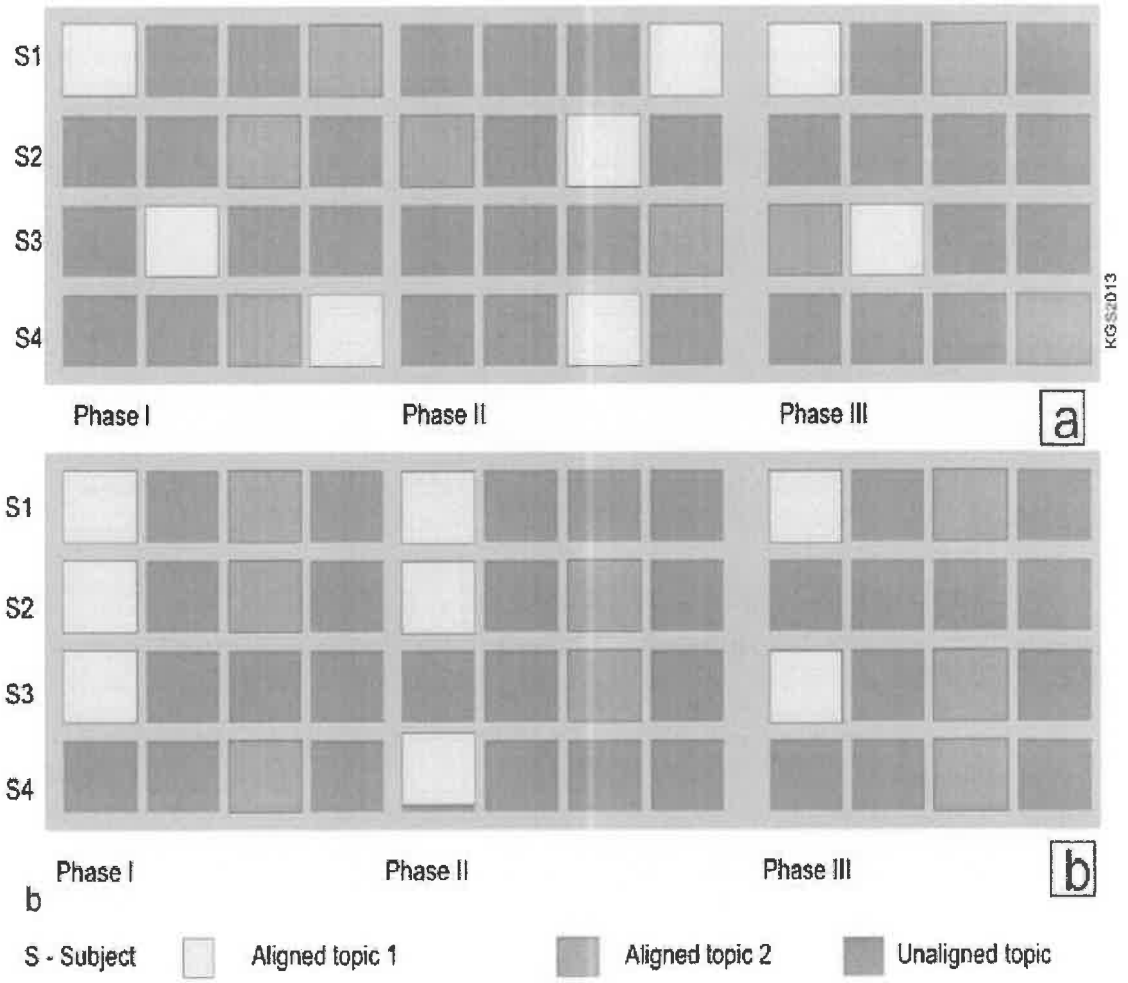
Table 1. Considerations for using alignment and integration in the curriculum

Competency /Objective	Same Phase	Different Phase
Cannot be aligned with a similar topic in a different subject eg. Lower limb anatomy and dissection	Teach separately	-
Can be taught together in different sessions in the same topic eg. Beta Cell histology in anatomy, Beta Cell function in physiology and structure and secretion of insulin, in biochemistry	Align	-
Can be taught in the same session in the same topic eg. Sharing - function of the hepatocyte, in physiology and bilirubin metabolism, in biochemistry eg. **Nesting** - Present the clinical features and laboratory data of patient with Dubin Johnson syndrome in a session on Bilirubin metabolism	Share	Nest
Can be used to link concepts taught in a particular topic eg. a patient with Type 1 Diabetes is used to understand the functions of the pancreatic islet - secretion and metabolism	-	Correlate

Figure 3: Pictorial illustration of alignment and integration concepts used in the GMER

Figure 3a: Traditionally topics which have the same core of ideas in different subjects are taught at different times.

Figure 3b: Alignment is teaching these related components of a topic from different subjects at the same time i.e, in a temporally coordinated fashion.



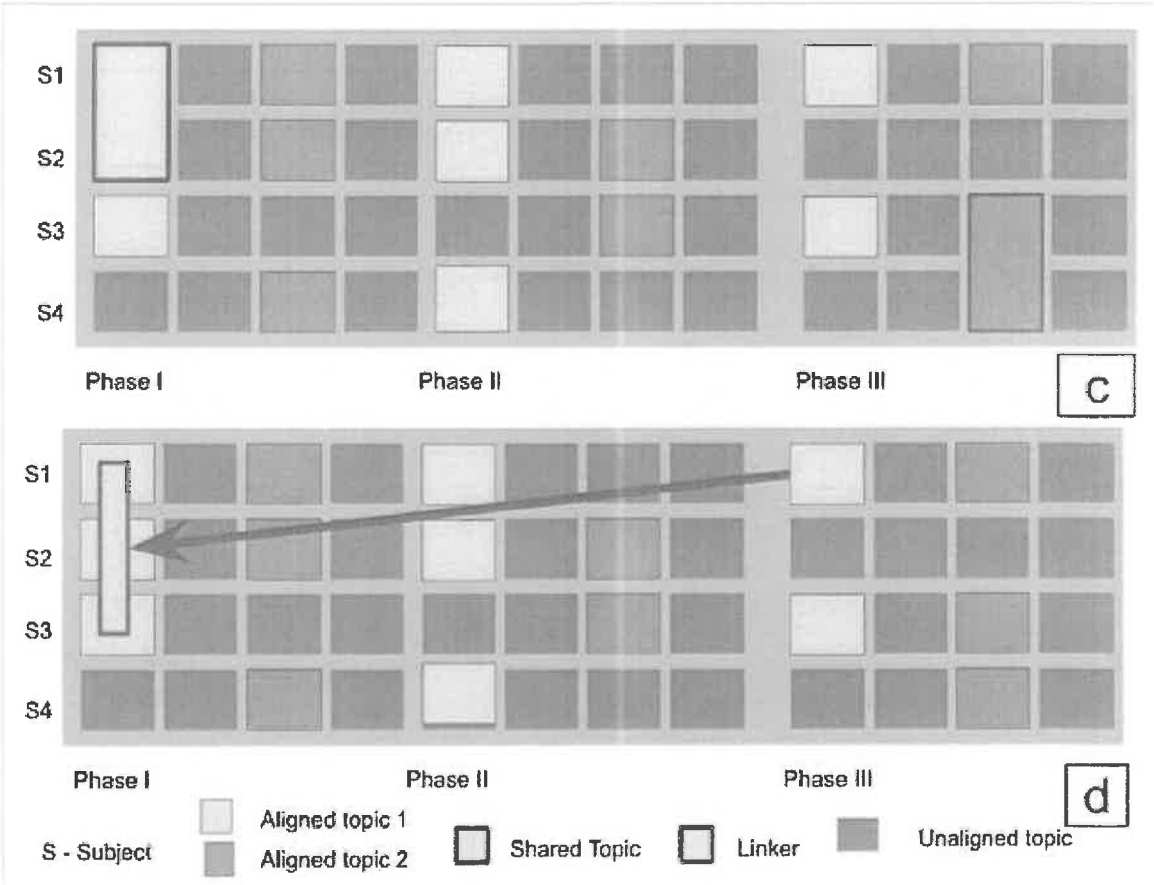


Figure 3c: Redundancy can be reduced by creating a session, merging session objectives from two or more subjects and creating a shared session (Box with red outline).

Figure 3d: Increased correlation can be achieved by using a Linker (Box with purple outline) - usually a case (with sufficient complexity) from the same topic from a higher phase is used to anchor the learning.

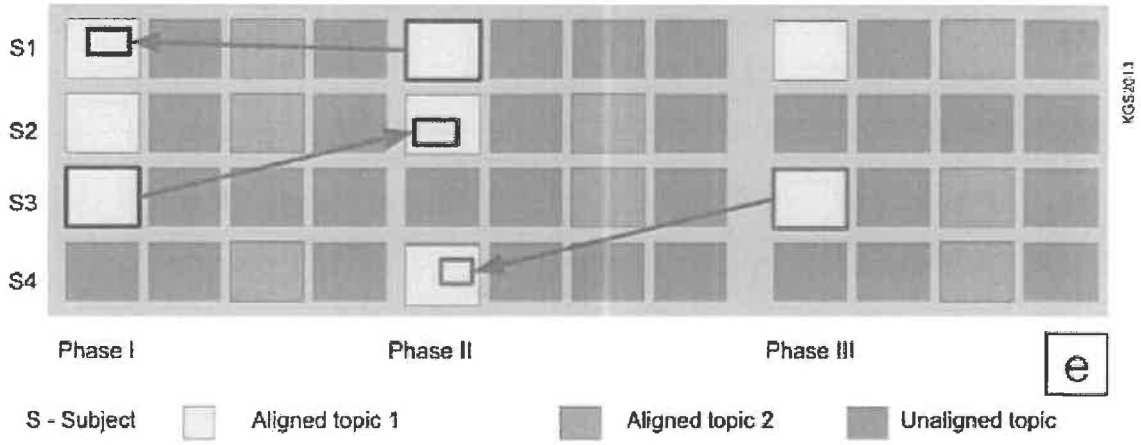


Figure 3e: Appropriate concepts from other phases can be brought into a phase: to increase relevance at a lower phase or increase prior recall or reinforce the fundamental basis at a higher phase. This is done by nesting some learning objectives from the topic in other phases into a learning session.

Steps in the development of Aligned and Integrated Topic (AITo) (Figure 4)

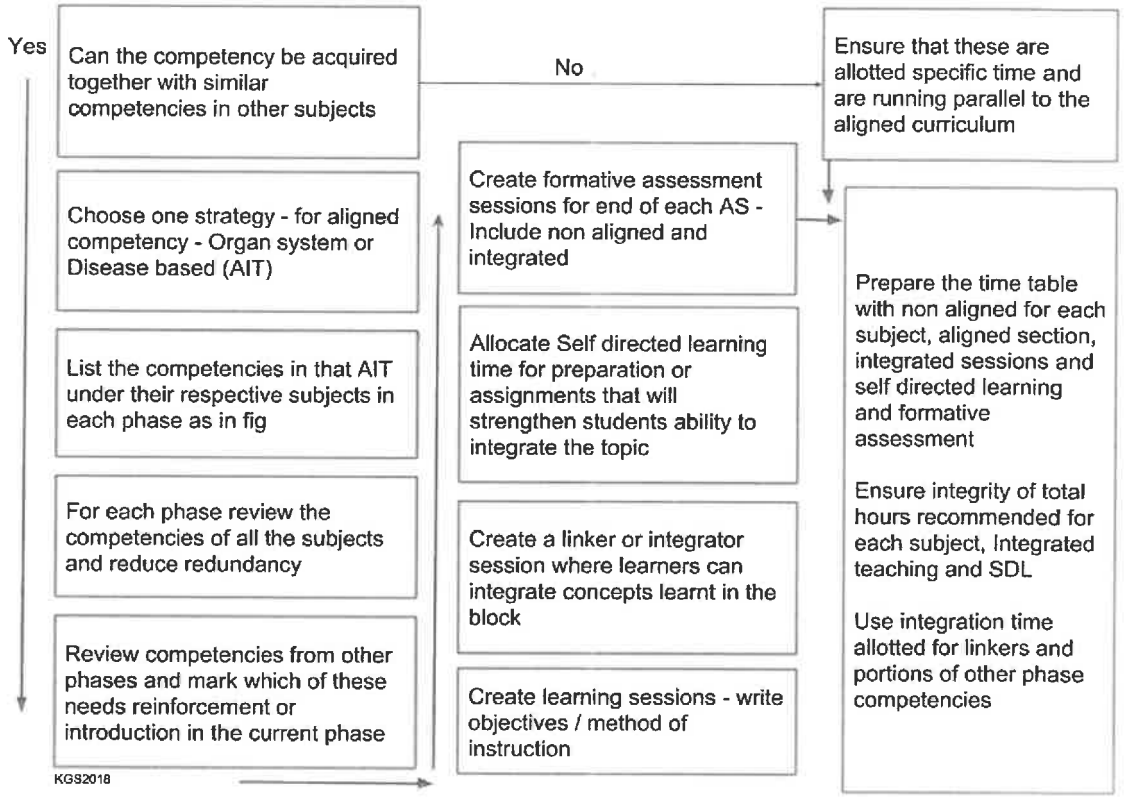


Figure 4: Overview of process to create an aligned and integrated topic

Step 1: Identify a list of topics or organ systems that will be accommodated in the timetable as aligned and integrated topics (AITo). Examples of such topics included: Anemia, Febrile illnesses, Trauma etc. are provided in Appendix 1 **of this book**. Examples of organ system are Cardiovascular System, Gastro-intestinal system, Endocrine system.

Step 2: From the subject-wise competency document book developed by the MCI, transfer the competences that address the topic into a template. Arrange these competencies according to phase and subject (see Appendix 3 for an example).

Examples for the topics are available in Appendix 1. A glossary to understand competency is available in Appendix 2. A comprehensive list of competency for the AITo Anemia is available in Appendix 3.

Step 3: For each competency, derive learning objectives, learning sessions and assessment methods.

a. A learning session is created by putting together a bunch of objectives that can be accomplished in the allotted time and/or require a similar method of instruction.

b. A bunch of learning sessions that are put together that address the topic from different subjects in the phase form an Aligned and Integrated Topic (AITo).

(See Figures 5-8 extracted from the Competency based UG curriculum document published by the Medical Council of India that illustrates this process).

Step 4: In each AITo of the phase, it is important to review competencies from the previous phase that will bear reinforcement in the current phase. Similarly, it is important to ensure that competencies in the next higher phases are reviewed to explore if some of these require introduction in this phase. Integration sessions allotted in each phase may be used to deliver these competencies.

a. By reviewing objectives / competencies in a phase, redundant ones and those in each subject that can be taught together without a subject demarcation can be identified for horizontal integration **(Sharing).**

b. Similarly, by reviewing objectives or competencies across phases, those with a common thread can be identified for vertical integration (**Nesting and Correlation**).

c. Objective writing and session planning must be done with teachers of all subjects involved in the aligned and integrated topic (AITo) and their inputs taken for the integrated session.

d. It is important to remember that ***the concept and not necessarily teachers*** have to be integrated. Using different teachers in each integrated session is nice but rarely required.

Step 5: Consider adding a **linke**r to each AITo. A linker, as defined above, is a session that aptly links the various related stand-alone elements represented in an AITo and helps **Correlate**. In the medical curriculum, the linker is most commonly a case. A case that is creatively written can be used in each phase (often the same case) to allow students to correlate what they have learnt and apply into understanding disease process, diagnosis and care. Using a case-based discussion in small groups will, in addition, encourage collaborative and self-directed learning. Using the case discussion at different time points in AITo, will allow students to reinforce and link concepts appropriately.

An example of creating learning sessions with objectives incorporating principles of alignment, sharing, nesting and correlation is illustrated in figure 9 (1-8).

Step 6: Ensure that adequate time for the AITo is created in the time table. It is important to consider the inclusion of an end of block assessment that will count towards formative/internal assessment.

Important: While creating the timetable ensure that topics in each subject that cannot be aligned are also taught simultaneously in each subject and that the timetable accommodates these topics appropriately.

An example of timetable incorporating an aligned and integrated topic is available in Appendix 4. The functions of the AIT team in collaboration with phase-wise Curriculum subcommittee and Curriculum Committee in creating the AIT is illustrated in figure 11 in the section on governance.

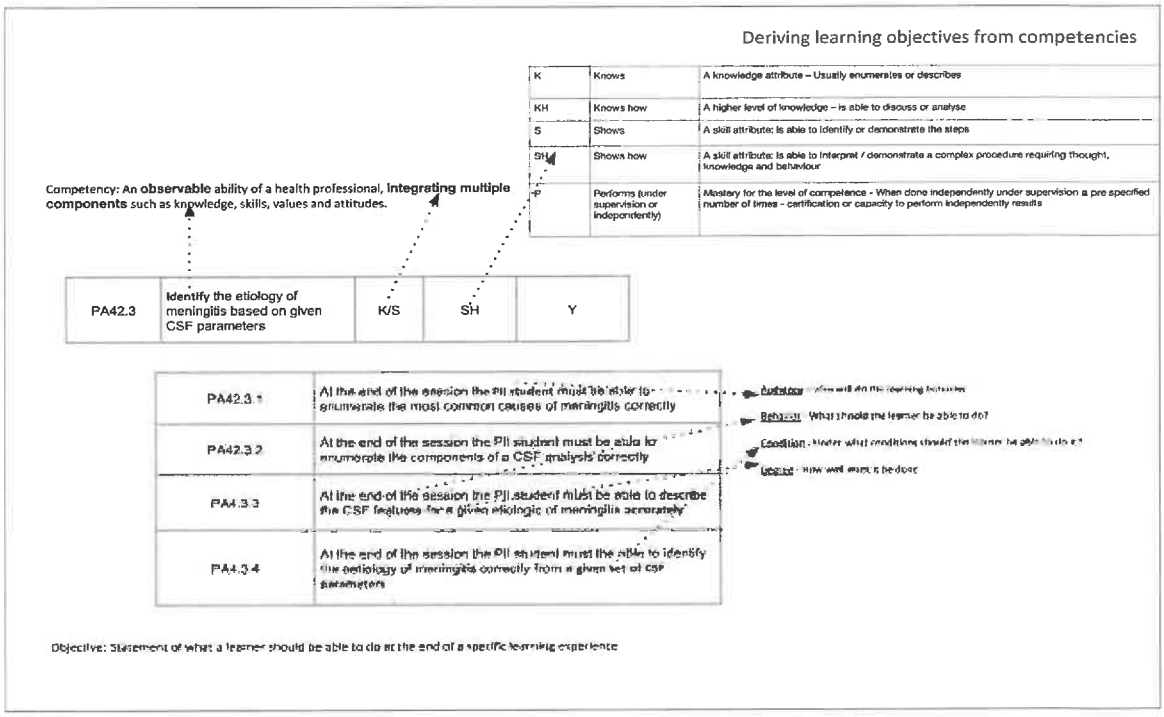


Figure 5 - Deriving learning objectives from competencies

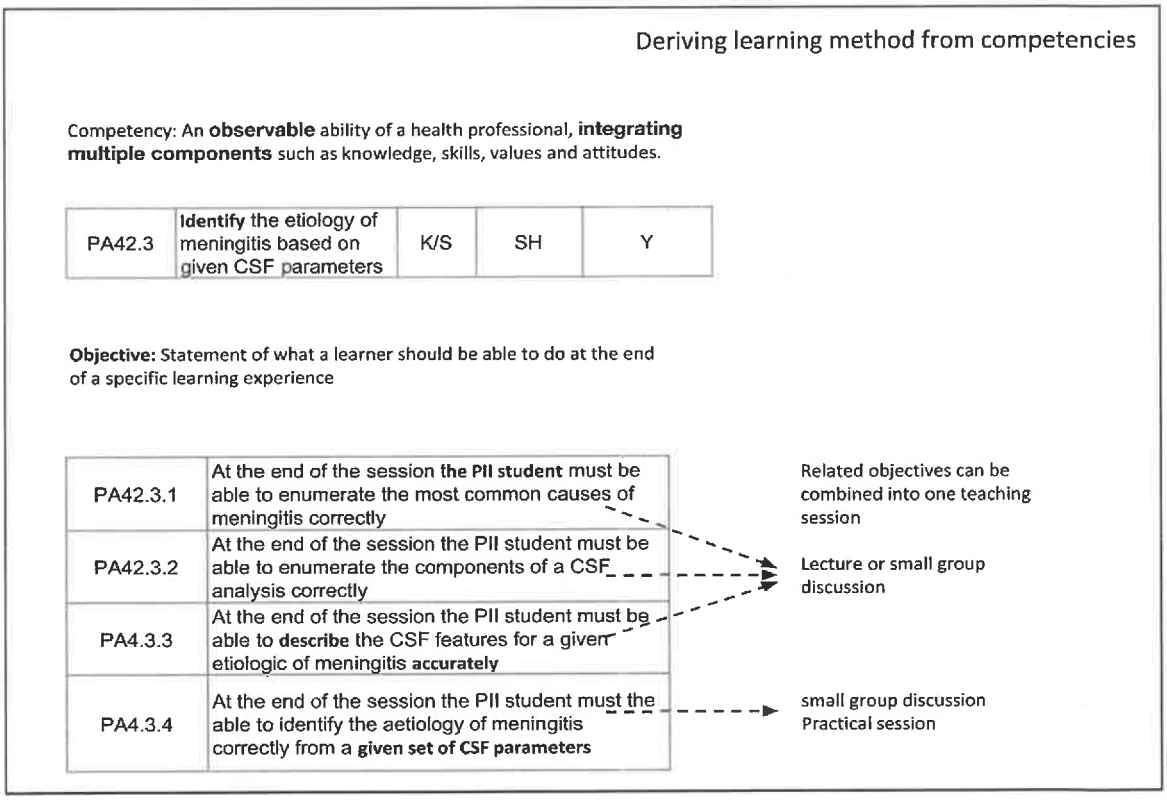


Figure 6. Deriving learning methods from competencies

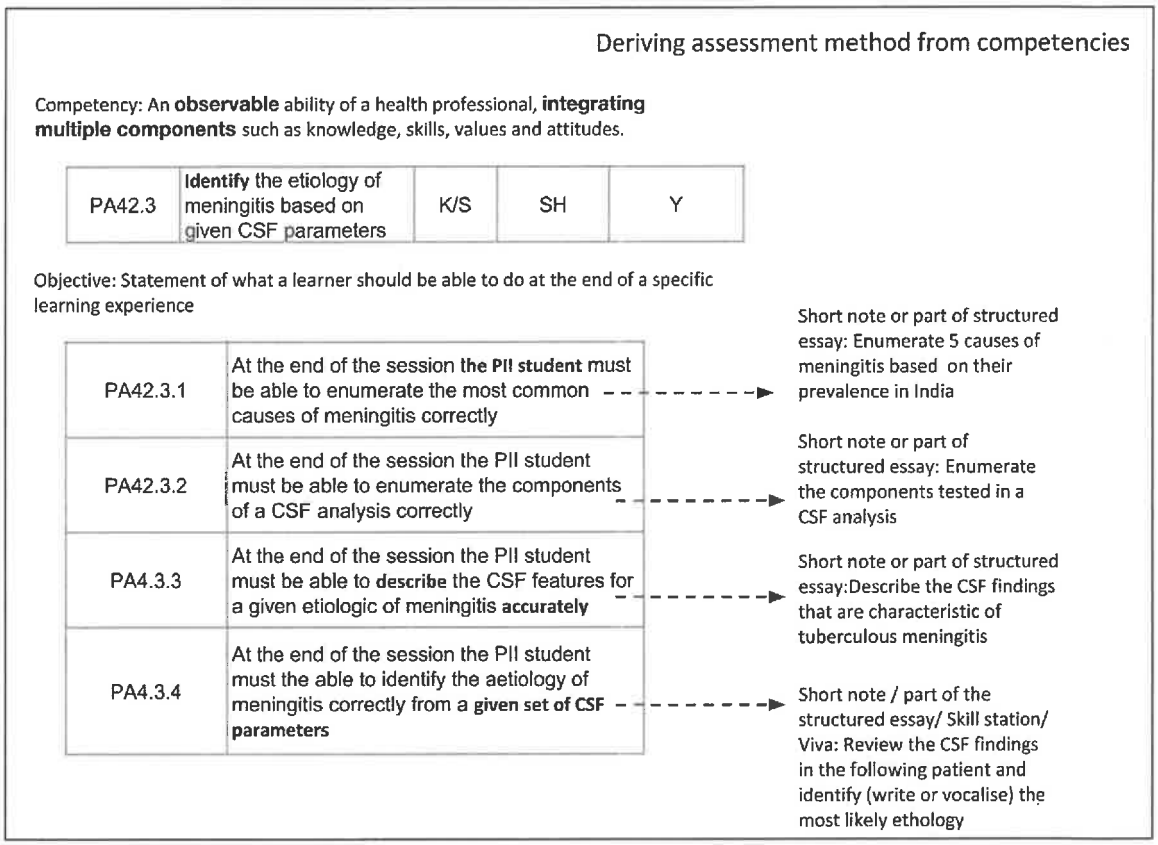


Figure 7: Deriving assessment methods from competencies

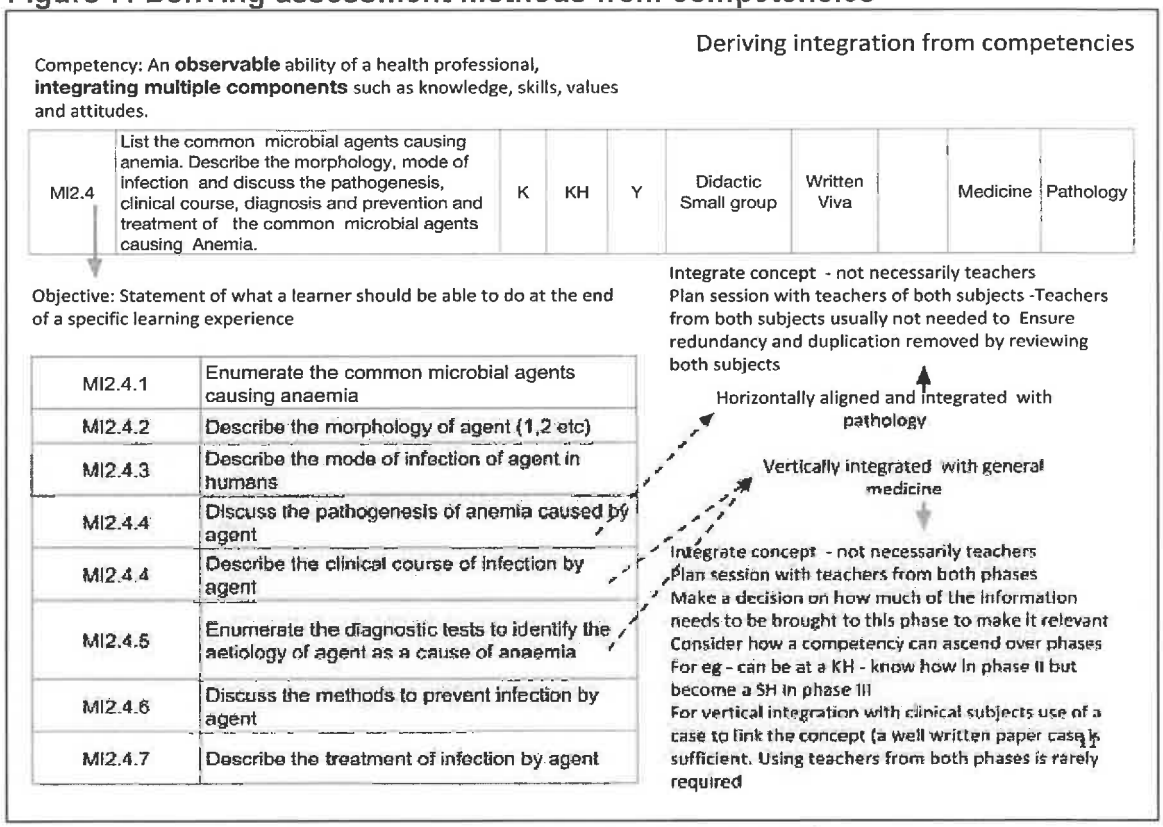


Figure 8: Marking objectives/ competencies for integration

Figure 9 (1-8) has used anemia as an example for creating an Aligned and Integrated topic.

Note: A comprehensive list of competencies for the topic anemia gleaned from the competency booklet is presented in Appendix 3.

For illustrative purposes only

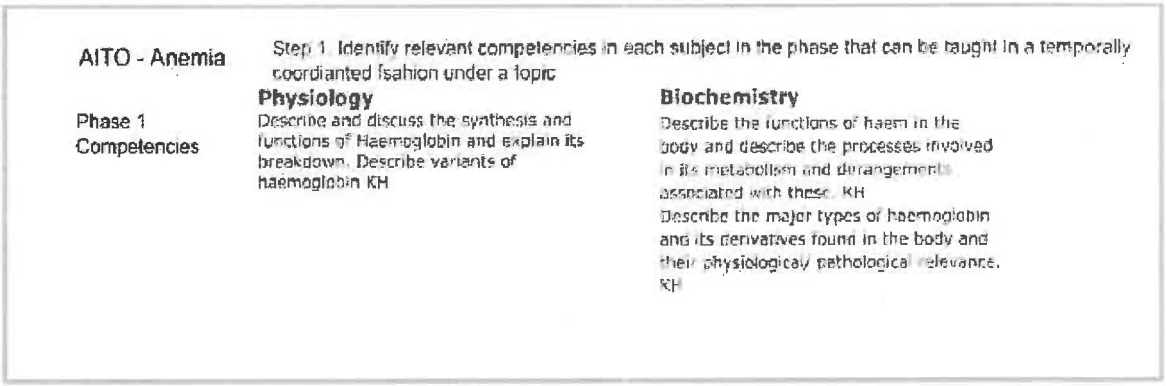


Figure 9.1 In this example two related competencies are identified from physiology (purple) and Biochemistry (Green) from the competency booklet

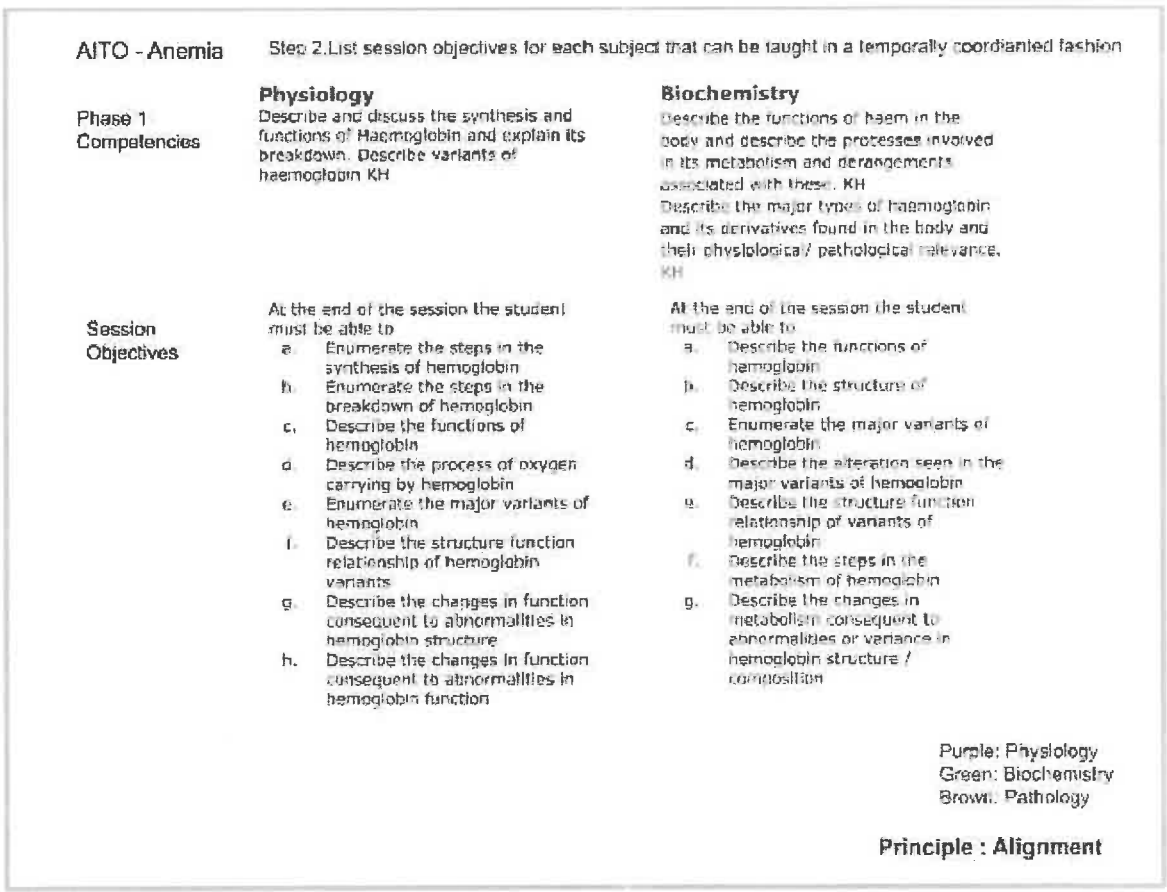


Fig 9.2 Session objectives are derived for each competency are identified

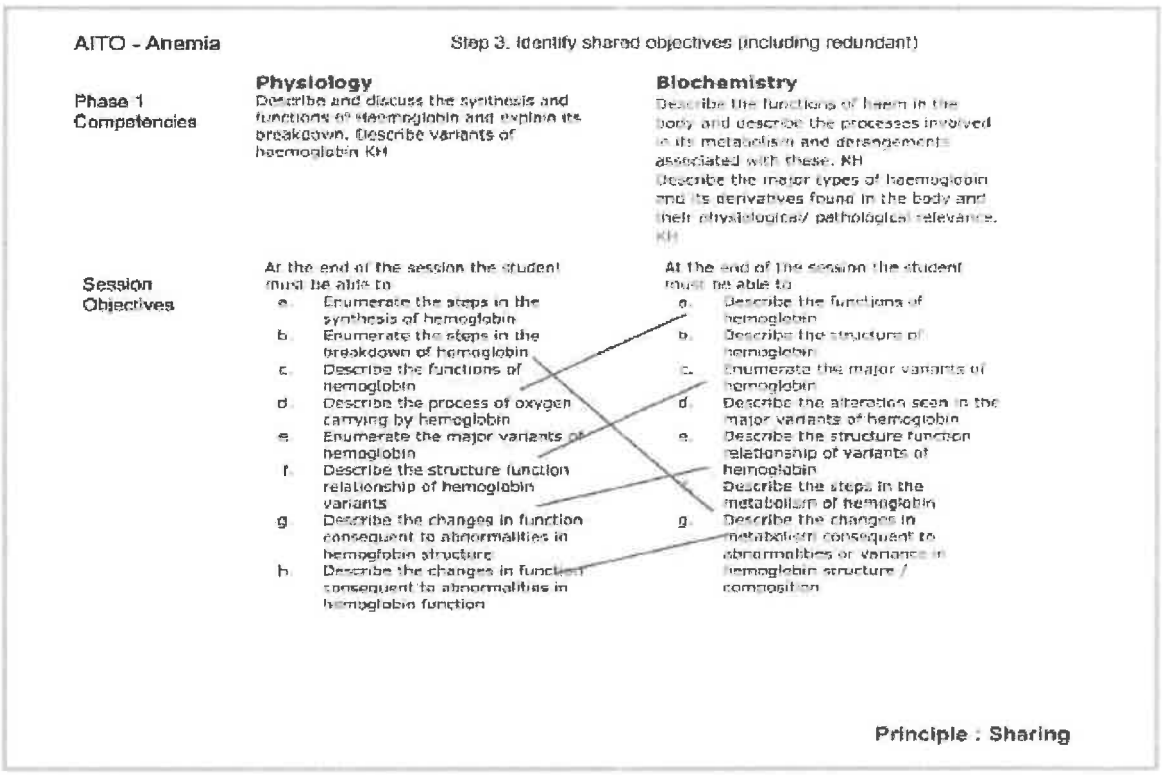


Fig 9.3 Objectives that are similar to both subjects are marked for redundancy and sharing

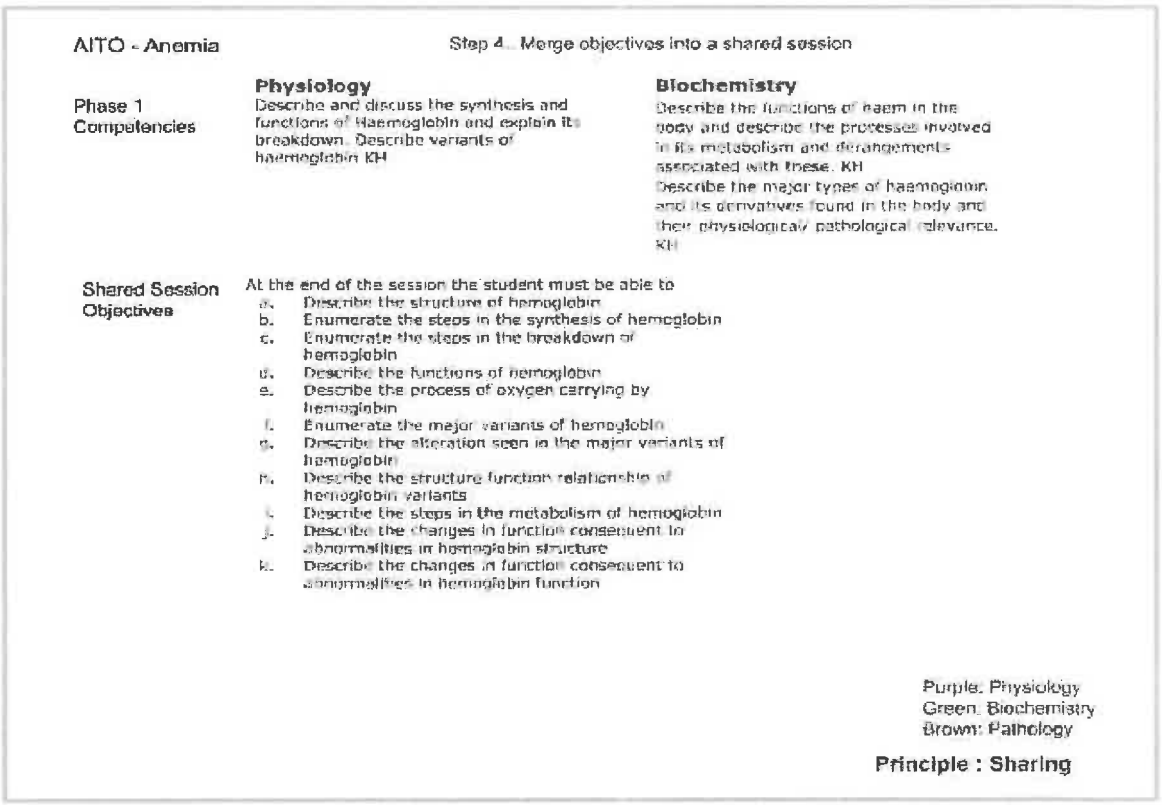


Fig 9.4 A new shared session is created merging the objectives from both subjects by removing redundancy

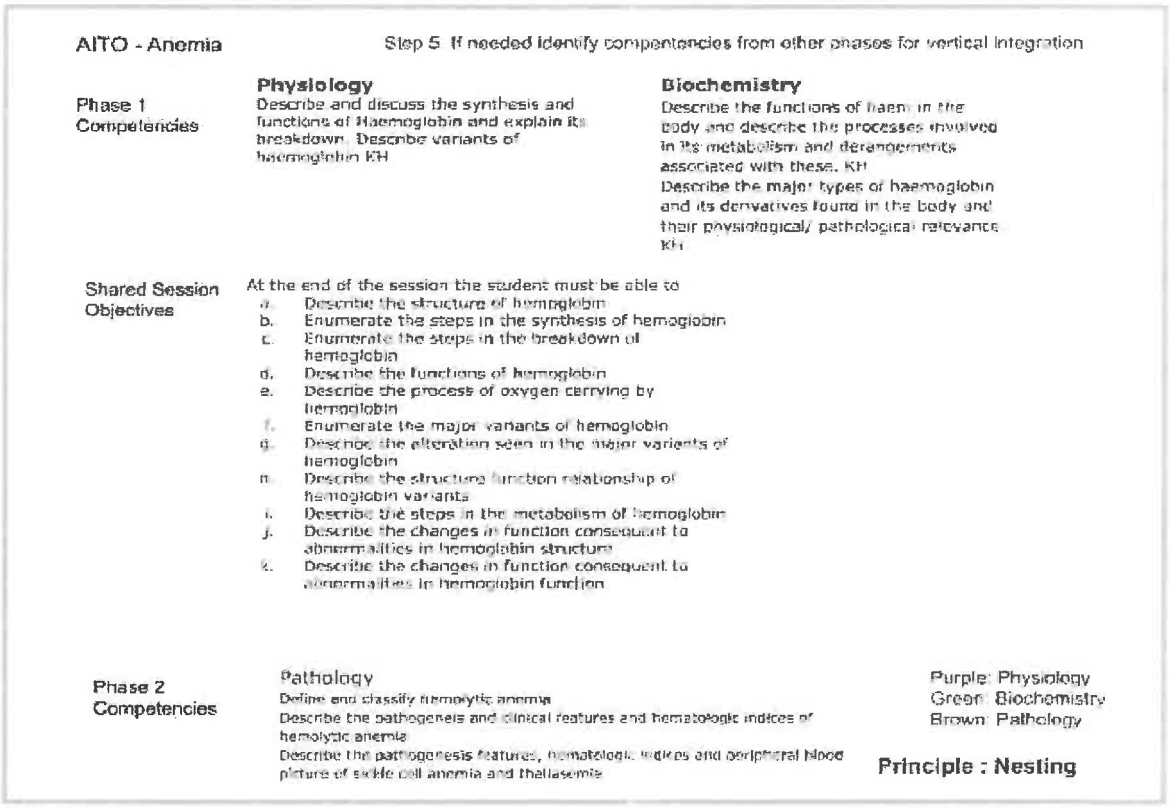


Fig 9.5 If desired, subjects from other phases are reviewed for competencies that will enhance the value of the learning session - in this instance a few competencies from pathology are brought into phase I to enhance the value of learning in the shared session.

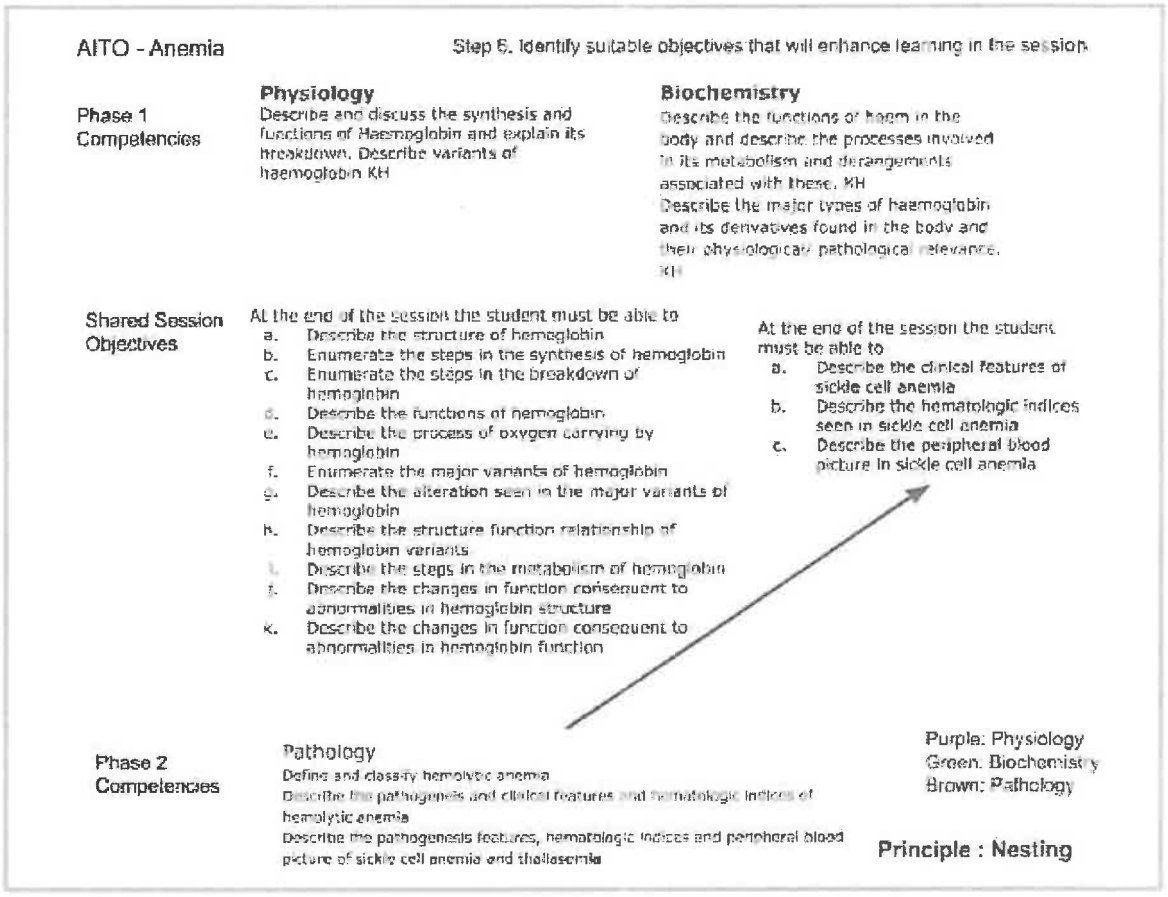


Fig 9.6 Objectives from the pathology (brown) competencies are listed

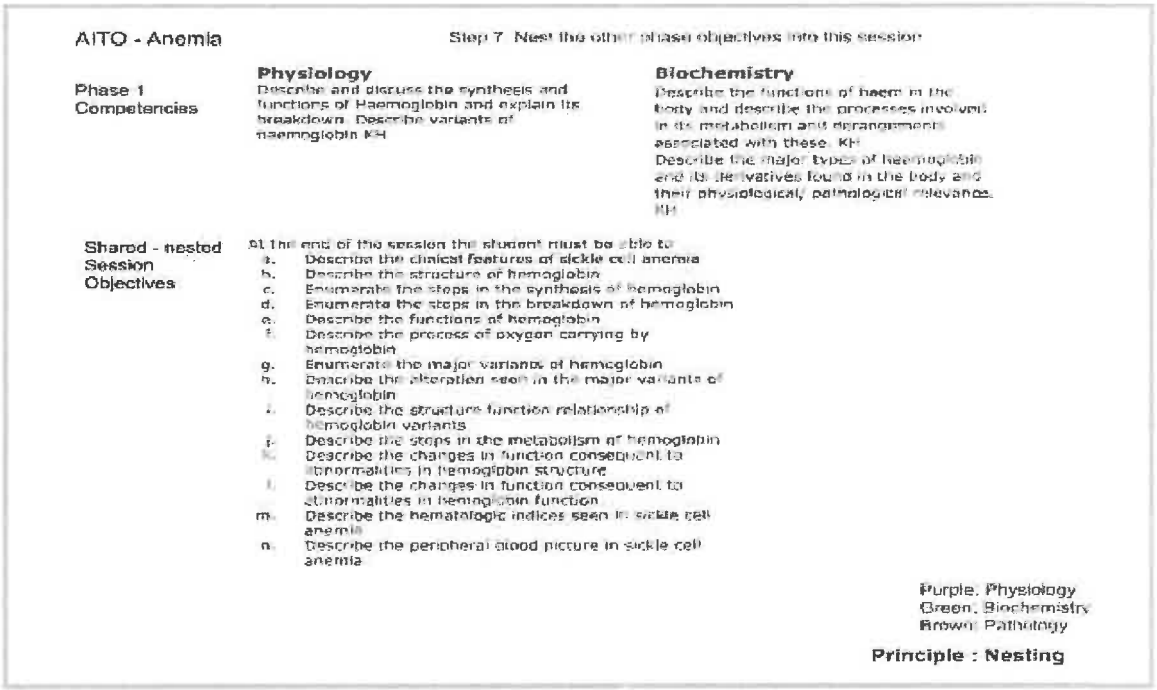


Fig 9.7: Selected objectives are "nested" to the shared session

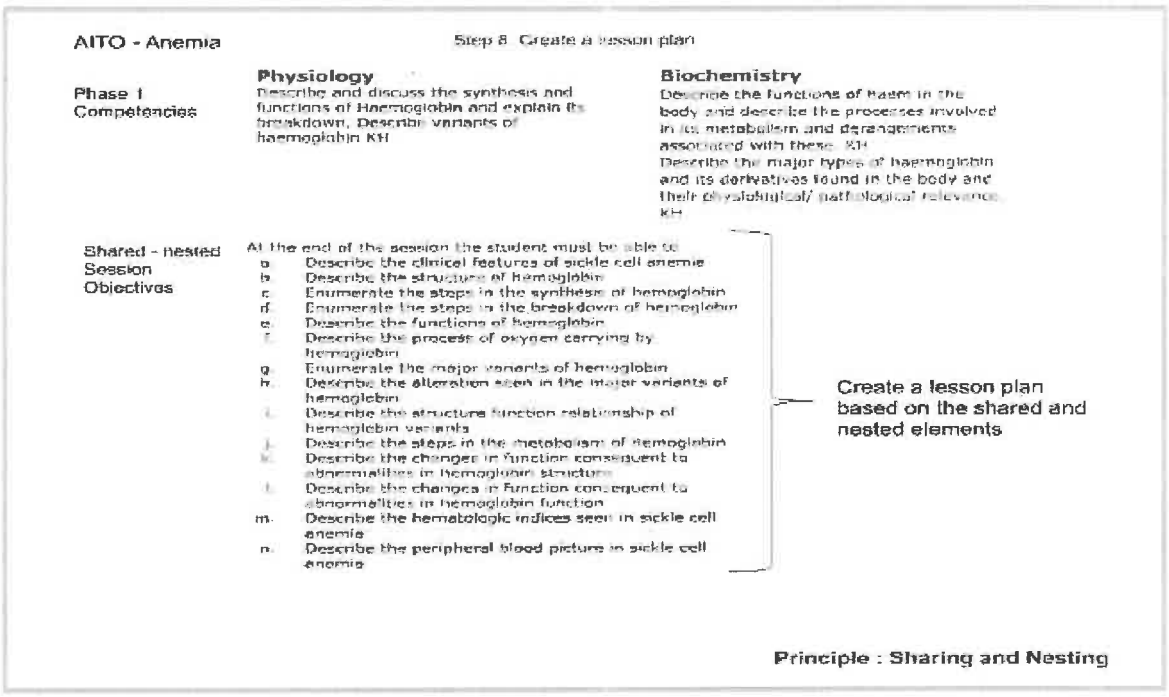


Fig 9.8 A lesson plan is created for the integrated session

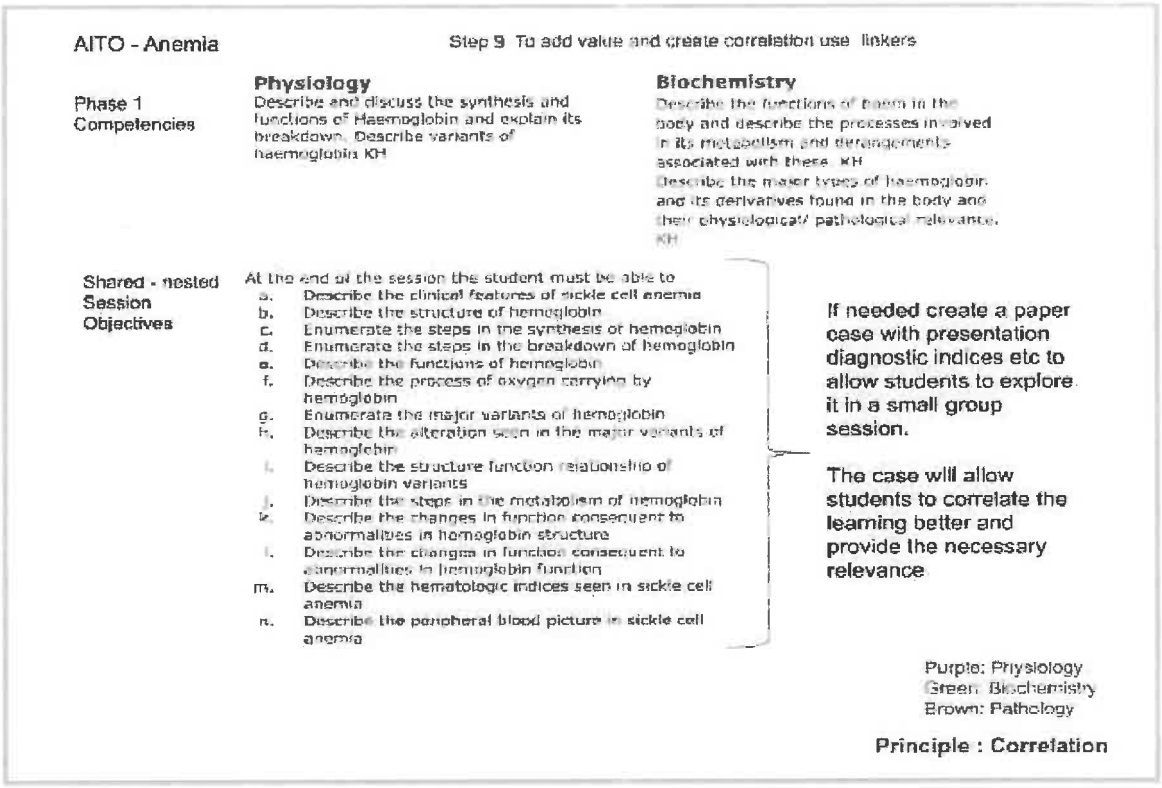


Fig 9.9 A paper case is often used as a linker to improve the relevance and allow greater correlation

Curricular Governance required to create and implement an Aligned and Integrated Curriculum

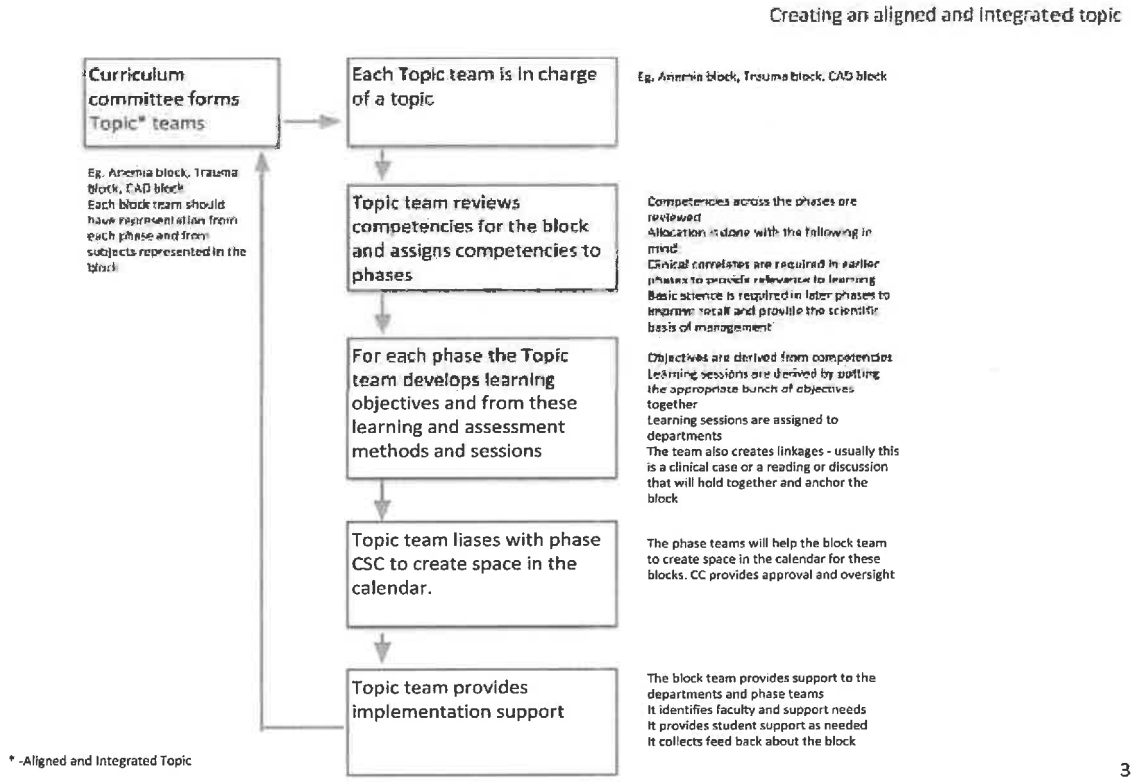


Figure 10: Steps and oversight required in development of Aligned and Integrated Topic

The development of an aligned and integrated curriculum will require significant collaboration from all stakeholders. In addition, curricular oversight will be required for its smooth implementation.

1. The Dean as the head of the institution and also as the Chairman of the Curriculum Committee will be responsible for the overall development, implementation and oversight of the curriculum.

2. The Curriculum Committee as constituted in accordance with the directives of the MCI will:

    a. Develop a strategy for creating and implementing the curriculum and providing oversight,
    b. Decide if the alignment will be topic or organ system based,
    c. Create a phase-wise Curriculum Subcommittee (PWCSC) to oversee the creation and delivery of aligned and integrated curriculum,
    d. Create and support topic teams which will develop objectives and learning sessions for each topic across the phases,
    e. Approve and release the annual timetable for each phase,

f. Liaise with the Medical Education Unit or Department for required faculty support.

3. The Phase-wise Curricular Sub-committees (PWCSC) may be constituted with heads of Departments or key faculty in each phase with adequate representation from other phases and reporting to the Curriculum Committee. The PWCSC should:

    a. Review competencies for each phase and convert them into learning objectives,
    b. Align the curriculum as much as possible and enlist help from other phases in creating necessary vertical integration and links,
    c. Reduce redundancy across the phase by integrating overlapping teaching elements,
    d. Develop learning and assessment methods for each phase,
    e. Prepare the timetable for the phase and present it to the Curriculum Committee for approval.

4. If needed, topic teams or Alignment and Integration (AIT) teams may be created. These teams will have at least one member from each department across phases and is responsible for delivery of the topics identified. The AIT team will:

    a. Create learning and assessment sessions of the Aligned and Integrated Topics (AITo) identified across phases,
    b. Represent the Aligned and Integrated Topic (AITo) to the phase-wise Curricular subcommittee and/or Curriculum Committee,
    c. Review competencies and develop learning objectives for the topic,
    d. Assign learning objectives to each phase and teaching session,
    e. Develop learning and assessment methods for the AITo,
    f. Help faculty with delivering session appropriately and in a collaborative manner across phases,
    g. Collect feedback for the AITo, and
    h. Provide student support.

Further reading

Required Reading

1. Ronald M Harden, The integration ladder: a tool for curriculum planning and evaluation, Medical Education 2000;34:551-557.
2. Alam Sher Malik & Rukhsana Hussain Malik, Universiti Teknologi MARA, Malaysia Twelve tips for developing an integrated curriculum". Medical Teacher 2011; 33: 99–104.
3. David G. Brauer & Kristi J. Ferguson 1, Washington University School of Medicine, USA, University of Iowa, USA; The integrated curriculum in medical education: AMEE Guide No. 96.
4. Integration of basic and clinical sciences - AMEE 2008 Paul Bradley and Karen Mattick, Peninsula College of Medicine and Dentistry, UK, https://amee.org/getattachment/Conferences/AMEE-Past-Conferences/AMEE-Conference-2008/Introduction-to-Medical-Education-Bradley-Mattick.pdf.

Additional reading

1. Gustavo A. Quintero, John Vergel, Martha Arredondo, Maria-Cristina Ariza, Paula Gomez & Ana-Maria Pinzon-Barrios, Integrated Medical Curriculum: Advantages and Disadvantages. Journal of Medical Education and Curriculum Development 2016; J Med Educ Curric Dev 3:S18920 (online).

Appendix 1

Examples of aligned and integrated topics (indicative)

Anemia
Jaundice
Diabetes
Thyroid Diseases
Nutrition
Febrile Illness
Tuberculosis
Malaria
Diarrhoea
Ischemic Heart Disease
Polycystic Ovarian Syndrome

Appendix 2

Understanding the competencies table

1	2	3	4	5	6	7	8	9	10
No.	**Competencies**	**Domain**	**K/KH/SH/P**	**Core**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**No req to certify P**	**Vertical Integration**	**Horizontal Integration**
Physiology									
Summary **Name of Topic: General Physiology** **Number of competencies: (08)**							**Number of procedures that require certification: Nil**		
PY1.1	Describe the structure and functions of a mammalian cell	K	KH	Y	Lectures, Small group discussion	Written/viva			Biochemistry,
GM25.4	Elicit document and present a medical history that helps delineate the aetiology of these diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and travel	S	SH		bed side clinic, DOAP	Skill assessment	no of times a skill needs to be done independently to be certified for independent performance Rarely used in UG	Community Medicine	

Unique number of the competency
First two alphabets represent the subject (see list)
Number following alphabet reflects topic
Number following period is a running number

Description of competency

Identifies the domain or domains addressed
K - Knowledge
S - Skill
A - Attitude
C - Communication

Identifies the level of competency required based on the miller's pyramid
K - Knows
KH- Knows How
S - Skill
SH - Show How
P - Perform independently

Identifies if the competency is core or desirable. Y indicates Core

Identifies the suggested learning method
DOAP - Demonstrate (by student) Observe Assist Perform

Identifies the suggested assessment method
Skill assessment - Clinics, Skills lab, Practicals etc

Subject(s) in other phases with which the competency can be vertically integrated to increase relevance or improve basic understanding

Subject(s) in the same phase with which the competency can be horizontally integrated or aligned to allow a more wholesome understanding

7

Appendix 3

How to choose competencies from different subjects in various phases for a given topic

(illustrative example)

Competencies for the topic anemia from various phases from the competency booklet volumes 1-3

Year	No.	Competencies*	No.	Competencies*	No.	Competencies*
1		**Physiology**		**Biochemistry**		
	PY2.1	Describe the composition and functions of blood components				
	PY2.2	Discuss the origin, forms, variations and functions of plasma proteins	BI5.2	Describe and discuss functions of proteins and structure-function relationships in relevant areas eg, hemoglobin and selected hemoglobinopathies		
	PY2.3	Describe and discuss the synthesis and functions of Haemoglobin and explain its breakdown. Describe variants of haemoglobin	BI6.11	Describe the functions of haem in the body and describe the processes involved in its metabolism and describe porphyrin metabolism.		
	PY2.4	Describe RBC formation (erythropoiesis & its regulation) and its functions	BI6.12	Describe the major types of haemoglobin and its derivatives found in the body and their physiological/ pathological relevance.		
2		**Pathology**		**Pharmacology**		**Microbiology**
	PA13.1	Describe hematopoiesis and extramedullary hematopoiesis	PH1.35	Describe drugs used in hematological disorders and discuss mechanism/s of action, types, doses, side effects, indications and contraindications, like 1. Drugs used in anemias 2. Colony Stimulating factors	MI2.4	List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia.

	PA1 3.2	Describe the role of anticoagulants in hematology		
	PA1 3.3	Define and classify anemia		
	PA1 3.4	Enumerate and describe the investigation of anemia		
3		**Medicine**		**Pediatrics**
	IM9. 1	define describe and classify anemia based on red blood cell size and reticulocyte count	PE 13 .1	Discuss the RDA, dietary sources of Iron and their role in health and disease
	IM9. 2	describe and discuss the morphological characteristics aetiology and prevalence of each of the causes of anemia	PE 13 .2	Describe the causes, diagnosis and management of Fe deficiency
	IM9. 4	describe and discuss the genetic basis of some forms of anemia	PE 13 .3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis
	IM9. 5	elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, and family history	PE 13 .4	Interpret hemogram and Iron Panel

* List of competencies only representative, not complete.

Appendix 4 Sample time table with AIT

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	DAY 8
8-9 am	**Blood and its components by a Hematologist** Linker-Case 1 **PY 2.1 Describe the composition and functions of blood and its components**		Linker Part A of case 1 addresses PY 2.1 PY 2.2 **PY 2.9 small group discussion + Formative assessment**					Written Assessment PY 2.5 PA 13.3
9-10 am	**Blood groups , Principles of Blood transfusion and banking** PY 2.9 Describe different blood groups and discuss the clinical importance of blood grouping, blood banking and transfusion	**Blood groups , Principles of Blood transfusion and banking** PY 2.9 Describe different blood groups and discuss the clinical importance of blood grouping, blood banking and transfusion	**Erythropoiesis** – Linker part B PY 2.5 Describe RBC formation (erythropoiesis & its regulation) and its functions PA 13.1 Describe hematopoiesis and extra medullary hematopoiesis	**Role of Iron and Vit A B12 in Erythropoiesis** PA 14.1 Describe iron metabolism PA 15.1 Describe the metabolism of vitamin B12 and the etiology and pathogenesis of B12 deficiency	**Heam synthesis and metab** PY2.3 Describe & discuss synthesis & functions of Hb & explain its breakdown. Describe Hb variants BI 6.11 Describe the functions of haem in body and describe the processes involved in its metabolism and derangements associated. Porphyrins	**Types of hemoglobin and their clinical significance** BI 6.12 Describe the major types of Hb and its derivatives found in body and their physiological/ pathological relevance.	**Physiology of Hemolysis and Anemia** PA 13.3 Define and classify anemia PY 2.5 Describe different types of anemias & Jaundice	Linker Part B of case 1 addresses PY 2.3 , BI 6.12 ,PY 2.9 , PA 13.3 small group discussion + Formative assessment
10 - 11 am 11-12.00	PY 2.9 Group A) Visit to the blood bank Group B) PY 2.11 Blood Grouping cross matching DOAP session	PY 2.9 Group B) Visit to the blood bank Group A) PY 2.11 Blood Grouping cross matching	**Peripheral smear examination Group A PY 2.1 Describe the composition and functions of blood and its components DBJ A) Identify RBC , WBC and platelet in normal peripheral smear B) Discuss their functions Group B Visit to Hematology lab / Dr ALC animation**	**Physiology practical Group A PY 2.11 Estimate RBC count and interpret normal Group B PY2.11 Estimate Hb, RBC indices and interpret PA 13.4 Enumerate and describe the normal blood parameters**	**Physiology practical Group B PY 2.11 Estimate RBC count and interpret normal Group A PY2.11 Estimate Hb, RBC indices and interpret PA 13.4 Enumerate and describe the normal blood parameters**	**Physiology practicals Group A PY 2.12 Demonstrate the tests for ESR, Hematocrit. Note the findings and interpret the results Group B PY 2.12 Demonstrate Osmotic fragility test . Note the findings and interpret the results**	**Physiology practical Group B PY 2.12 Demonstrate the tests for ESR, Hematocrit. Note the findings and interpret the results Group A PY 2.12 Demonstrate Osmotic fragility test Note the findings and interpret the results**	Skill assessment PY 2.9, PY 2.11, PY 2.1, PA 13.4 ,PY 2.12
1-2 pm	**Plasma Proteins PY 2.2 Discuss the origin, forms, variations and functions of plasma proteins**	**Blood groups , Principles of Blood transfusion and banking PY 2.1 ,2.2 PY 2.9 Formative Assessment Reflective exercise**						Feedback-
2-3 pm	Non Aligned sessions in Anatomy					Radiological ANATOMY	Osteology	Remedial
3-4 pm						Surgical Anatomy	Surface Anatomy	
Submissions					PY 2.5 PA 14.1 PA 15.1 Assignment- 1 on Erythropoiesis and factors regulating	PY 2.3 BI 6.11BI 6.12 Assignment 2 on Haem synthesis and metabolism		

BOARD of GOVERNORS in supersession of Medical Council of India

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

Knows Knows how Shows Shows how Performs

Observe

Demonstrate

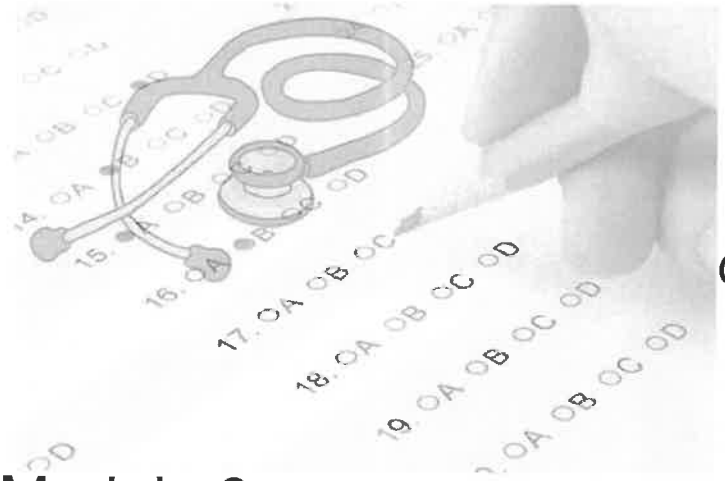
Enumerate

Assist

Counsel

Describe

Prescribe



Analyse

Integrate

Guide

Communicate

Correlate

Interpret

Module 3

Critique

Assessment

Collaborate

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Assessment Module for Undergraduate Medical Education 2019

Medical Council of India
Pocket-14, Sector-8, Dwarka,
New Delhi 110 077

All rights reserved. No part of this publication/documents may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission from Academic Cell of Medical Council of India, except for the use in Curriculum Implementation Support Program by medical teachers and institutions as well as in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by copyright law.

How to Cite: Medical Council of India. Assessment Module for Undergraduate Medical Education Training Program, 2019: pp 1-29.

Dr. Vinod K. Paul
MD, Ph.D, FASc, FNASc, FAMS, FNA
Chairman
Board of Governors in Super-session of
Medical Council of India
Sector-8, Pocket-14,
Dwarka, New Delhi-110 077
Ph: +91-11-25367039
Fax: +91-11-25367031
Website: www.mciindia.org



डॉ विनोद कुमार पॉल
एम.डी., पी.एचडी., एफ.ए.एस. एफ.ए एन.एस.
एफ.ए.एम.एस., एफ.एन.ए
अध्यक्ष
भारतीय आयुर्विज्ञान परिषद के
अधिक्रमण में शासी बोर्ड
सेक्टर-8, पॉकेट-14,
द्वारका, नई दिल्ली-110 077
फोन: +91-11-25367039
फैक्स: +91-11-25367031
वेबसाइट: www.mciindia.org

Foreword

A popular maxim in education is - if it is not assessed it is not learnt. The introduction of a competency based curriculum makes assessment a crucial element of learning. Indeed, the emphasis on competencies makes assessment of its attainment and maintenance a prerequisite. Assessment must serve both to provide the continued input on the progress of the learner that will allow him or her to calibrate and improve and also to ensure that only the learner with the right set of knowledge, skills and attitude is allowed to be admitted into the profession and to provide patient care.

The introduction of a competency based curriculum necessitates structured formative assessment, periodic internal assessment and end of phase summative assessment with appropriate and effective feedback built in. In addition, a mechanism to assess and document competency and skill acquisition needs to be in place. Workplace based assessments need to be introduced to the extent possible keeping in mind the roll out of the student doctor program.

The task at hand is complex and requires extraordinary collaboration between teachers, institutions and Universities. This booklet attempts to align the needs of institutions, Universities, learners and teachers with assessment of competencies in the new MBBS curriculum. It has been prepared by invited experts who have worked along with the Expert group for curriculum appointed by the Board of Governors in supersession of the Medical Council of India.

The booklet provides clarity and guidelines that will be useful in the development and implementation of assessment in the competency based environment. There is an increased emphasis on assessment of outcomes through alignment with objectives. Also provided are ideas and strategies for meaningful formative and summative assessment. Summative assessment is the domain of the Universities; however, this booklet provides some principles that Universities can adopt while aligning the examinations to the curriculum that the learners will undergo.

I am grateful to the authors and the expert group who have made this booklet possible. Suggestions for improvement are most welcome. Institutions and Universities are encouraged to share their best practices so that we can all learn together and help bring out better doctors who will be an asset to the community that they serve and to the nation as a whole.

Dr. V. K. Paul

Phone : 25367033, 25367035, 25367036
दूरभाष : 25367033, 25367035, 25367036
Fax : 0091-11-25367024
E-mail : mci@bol.net.in
Website : www.mciindia.org

पॉकेट – 14, सेक्टर – 8,
द्वारका फेस– 1
नई दिल्ली–110 077
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA
BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

Foreword

This booklet provides a suggested pattern for Competency Based Assessment for the MBBS program commencing 2019. Summative assessment is the domain of the Universities to whom medical colleges are affiliated. Some changes will be required in the way that learners are tested to meet the requirements in the competency based curriculum. In addition, Competency Based Assessment places increased emphasis on formative and internal assessment. This booklet addresses the needs of institutions, Universities and teachers and is aimed at recalibrating the approach to assessment under the auspices of the new curriculum. The booklet is in alignment with the Regulations in Graduate Medical Education, 2019 Part II document.

This booklet has been developed by experts invited by the Board of Governors in supersession of the Medical Council of India and incorporates their vast expertise and experience. The Board of Governors in supersession of the Medical Council of India acknowledges their time and effort in creating this guide that can be used by institutions to develop their own learning process and content. Appreciation is also due to the efforts of the Academic Cell and faculty at the various Regional and Nodal centres who continue to work tirelessly to ensure that the new competency based curriculum and its various unique components are implemented faithfully and flawlessly across the medical colleges in this country. This will best serve the needs of the country and the cause of medical education.

(Dr. R.K. Vats)
Secretary General

Expert Group

1. **Dr. Avinash Supe**
   Former Director (ME & MH) and Dean, Professor,
   Departments of G I Surgery and Medical Education
   Seth GS Medical College and KEM Hospital, Mumbai – 400012

2. **Dr. Krishna G. Seshadri**
   Member, Board of Management
   Visiting Professor
   Departments of Endocrinology, Diabetes and Medical Education
   Sri Balaji Vidyapeeth, Puducherry - 607 403

3. **Dr. R. Sajith Kumar**
   Professor and Head, Departments of Infectious Diseases and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Government Medical College, Kottayam, Kerala – 686008

4. **Dr. P.V. Chalam**
   Principal & Professor, Department of Surgery
   Bhaskar Medical College, RR Dist., Telangana – 500075

5. **Dr. Praveen Singh**
   Professor and Head, Departments of Anatomy and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Pramukhswami Medical College, Karamsad, Gujarat - 388325

6. **Dr. Tejinder Singh**
   Professor, Department of Medical Education
   Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar-143501.

7. **Dr. P.V. Vijayaraghavan**
   Convener, MCI Nodal Centre for Faculty Development,
   Vice Chancellor & Professor of Orthopedics,
   Sri Ramachandra Medical College & Research Institute, Porur, Chennai-600116.

8. **Dr. Subir K. Maulik**
   Professor, Department of Pharmacology
   All India Institute of Medical Sciences, New Delhi-110029

9. **Dr. M Rajalakshmi**
   Chief Consultant, Academic Cell, Medical Council of India,
   Pocket 14, Sector 8, Dwarka, New Delhi 110077.

Additional Contributors

1. **Dr. Dinesh Kumar Badyal**
   Professor, Departments of Pharmacology and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Christian Medical College, Ludhiana, Punjab – 141008

2. **Dr. Mohan Khamgaonkar**
   Pro-Vice Chancellor,
   Maharashtra University of Health Sciences
   Mhasrul, Nashik-422004

Curriculum Implementation Support Program

Module - 3

Assessment

Guidelines for Assessment in Competency Based UG Curriculum

1. Objectives of the Document

To help the reader to:

- Understand the role and place of assessment in new competency based curriculum
- Understand the changes in assessment as per new curriculum.
- Understand the differences between the traditional assessment and Competency Based Assessment (CBA).
- Understand the components of competency based assessment.
- Understand the tools for competency based assessment.
- Understand the role of feedback in assessment.
- Plan, develop and implement CBA in the colleges and universities.

2. Glossary of terms used in the document

Summative assessment (University examination)	An assessment conducted at the *end of instruction* to check how much the student has learnt.
Formative assessment	An assessment conducted *during* the instruction with the primary purpose of providing feedback for improving learning.
Internal assessment	Range of assessments conducted by the teachers teaching a particular subject with the express purpose of knowing what is learnt and how it is learnt. Internal assessment can have both formative and summative functions.
Validity	Degree to which the inferences drawn from assessment are supported by empirical evidence or theoretical rationale.

Reliability	Degree of confidence that can be placed in the results. Depending on the context, it can be in terms of precision, consistency or reproducibility.
Competency	An observable activity of the health professional with a judicious and consistent mix of knowledge, skills, attitudes and communication.

3. **Introduction**

Competency based education has been defined as an outcome-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies[1]. Much more than a different style of teaching, competency based curriculum obligates a vastly different perspective on assessment. It mandates greater emphasis on setting up an ongoing and longitudinal assessment so that teachers can identify the stage of the learner and decide whether they need further or different learning opportunities to acquire competency. Assessment in competency based curriculum plays a crucial role in its implementation.

Competency is not an all or none phenomenon. Rather it is incremental. The role of teachers is to help the learner acquire and improve upon the competencies. Competency based curriculum moves away from time bound education and looks at competency as the end point. Consequently, we are no longer interested in demonstration of discrete behaviours by the learners; rather we are interested in application of these in each patient context. Thus, it is more about integration of the required knowledge, skills and attitudes rather than anyone of them in isolation. Therefore, assessment in competency based curriculum should incorporate integration to the extent feasible while maintaining subject identity.

4. **Purpose of assessment in competency based curriculum**

While an obvious purpose of assessment in competency based curriculum is to help the teachers decide if the students have acquired the desired competencies, an equally important purpose is to help the students acquire and improve their competencies. Quality assurance also requires quality assessment.

Major characteristics of competency based assessment are their longitudinal nature, provision of developmental feedback and authentic settings, all of which result in lowering the stakes on individual assessments. This has other important implications also for assessment design. Since the stakes are low and purpose is to improve learning, high standardization and psychometric rigor is not required. Authenticity of assessment task is more important than its structure or objectivity. Expert subjective judgment plays a major role in assessment of competencies.

This difference in perspective stems from three important characteristics of competency based curriculum. First, that by definition, teaching and assessment has to be in the *context* of competencies. Second, that discrete assessment of knowledge, skills and attitudes may not always add up to a competency. Third and probably the most important, that there is a high context specificity in assessment. Performing competency 'A' well does not mean that the student can perform the competency 'B' also as well. Similarly, assessment in demonstration room may not be the same as assessment at the bedside. Moreover, many competencies like communication, team work, sincerity etc. may not be amenable to reliable assessment if done sparingly or only at summative examination. Therefore, all competencies need to be assessed multiple times and in different contexts. An implication of this is that only one summative or end of year examination is not suited for this purpose.

Utility of assessment is traditionally expressed as a notional concept represented as using a product of validity, reliability, acceptability, feasibility and educational impact.[2] For CBA, validity and educational impact are the major determinants of its utility. Despite subjective judgments being involved, their reliability can be improved by increasing the number of assessors, assessments, tasks and by involving all teachers of the department in CBA process. This is a simple intervention to not only take care of subjectivity but also to improve ownership of teaching-learning and assessment.[3]

5. How does CBA differ from traditional assessment?

Traditional assessments are easy to design, administer, score and analyse compared to CBA but may not be able to provide complete information about the stage of the student. Traditional assessments are snap shot observations of learning, are generally not linked to instructions or outcomes and *promote test taking behaviour*. They are fragmented and mainly focus on knowledge (sometimes skills). CBA, on the other hand, provides more comprehensive information about not only the current stage of the student but also about his progression and ascendency. They are longitudinal, often with low stakes and help to reduce examination anxiety. CBA is based on direct observation and therefore helps in generation of authentic feedback, which helps the students to learn better. This process of *assessment for learning* is crucial for the acquisition of competencies.

Competency based assessment should help in collecting and analysing evidence to decide if a student is competent in relation to a required competency and in relation to his/her stage of training. The underlying concept of competency – i.e. the *habitual and consistent* use of knowledge, technical skills, clinical reasoning, communication, emotions, values and reflection in daily practice for the benefit of the individual and the community being served, again demands that the student should consistently demonstrate the desired behaviour rather than only during the final examination.

Competency based assessment aids in the process of learning. Effective feedback is paramount to helping learners improve. CBA is an ongoing process so that any deviation in learning can be recognized early and taken care of by providing formative feedback. This concept is crucial and aligns very well with the basic principles of competency based medical education viz. active involvement of the learner, creating an authentic environment for learning, direct observation and provision of formative feedback. CBA requires active participation of the student in the form of self-assessment and reflections.[4] The paradigm is reflected in figure 1.[5]

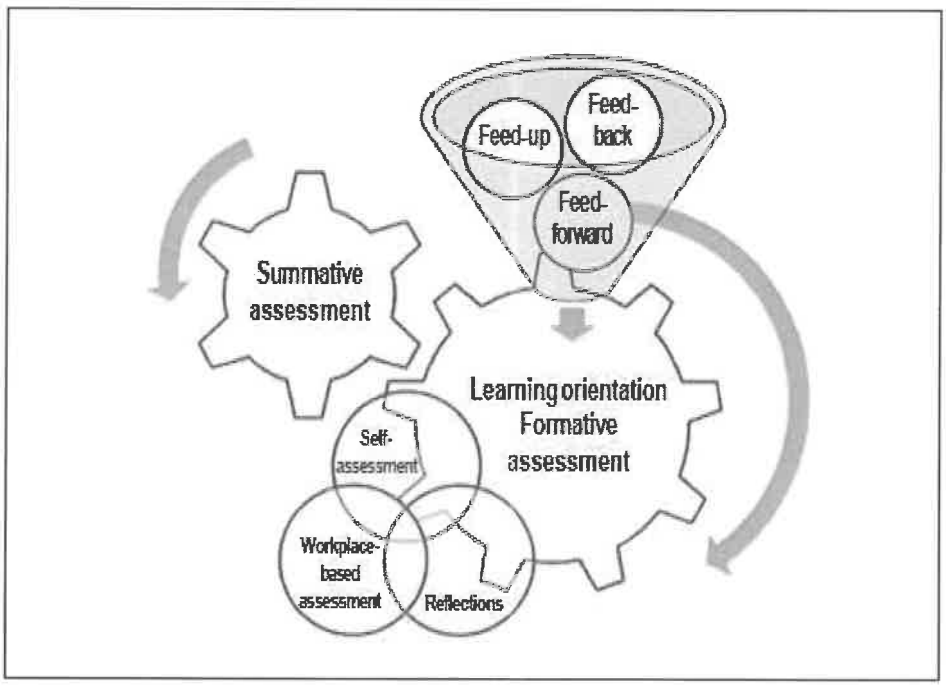


Figure 1. Paradigm of medical student assessment[5]

(Reproduced with permission from National Medical Journal of India)

Medical education literature distinguishes between competence (ability to do) and performance (actually doing). In terms of Miller's pyramid, competence would fall under the 'shows' category while performance falls under 'does'.[6] For the undergraduate students, most of the assessment would be up to 'shows' level. Since they are not authorized to independently take care of the patient or are not directly in charge of patient care, targeting the 'does' level will pose logistic difficulty.

6. What should be assessed?

Assessment requires specification of measurable and observable entities. This could be in the form of whole tasks that contribute to one or more competencies or assessment of a competency *per se*. Another approach is to break down the individual competency into learning objectives related to the domains of knowledge, skills, attitudes, communication etc. and then assess them individually. However, as stated earlier, using individual domain framework may not always result in making an accurate assessment of the specific competency. Therefore, efforts should be made to include competencies in the assessment process as much as possible. CBA is very useful to convey a message to the students to structure their learning around competency framework.

The assessment opportunities can be broadly divided into ongoing and term end. While the term end examinations (Summative assessment) will usually be conducted by the Universities, the ongoing assessments are conducted by the teachers teaching the subject and can be both formal and informal.

The summative assessment e.g. University examinations at the end of professionals, are used for pass or fail decision. The purpose of such assessments is to sample the learning and ensure quality. Since all competencies should be assessed, summative assessments alone are not the option for CBA. For logistic reasons, competencies like communication, team work, ethics, professionalism and many procedural skills are also not assessable at term end examinations.

Ongoing assessment provides many options for this purpose. A blueprint may be needed to decide which competencies should be assessed during internal assessment and which should go to summative or University examinations. Informal assessments should happen during teaching learning activities with the express purpose of finding out the stage of the student and taking corrective action in teaching-learning methodology on an ongoing basis. During lectures, small groups or seminars, use of techniques like clickers, one-minute papers and muddiest point provide valuable information to check understanding and provide developmental feedback.[7] Same can be done during practical/clinical teaching using one-minute preceptor (OMP) or SNAPPS technique (Summarize history and findings, Narrow the differential; Analyze the differential; Probe preceptor about uncertainties; Plan management; Select case-related issues for self-study)[8-10]. Many of these do not need to be considered for pass / fail decisions but are useful to aid learning and acquire competencies. These can be planned by the teachers on a day to day basis and modified depending on the tasks at hand.

Features of Competency Based Assessment (CBA)

- CBA operates within the framework of competencies. Assessment tools should align with competencies/objectives.
- CBA should help to acquire competencies/objectives (*assessment for learning*) and their certification (assessment *of learning*)
- CBA is continuous and ongoing process with opportunities for providing developmental feedback
- Direct observation of students improves utility of CBA and feedback
- Multiple assessors, multiple tools and multiple assessments improve the validity and reliability of CBA

7. Formative & Internal Assessment (IA)

Formative assessment is an assessment conducted during the instruction with the primary purpose of providing feedback for improving learning. It also helps the teachers and learners to modify their teaching learning strategies. The feedback is central to formative assessment and is linked to deep learning, seeking to explore the educational literature and its pedagogical lessons for healthcare educational practice. It provides inputs to both students and teachers regarding adequacy of teaching-learning[10]. A variety of feedback principles and techniques can be used depending on the context.[11, 12]

Although there can be a debate on the summative or formative nature of IA, it still provides the best opportunities for formative purposes. IA is when assessment is done by the teachers who have taught the subject. It overcomes the limitations of day-to-day variability and allows larger sampling of topics, competencies and skills.

In competency based curriculum, IA provides useful avenues for both formative and summative assessment. IA focuses on the content and process of learning i.e. what and how students have learnt throughout the course. This assessment gives priority to psychomotor, communication and affective domains. These domains are usually not assessed by the traditional assessment methods. It should involve all faculty members of a department (Senior Residents upwards) and not just one or two senior teachers. This helps to build ownership of teaching-

learning and assessment as well as provide 'hands-on' experience in assessment to all teachers. IA can be a very useful tool for assessing all competencies in any competency based curriculum.

IA should not be considered as an assessment without external controls and can be utilized in a manner to overcome some of its perceived weaknesses. Utility of IA can be further improved by involving all teachers in the department and limiting the contribution of individual teacher, test or tool.[12]

8. **Designing a system of assessment**

While designing an internal assessment, all domains of learning i.e. cognitive, psychomotor and affective should be taken into account and weightage should be assigned to these domains for assessment.

Miller's pyramid (figure 2) provides a simple way to select appropriate tool for assessment. Efforts should be made to climb higher in the pyramid.[6, 13]The following adapted example illustrates this:

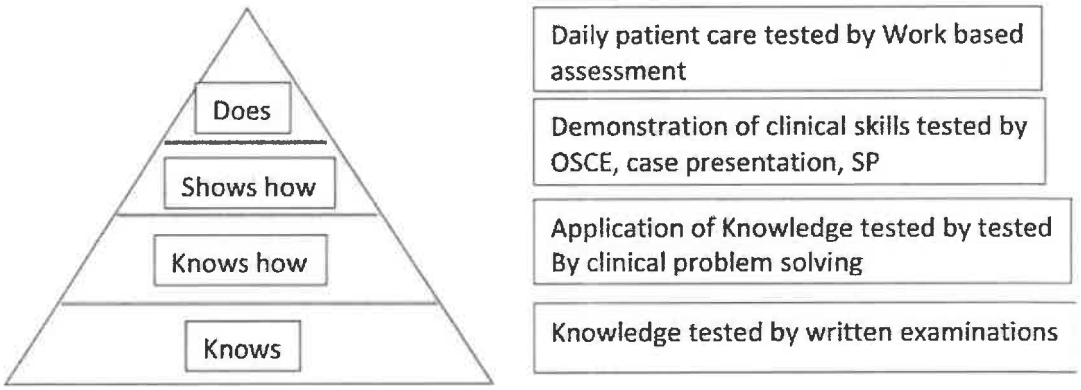
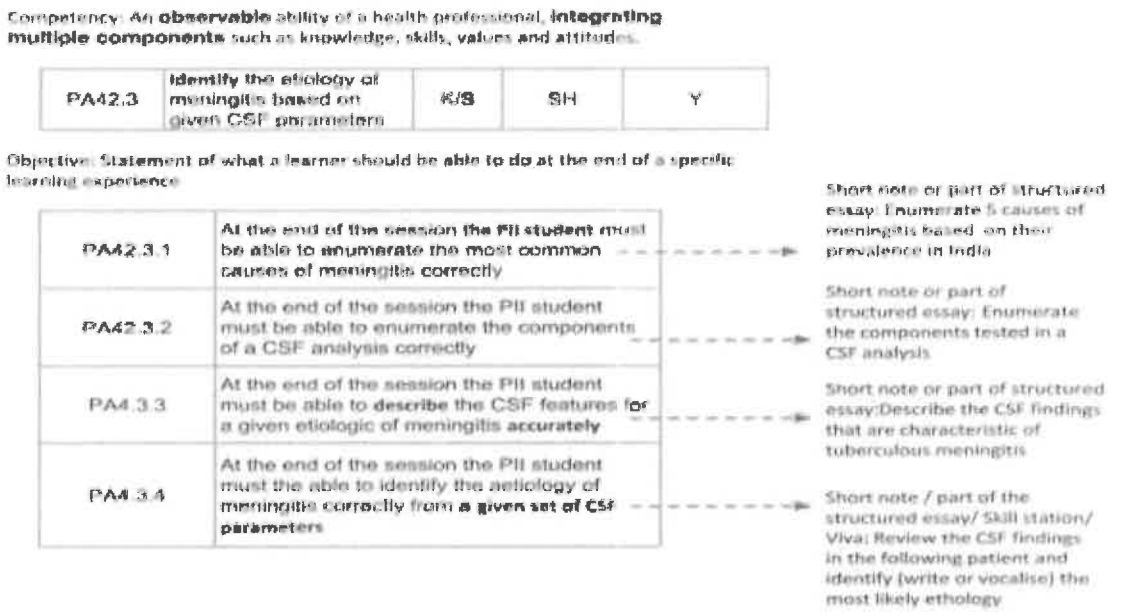


Figure 2. Assessment methods as per levels of competency (Adapted from Ramani)[13]

OSCE: Objective Structured Clinical Examination, SP: Standardised/ Simulated Patients

The key to building validity and making CBA assessment useful is its alignment with competencies/objectives. Including some aspects from competencies of other phases is useful to assess integration of concepts. Some examples of such alignment can be seen in the competency sheet given inTable1.

Table 1. Deriving assessment methods from objectives



A useful approach, especially for affective, psychomotor and communication domains, is to adopt the concept of *assessment toolbox.* A toolbox is a listing of available tools (and rating forms, if required), which are suggested for a particular competency or sub-competency and aims at improving the value of assessment data.[14] The listed tools are suggestions only and can be freely used either singly or in combination by teachers to suit particular requirements. Efforts should be made to use multiple tools for a given competency to improve validity and reliability of assessment.

While assessment will continue to be subject based, efforts must be made to ensure that phase appropriate correlates are assessed to determine if the learner has internalised and integrated the concept and its application.

a. Internal Assessment logistics

Scheduling of IA

A proposed schedule of tests for IA is given in Annexure 1. These are minimum required numbers but more tests can be scheduled by departments as required. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year. Prior to University examinations, departments can conduct additional tests as and when required with the purpose of providing

formative feedback to the students. In subjects that are taught at more than one phase, proportionate weightage must be given for internal assessment for each Phase. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently. A student who has not taken minimum required number of tests for IA each in theory and practical will not be eligible for university examinations. Proper records of the work should be maintained which will form the basis for the students' internal assessment and should be available to the assessors at the time of inspection of the college by the Medical Council of India.

Components of IA

(i) **Theory IA can include**: Written tests, should have essay questions, short notes and creative writing experiences.

(ii) **Practical / Clinical** IA can include: practical / clinical tests, Objective Structured Clinical Examination (OSCE) / Objective Structured Practical Examination (OSPE), Directly Observed Procedural Skills (DOPS), Mini Clinical Evaluation Exercise (mini-CEX), records maintenance and attitudinal assessment.

(iii) **Assessment of Log-book**. Log book should record all activities like seminar, symposia, quizzes and other academic activities. Achievement of certifiable competencies should also be recorded in logbooks. It should be assessed regularly and submitted to the department. Up To twenty per cent IA marks (Theory and Practical) should be from Log book assessment.

(iv) **Internal Assessment for Professional development programme (AETCOM)** will include:

a. Written tests comprising of short notes and creative writing experiences in each subject.

b. OSCE based clinical scenarios and/or viva voce. Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce in every subject.

Colleges and teachers should try to build capacity to use a variety of assessment tools. A number of tools are available in the form of assessment toolbox.[14] The construct validity and predictive utility of internal assessment is high.[15] Many of the tools mentioned for IA may appear subjective. However, by virtue of being high on *validity* and by conveying a message to the students not to ignore skills, attitudes and communication (*educational impact*), they contribute to better learning. Since stakes at IA are low, the use of expert subjective assessments to cover areas which are not assessable by conventional objectivised assessment tools is appropriate. There is plenty of evidence in literature to suggest that expert subjective assessments can be as reliable as highly objective ones.[16]

The IA of broader specialties should also include marks from all the allied specialties e.g. General Medicine should include marks of Psychiatry, Dermatology, Venereology & Leprosy and Respiratory Medicine including tuberculosis, while General Surgery should include Orthopaedics, Dentistry, Anaesthesiology and Radio-diagnosis, so that students do not ignore these postings. The proportion of the marks for each allied specialty shall be proportionate to the time of instruction allotted to each. It may be noted that although very small contribution is being made by allied subjects, yet it serves as motivator to the students to not miss these postings. When subjects are taught in more than one phase, the assessment must be done in each phase and must contribute proportionally to final internal assessment.

Assessment of Foundation Course should be included in formative assessment of first phase. Assessment of ECE should be included in formative as well as in internal assessment in first phase subject wise. Assessment of electives should contribute to internal assessment in final phase part-II. *There should be at least one assessment based on direct observation of skills, attitudes and communication at all levels.* Communication and attitudinal assessment should also be built in to all assessments as far as possible. A log book must be used to record these components. **A sample format of log book is being published separately.**

Feedback in IA

Feedback should be provided to students throughout the course so that they are aware of their performance and remedial action can be initiated well in time. The

feedbacks need to be structured and the faculty and students must be sensitized to giving and receiving feedback.[11,12]

The results of IA should be displayed on notice board within two weeks of the test and an opportunity provided to the students to discuss the results and get feedback on making their performance better. Universities should guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason(s).

It is also recommended that students should sign with date whenever they are shown IA records in token of having seen and discussed the marks. **Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination.**

Record keeping

The peculiarities of CBA, particularly its longitudinal nature and its use as a measure of progression require a good record keeping. Such records can vary from manual to electronic. In whatever form they are used, the essential features should include regularity, availability to the students and a documentation of discussion on the results (present status, feedback and suggestions for improvement) between the student and the teacher(s). Many aspects can be covered in a group feedback while some will require one to one discussion. The formats for use in Indian settings have been published and can be suitably modified for local use.[12]

These concepts have been incorporated in the proposed GMER 2019 and are reproduced below.

Excerpts from proposed GMER 2019

11.1.1 (b) Internal Assessment: Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for health care in the community, proficiency in carrying out a practical or a skill in small research project, a written test etc.

1. Regular periodic examinations shall be conducted throughout the course. There shall be no less than three internal assessment examinations in each Preclinical / Para-clinical subject and no less than two examinations in each clinical subject in a professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.
2. When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
3. Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
4. The final internal assessment in a broad clinical specialty (e.g. Surgery and allied specialties etc.) shall comprise of marks from all the constituent specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.
5. Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
6. The results of IA should be displayed on the notice board within a 1-2 week of the test. Universities shall guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason.
7. Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

b. Summative assessment logistics (For Universities)

Summative assessment consists of University examinations. Each theory paper will have 100 marks. Marks distribution as per proposed GMER 2019 for various subjects in given in Table 2.

Table 2: Marks distribution for various subjects in University examinations

Phase of Course	**Written-Theory – Total**	**Practicals / Orals/ Clinicals**	**Pass Criteria**
First Professional			Internal Assessment: 50%combined in theory and practical (not less than 40% in each) for eligibility for appearing for University Examinations University Examination Mandatory 50% marks in theory and practical (practical = practical/ clinical + viva) [theory=theory paper(s) only] Internal assessment marks are not to be added to marks of the University examinations and should be shown separately in the grade card.
Human Anatomy - 2 papers	200	100	
Physiology - 2 papers	200	100	
Biochemistry - 2 papers	200	100	
Second Professional			
Pharmacology - 2 Papers	200	100	
Pathology - 2 papers	200	100	
Microbiology - 2 papers	200	100	
Third Professional Part – I			
Forensic Medicine & Toxicology - 1 paper	100	100	
Ophthalmology – 1 paper	100	100	
Otorhinolaryngology – 1 paper	100	100	
Community Medicine - 2 papers	200	100	
Third Professional Part – II			
General Medicine - 2 papers	200	200	
General Surgery - 2 papers	200	200	
Pediatrics – 1 paper	100	100	
Obstetrics & Gynaecology - 2 papers	200	200	

As per proposed GMER 2019, University examinations will be held in the month of September for first & second phase and October for final phase part 1. The examination for final phase part II will be held in the month of January (Table 3).

Table 3: Examinations schedule

<table>
<tr><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Foundation Course</td><td colspan="4">I MBBS</td></tr>
<tr><td colspan="8">I MBBS</td><td>Exam I MBBS</td><td colspan="3">II MBBS</td></tr>
<tr><td colspan="8">II MBBS</td><td>Exam II MBBS</td><td colspan="3">III MBBS</td></tr>
<tr><td colspan="9">III MBBS Part I</td><td>Exam III MBBS Part I</td><td colspan="2">Electives & Skills</td></tr>
<tr><td colspan="12">III MBBS Part II</td></tr>
<tr><td>Exam III MBBS Part II</td><td></td><td colspan="10">Internship</td></tr>
<tr><td colspan="2">Internship</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

Theory question paper (Knowledge part)-For Universities and colleges

Universities should instruct paper setters to follow guidelines for paper setting as given below:

1. Follow MCI competencies for paper setting in the subject.
2. Designing of question paper should take into consideration all levels of knowledge domain e.g. Bloom's taxonomy of cognitive domain. Use appropriate verbs for the questions at each level to assess higher levels of learning.[17] An example is given below in Table 4. Use combination of various types of questions e.g. structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs if

used, should not have more than 20% weightage. Example of theory paper and some examples of questions are given in Annexure 2.

3. The question paper setter must sample the contents appropriately from competencies. The blueprinting grid can help the paper setters to balance the question papers in content related aspects as depicted below in Table 5. Blueprinting will add to the value and quality of these assessments. Moderation of theory question paper by subject expert must be arranged by Universities.

Table 4: Verbs in various levels in Knowledge domain (Bloom's taxonomy)[17]

Level	Suggested Verbs
Knowledge	Define, Describe, Draw, Find, Enumerate, Cite, Name, Identify, List, label, Match, Sequence, Write, State
Comprehension	Discuss, Conclude, Articulate, Associate, Estimate, Rearrange, Demonstrate understanding, Explain, Generalise, Identify, Illustrate, Interpret, Review, Summarise
Application	Apply, Choose, Compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer, Use
Analysis	Analyse, Characterise, Classify, Compare, Contrast, Debate, Diagram, Differentiate, Distinguish, Relate, Categorise
Synthesis	Compose, Construct, Create, Verify, Determine, Design, Develop, Integrate, Organise, Plan, Produce, Propose, rewrite
Evaluation	Appraise, Assess, Conclude, Critic, Decide, Evaluate, judge, Justify, Predict, Prioritise, Prove, Rank

Table 5: Blueprinting in knowledge domain

(Representative example only. Actual figures may vary with the subject and Phase)

Level	Topic A	Topic B	Topic C	Topic D	Total
Knowledge	1	2	1	1	5 (20%)
Comprehension	1	1	1	2	5(20%)
Application	2	1	1	1	5 (20%)
Analysis	1	1	2	2	6(24%)
Synthesis		1		1	2 (8%)
Evaluation	1		1		2 (8%)
Total	6(24%)	6(24%)	6(24%)	7(28%)	25 (100%)

Practical/Clinical examination

This part should include assessment in psychomotor and affective domain. Assessment of clinical and procedural skills should be based on direct observations by the examiners. Avoid making this assessment mainly targeted to knowledge domain only. e.g. by asking a learner in a room away from actual patient, "how history was taken". Instead, learner should be observed while he/she is taking history.

The competencies dealing mainly with skills and affective domains in each subject must be included. Many of the tools mentioned for formative assessment may not be usable / feasible at the University examinations e.g. mini-CEX. However, multiple tools like case presentations, OSCE and/or OSPE should be employed.[11,14,18-22] The value of conventional case presentation should be improved by having 1 or 2 longer (15 minutes or so) OSCE type stations, where examiners can observe and assess complete history taking (e.g. family history, present history etc.) and/or physical examination skill. This can be done either with check lists or using global ratings. Not only will this improve the validity of case presentations, but also provide an opportunity to assess attitudes and communication in context.

Pre- and para-clinical departments should make practical exercises application oriented. Objective Structured Practical Examination (OSPE), One-Minute Preceptor (OMP), Directly Observed Procedural Skills (DOPS) etc. can be suitably modified for this purpose. Practical tests should not become simply tests of knowledge.

Multiple teachers should be involved in assessment. This will help in not only taking care of subjectivity but also provide much needed training in assessment to senior residents and assistant professors.

The use of multiple methods, by multiple examiners in multiple settings to assess multiple competencies, blueprinting and longitudinal assessment help to improve the reliability and validity of assessment.[6, 18,23]

The relevant provisions from proposed GMER 2019 and are reproduced below:

Excerpts from proposed GMER 2019

University Examinations

11.2.1 University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

11.2.2 Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.

11.2.3 Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.

11.2.4 Viva/oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.

11.2.5 There shall be one main examination in an academic year and a supplementary examination to be held not later than 90 days after the declaration of the results of the main examination.

11.2.6 A learner shall not be entitled to graduate after 10 years of his/her joining of the first part of the MBBS course.

11.2.7 University Examinations shall be held as under:

(a) First Professional

1. The first Professional examination shall be held at the end of first Professional training (1+12 months), in the subjects of Human Anatomy, Physiology and Biochemistry.
2. A maximum number of four permissible attempts would be available to clear the first Professional University examination, whereby the first Professional course will have to be cleared within 4 years of admission to the said course. Partial attendance at any University examination shall be counted as an availed attempt.

(b) Second Professional

1. The second Professional examination shall be held at the end of second professional training (11 months), in the subjects of Pathology, Microbiology, and Pharmacology.

(c) Third Professional

1. Third Professional Part I examination shall be held at end of third Professional part 1 of training (12 months) in the subjects of Ophthalmology, Otorhinolaryngology, Community Medicine and Forensic Medicine and Toxicology
2. Third Professional Part II - (Final Professional) examination shall be at the end of training (14 months including 2 months of electives) in the subjects of General Medicine, General Surgery, Obstetrics & Gynaecology and Pediatrics. The disciplines of Orthopaedics, Anaesthesiology, Dentistry and Radiodiagnosis will constitute 25% of the total theory marks incorporated as a separate section in paper II of General Surgery.
3. The discipline of Psychiatry and Dermatology, Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis will constitute 25% of the total theory marks in General Medicine incorporated as a separate section in paper II of General Medicine.

9. **Capacity building**

Considering the importance of CBA in making competency based curriculum a success, preparing the faculty to decide and use appropriate tools is crucial. Faculty needs to move beyond 'conventional' assessment methods. It is also important to remember that usefulness of many newer tools depends on the way they are used. Faculty also needs to be trained to develop their own toolbox depending on resources, expertise and contextual factors.

The revised Basic Course Workshop (rBCW) in Medical Education Technologies provides training in tools to be used for lower two levels of Miller's pyramid while the Advance Course in Medical Education (ACME) trains in those for higher two levels. In addition, the trained faculty and Medical Education Units should have in-house programs to build capacity for assessment. Involving junior faculty in IA is a useful step to provide hands-on training in assessment. Sensitization and training of all stakeholders at the University and Institutional level is required.

It is equally important to involve the student community and make them aware of these changes. Many changes require a variance from established practices. Foundation course and introductory sessions in each department should orient the students to the changes in assessment.

10. Implementation & Monitoring / Curricular Governance

Internal assessment formats are to be developed by institutes as per proposed GMER 2019. The changes in summative assessment (university examination) are to be adopted by universities and details to be provided to the affiliated colleges. Quality assurance techniques in formative assessment (self / peer monitoring) and University examinations (question paper moderation by subject experts, external monitoring or posting external observers/examiners) should be employed to improve assessment.

11. **Examples / Models**

The suggested formats are provided in annexures.

12. Bibliography and Further reading:

1. Frank JR, Snell L, Ten Cate O et al. Competency-based medical education: Theory to practice. Medical Teacher 2010; 32:638-45
2. Van der Vleuten CPM. The assessment of professional competence: developments, research and practical implications. Adv Health Sci Educ. 1996; 1: 41-67.
3. Sood R, Singh T. Assessment in medical education: evolving perspectives, contemporary trends. National Med J India. 2012; 6: 357-60.
4. Fitzgerald JT, John B, Steven K, Patricia M, Santen AS, Kent JS et al. Assessment challenges in competency-based education: A case study in health professions education. Med Teacher. 2015; 38:1-9.
5. Mahajan R, Singh T. The national licentiate examination: pros and cons. National Med J India. 2017: 30; 275-78.
6. van der Vleuten CPM, SchuwirthLWT, Scheele F, Driessen EW, Hodges B. The assessment of professional competence: building blocks for theory development. Best Pract Res Clin Obst Gynaecol. 2010; 24:703-19.
7. Thomas AA, Patricia CK. Classroom assessment techniques: A handbook for college teachers. San Francisco: Jossey-Bass, 1993.
8. Modi JN, Anshu, Gupta P, Singh T. Teaching and assessing clinical reasoning skills. Indian Pediatr. 2015; 52: 787-92.
9. Wolpaw T, Wolpaw D, Papp K. SNAPPS: A learner-centred model for outpatient education. Acad Med. 2003;78: 893-98.
10. Singh T, Sood R. Workplace based assessment–measuring and shaping clinical learning. Nat Med J India, 2013;26: 42-45.
11. Norcini J, Burch Vaneesa. Workplace based assessment as an educational tool AMEE guide No. 31. https://www.researchgate.net/publication/5690073 (accessed Aug. 21, 2019).
12. Badyal DK, Singh T. Internal assessment for medical graduates in India: concept and application. CHRISMED J Health Res. 2018;5: 253-58.
13. Ramani S, Leinster S. AMEE guide no. 34: Teaching in the clinical environment. Med Teacher. 2008;30: 347-64.

14. ACGME. Toolbox of assessment methods ver 1.0 https://www.partners.org/Assets/Documents/Graduate-Medical-Education/ToolTable.pdf (accessed Aug. 21, 2019).
15. Badyal DK, Singh S, Singh T. Construct validity and predictive utility of internal assessment in undergraduate medical education. National Med J India. 2017; 30:151-54.
16. Singh T. Student assessment: issues and dilemmas regarding objectivity. National Med J India. 2012; 25: 287-90.
17. Bloom's taxonomy of measurable verbs. https://www.utica.edu/academic/Assessment/new/Blooms%20Taxonomy%20-%20Best.pdf (accessed Aug. 21, 2019).
18. Cox M, David I, Ronald E. Assessment in medical education. NEJM. 2007;29: 855-71.
19. Modi JN, Anshu, Gupta P, Singh T. Competency based education, entrustment and assessment. Indian Pediatr. 2015; 52:413-18.
20. Joshi MK, Singh T, Badyal DK. Acceptability and feasibility of mini-clinical evaluation exercise as a formative assessment tool for workplace-based assessment for surgical postgraduate students. J PostgradMed.2017;63:100-5
21. Gupta P, Dewan P, Singh T. Objective structured clinical examination (OSCE) Revisited. Indian Pediatr. 2010; 47:911-20.
22. Singh T, Anshu. Internal assessment revisited. NatMed J India. 2009;22: 82-84.
23. Singh T, Anshu, Modi JN. The quarter model: A proposed approach to in-training assessment for undergraduate students in Indian medical schools. Indian Pediatr. 2012;49: 871-75.

Annexure 1

Suggested phase wise scheduling of tests for internal assessment for Colleges

(This is only a suggested sample plan. Local changes can be made if they conform to proposed GMER 2019)

Phase	Minimum Number of tests during the year	Remarks
1st	Human Anatomy 3, Physiology 3, Biochemistry 3, Community Medicine 1	•ECE assessment should be included subject wise •There should be at least one short question from AETCOM in each subject •One of the 3 tests in preclinical subjects should be prelim or pre-university examination
2nd	Pathology 3, Pharmacology 3, Microbiology 3, Two tests for- General Medicine (Including Psychiatry, Dermatology, Venereology & Leprosy (DVL) and Respiratory Medicine including Tuberculosis), General Surgery (Including Orthopaedics, Dentistry, Anaesthesiology and Radiodiagnosis), Obstetrics& Gynaecology, Forensic Medicine & Toxicology and Community Medicine End of posting (EOP) examination at each clinical posting including those of allied subjects	•Clinical subjects should also be assessed at end of each posting (EOP) – Theory and Practical •There should be at least one short question from AETCOM in each subject •One of the 3 tests in Para-clinical subjects should be prelim or pre-university examination

3rd	Forensic Medicine &Toxicology 2, Community Medicine 2, Ophthalmology 2, Otorhinolaryngology 2 Two tests for- General Medicine (Including Psychiatry, Dermatology, Venereology & Leprosy (DVL) and Respiratory Medicine including Tuberculosis), General Surgery (Including Orthopaedics, Anaesthesiology and Radiodiagnosis), Pediatrics, Obstetrics &Gynaecology EOP examination at each clinical posting including allied subjects	•Clinical subjects should also be tested at end of each posting (EOP)-Theory and Practical •There should be at least one short question from AETCOM in each subject •One of the tests in Ophthalmology, Otorhinolaryngology /Forensic Medicine & Toxicology/ Community Medicine should be prelim or pre-university examination
4th	Two Tests for- General Medicine (Including Psychiatry, Dermatology, Venereology & Leprosy (DVL) and Respiratory Medicine including Tuberculosis), General Surgery (Including Orthopaedics, Anaesthesiology and Radiodiagnosis), Pediatrics, Obstetrics & Gynaecology EOP examination at each clinical posting including that in allied subjects	•Clinical subjects should also be tested at end of each posting (EOP)-Theory and Practical •There should be at least one short question from AETCOM in each subject •One of the tests in General Medicine, General Surgery, Pediatrics and Obstetrics & Gynaecology should be preliminary or pre-university examination •Assessment of electives to be included in IA

AETCOM: Attitude, Ethics and Communication

The internal assessment marks for each subject will be out of 100 for theory and out of 100 for practical/clinical (except in General Medicine, General Surgery and Obstetrics & Gynaecology, in which theory and clinical will be of 200 marks each). Internal assessment marks will reflect as a separate head of passing at the summative examination and will not be added to the University marks.

Twenty five percent of weightage in theory tests in General Medicine and General Surgery should be given to allied subjects and there should be at least one question from each allied subject.

Annexure 2

Examples of theory questions

Sl. No.	Type	Explanation	Examples
1	Long essay question	The question should pose a clinical/practical problem to the students and require them to apply knowledge and integrate it with disciplines. Avoid giving one liners as questions. The question stem should be structured and marking distribution should be provided. Use action verbs from higher domains as given in this document. Please avoid simple recall based questions. What is asked in the examination generally sets the agenda of what and how the students learn.	A 6 days old term neonate has presented with jaundice noted at 3 days of age. He is born out of normal delivery at home. On examination, he looks pale, has a liver of 5cms and spleen of 2 cms. Other systemic examination is normal. a. What is your provisional diagnosis? b. Which other conditions need to be considered? c. Enumerate the lab tests that you will order and their likely reports in each of the diagnosis that you considered. d. Explain the physical findings in the light of underlying derangements. - Describe the clinical features, complications and management of type 2 diabetes mellitus. (3+3+4=10)

Sl. No.	Type	Explanation	Examples
2	Short notes	These provide opportunity to sample a wider content, albeit in a short time. The questions should be task oriented rather than Write a short note on xxx. (Two questions based on ECE in Phase 1 in internal assessment) (Two questions based on integration in Phase 2 & 3 in internal assessment)	1. What are the various ways in which acute glomerulonephritis can present during childhood? 2. What is the role of antibiotics in childhood diarrhoeas? 3. What is the utility of routine vitamin K administration during newborn period? 4. Compare and contrast the use of ramipril and amlodipine in treatment of hypertension.
3	Reasoning Questions	These provide excellent opportunities for testing integration, clinical reasoning and analytic ability of the student.	1. Which components of breast milk help in prevention of neonatal infections? How do they help in prevention of infection? 2. Plan immunization for a 2 years old totally un-immunized child. 3. What is the physiological basis of origin of respiratory sounds? How can they help us in making a diagnosis? 4. Explain why adrenaline is the preferred medication in anaphylactic shock.

Sl. No.	Type	Explanation	Examples
4	Short notes Applied aspects	(Pre- & Para-Clinical subjects: questions on applied aspect) (Clinical subjects: questions on preclinical basis)	**Pre & Para-Clinical subjects:** Describe clinical significance of half-life of drugs. **Clinical subjects:** Explain patho-physiological basis of clinical features of heart failure
5	Short notes AETCOM	(one question on AETCOM in all subjects in all phases)	Pharmacovigilance program of India **AETCOM**: What are the rights of a patient in a hospital setting
6	MCQs	MCQs should be scenario based, single response with 4 options in answers. Avoid one liner and negative terms in stem of question. Avoid 'all of above' and 'none of above' in options.	1. A 25 year old lady was using oral contraceptives successfully for last two years. She got tuberculosis and was prescribed Rifampicin. She became pregnant after 2 months of starting Rifampicin despite continuing the oral contraceptives. Which of the following effects of Rifampicin can be the reason for this? A. Induction of oral contraceptive metabolism B. Stimulation of ovulation C. Interruption of entero-hepatic circulation D. Increased excretion of oral contraceptives Key: A

Sl. No.	Type	Explanation	Examples
	MCQs		2. A 2 year old child presents with excessive weight gain over last 1 week. He has puffy eyes, pitting edema and normal blood pressure. Urine examination shows no RBCs but massive proteinuria. Which of the following biochemical parameters is likely to be elevated in this child? a. Urea b. Cholesterol c. Creatinine d. Uric acid Key B 3. Which of the following term best describes the decreased effects of beta adrenergic agonists in bronchial asthma after long term use? A. Pharmacokinetic tolerance B. Pharmacodynamic tolerance C. Tachyphylaxis D. Drug dependence Key: B

Note: AETCOM question should be based on competencies (primarily knowledge based) acquired during the AETCOM module training. At least one question in each paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module); Skills competencies acquired during the Professional Development programme (AETCOM module) must be tested during clinical, practical and viva.

In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass in the said subject.

BOARD OF GOVERNORS in supersession of

MEDICAL COUNCIL OF INDIA

COMPETENCY BASED UNDERGRADUATE CURRICULUM

Knows Knows how Shows Shows how Performs

Describe

Discuss

Counsel

Analyse

Differentiate

Activate

Deploy





Monitor

Predict

Integrate

Communicate

Interpret

Define

Pandemic Management Module for UG

Module 7

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge Skills Attitude Values Responsiveness Communication

Curriculum Implementation Support Program

Module on Pandemic Management

August 2020

Medical Council of India
Pocket-14, Sector- 8, Dwarka,
New Delhi 110 077

All rights reserved. No part of this publication/document may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission from Medical Council of India, except for use in Curriculum Implementation Support Program by medical teachers and institutions as well as in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by Copyright Law 2020.

How to Cite: Medical Council of India. Module on Pandemic Management, August 2020: pp 1-81.

Dr. Vinod K. Paul
MD, Ph.D, FASc, FNASc, FAMS, FNA
Chairman
Board of Governors in Super-session of
Medical Council of India
Sector-8, Pocket-4,
Dwarka, New Delhi-110 077
Ph: +91-11-25367039
Fax: +91-11-25367031
Website: www.mciindia.org



डॉ विनोद कुमार पॉल
एम.डी., पी.एचडी., एफ.ए.एस., एफ.ए.एन.एस.
एफ.ए.एम.एस., एफ.एन.ए
अध्यक्ष
भारतीय आयुर्विज्ञान परिषद के
अधिक्रमण में शासी बोर्ड
सेक्टर-8, पॉकेट-4,
द्वारका, नई दिल्ली-110 077
फोन: +91-11-25367039
फैक्स: +91-11-25367031
वेबसाइट: www.mciindia.org

Foreword

Pandemic Management

The Medical Council of India has prepared revised Regulations on Graduate Medical Education and competency based Undergraduate curricula, accompanied by detailed guidance for its implementation. One of the desirable outcomes of the Competency derived education program is to enable the Indian Medical Graduate to be prepared for the unknown - to be able to understand, investigate, treat and prevent new and emerging diseases as a clinician, community leader and scholar. The emergence of COVID19 and its rapid spread across the globe has further underlined the need to develop these skills in our graduates.

This Pandemic Management module is designed to ensure that the MBBS student acquires competencies in handling not only the illness, but also the social, legal and other issues arising from such disease outbreaks. A pandemic or disease outbreak calls in to play all the five roles envisaged for the Indian Medical Graduate viz. clinician, communicator, leader and member of health care team, professional, life-long learner and committed to excellence, is ethical, responsive and accountable to patients. It is expected that this longitudinal module extending from Foundation Course to the final year undergraduate program will help in ensuring the creation of an IMG who will serve humanity as a doctor, leader and healer in bleak times such as the occurrence of a pandemic.

We are grateful to the members of the Expert Group and the Academic Cell for painstakingly putting this booklet together. We hope that teachers and institutions will benefit in creating a generation of Indian Medical Graduates who will be able to provide promotive, preventive and curative aspects of health care to the nation in times of extreme need like the outbreak of a pandemic.

V K Paul

Chairman, Board of Governors

Phone : 25367033, 25367035, 25367036
दूरभाष : 25367033, 25367035, 25367036
Fax : 0091-11-25367024
E-mail : mci@bol.net.in
Website : www.mciindia.org

पॉकेट – 14, सेक्टर – 8,
द्वारका फेस– 1
नई दिल्ली–110 077
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

Foreword

Pandemic Management

The world community including India is facing an unprecedented crisis due to the rapidly spreading Covid-19 infection, across countries and continents. Recent reports indicate Covid-19 cases have crossed the 18 million mark globally. The impact of Covid-19 infection is being felt severely on the health sector. An acute necessity is being felt to maximise the health care facilities available in the country particularly the availability of trained health care workers to meet this unexpected health crisis.

The Competency based undergraduate curriculum was designed to enable the Indian Medical Graduate to be prepared to meet new challenges - to be able to recognise, diagnose, investigate, and treat newly emerging diseases as a clinician and community health leader; the Covid-19 pandemic outbreak has provided this opportunity. The longitudinal module on Pandemic Management extending from Foundation Course to the final year undergraduate program prepared by the Academic Cell and Expert Group is designed to provide year-wise detailed protocols in training the students to fulfil their role as a doctor, leader and healer during this difficult period of a rampaging pandemic. The Medical Council of India is appreciative of the efforts of the members of the Expert Group and the Academic Cell in preparing this module in a very short time.

Vats 19/8/20
(Dr. R.K. Vats)
Secretary General

Expert Group

1. **Dr. Avinash Supe**
   Former Director (ME and MH) and Dean, Emeritus Professor,
   Departments of G I Surgery and Medical Education
   Seth GSMedical College and KEM Hospital, Mumbai – 400012

2. **Dr. Krishna G. Seshadri**
   Visiting Professor
   Departments of Endocrinology, Diabetes and Medical Education
   Member, Board of Management
   Sri Balaji Vidyapeeth, Puducherry - 607 403

3. **Dr. R. Sajith Kumar**
   Professor and Head, Departments of Infectious Disease and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Government Medical College, Kottayam, Kerala – 686008

4. **Dr. Praveen Singh**
   Professor and Head, Departments of Anatomy and Medical Education
   Convener, MCI Nodal Centre for Faculty Development
   Pramukhswami Medical College, Karamsad, Gujarat – 388325

5. **Dr. P.V. Vijayaraghavan**
   Vice Chancellor and Professor of Orthopedics,
   Convener, MCI Nodal Centre, Sri Ramachandra Medical College and Research Institute,
   Porur, Chennai-600116

6. **Dr. P.V. Chalam**
   Principal and Professor, Department of Surgery
   Bhaskar Medical College, RR Dist., Telangana – 500075

7. **Dr. Tejinder Singh**
   Professor, Department of Medical Education
   Sri Guru Ram Das Institute of Medical Sciences and Research,
   Amritsar, Punjab – 143501.

8. **Dr.Subir K. Maulik**
   Former Professor, Department of Pharmacology
   All India Institute of Medical Sciences, New Delhi-110029

9. **Dr. M. Rajalakshmi,**
   Chief Consultant, Academic Cell
   Medical Council of India, Pocket-14, Dwarka, New Delhi – 110077

Additional contributions from:

1. **Dr. Suman Singh**
   Professor, Department of Microbiology & Medical Education
   Faculty, MCI Nodal Centre for Faculty Development
   Pramukhswami Medical College, Karamsad, Gujarat – 388325

2 **Dr. Geetha Devi M**
   Associate Professor, Department of Community Medicine
   Faculty, MCI Nodal Centre for Faculty Development
   Govt. Medical College, Kottayam, Kerala 686008

3. **Dr. Ratheesh Kumar R**
   Associate Professor & Intensivist
   Department of Anaesthesiology, Govt. Medical College
   Kottayam Kerala 686008

How to use this document

This document has been prepared, considering the metamorphosis of a first year MBBS student to the Indian Medical Graduate (IMG) and the knowledge and competence that is expected from him/her in adapting to and managing a clinical condition that is predicted to happen, too often in the form of outbreaks, epidemics and pandemics, during his/her career.

The module is arranged in a Phase-based manner. It is expected that components of Self Directed Learning, Early Clinical Exposure, Integration and alignment as envisaged in the Competency documents (2018) would be incorporated in the execution of these modules in various phases, as applicable. It is also expected that the modules would be covered by an interdisciplinary team under supervision by the college level Curriculum Committee. The major coordinating departments involved in the execution of this document are identified in the table below.

Longitudinal Module on Management of Pandemics for MBBS course

Period	Module	Broad areas	No. of hours	Major department(s) to coordinate
Foundation Course	F.1	History of Outbreaks, Epidemics & Pandemics	2	Pre-Clinical
Phase I	1.1	Infection Control: Part - I Infection Control Practices – Hand washing, Decontamination Use of PPEs	4	Microbiology
Phase II	2.1	Infection Control: Part II Air borne precautions Contact Precautions Infection Control Committee	4	Microbiology
	2.2	Emerging and Re-emerging infections, early identification and control of new infections	6	Community Medicine
	2.3	Sample Collection, Microbial diagnosis, Serologic tests and their performance parameters	6	Microbiology
	2.4	Vaccination strategies including vaccine development & Implementation	6	Community Medicine, Biochemistry
	2.5	Therapeutic strategies including new drug development	6	Pharmacology, General Medicine
Phase III Part 1	3.1	Outbreak Management including Quarantine, Isolation, Contact Tracing	5	Community Medicine
	3.2	Interdisciplinary Collaboration, Principles of Public Health Administration, Health Economics, International Health	5	
	3.3	Operational Research, Field work, Surveillance	8	
Electives		Epidemiology and research Components		Community Medicine
Phase III Part 2	4.1	Care of patients during Pandemics	6	Clinical departments (General Medicine, Pulmonary Medicine, Anaesthesiology as Integrated sessions)
	4.2	Emergency Procedures	8	
	4.3	Death related management	2	
	4.4	Communications and media management	4	
	4.5	Intensive Care Management during Pandemics	4	
	4.6	Palliative Care during Pandemics	4	
		Total	80 hours	

Skills suggested

1. **Infection Control related**
    a. Hand washing
    b. PPE Donning & Doffing
    c. Disinfection

2. **Diagnostic**
    a. Sample collection
    b. Sample transportation & storage
    c. Choose the appropriate test based on performance parameters

3. **Disease Management**
    a. Pharmaco-vigilance measures
    b. Protocol based Management
    c. Therapeutic decision making
    d. Terminal care including CPR, ALS, PALS

4. **Epidemic Management**
    a. Outbreak investigation
    b. Contact tracing, Quarantine and Isolation
    c. Surveillance
    d. Documentation

5. **Research**
    a. Operational research
    b. Clinical trial protocol preparation including Vaccine trials
    c. Ethical considerations

6. **Communication**
    a. To the media
    b. Use of Telemedicine
    c. Patient & stakeholder communication

7. **Intensive Care**

8. **Palliative care during pandemics**

Foundation Course

Module F

Module F.1
History of Outbreaks, Epidemics & Pandemics

Background:

The occurrence of disease is a common phenomenon in communities. The frequency with which disease occurs in a population depends upon a number of epidemiological factors specific to the host, agent and environment including geographical location. Most of the diseases occur with a predictable frequency which is considered as normal for the population in that area. If there is increase in the frequency (more than expected), change in type of host population, clinical manifestations or involvement of newer geographical locations, then depending upon the extent of involvement, an outbreak, epidemic or pandemic has occurred.

A medical student must be aware of such events that have occurred in the past. This can help them learn from historical events, particularly causative or precipitating factors that might have resulted in such events, the most successful strategy that lead to its control and ways that can help in predicting and controlling future events of similar nature and / or magnitude.

Competencies addressed:

The student should demonstrate the ability to:	**Level**
Define pandemic and differentiate it from outbreak/epidemic.	K
Identify the reasons and /or events that lead to pandemics in the past.	KH
Describe key strategies (by the State/Central Government, Non-Government Organization and society at large) that were adopted in prevention and control of these pandemics.	KH
Discuss the role which will be played by National and International bodies like WHO and ICMR, if these events take place	KH

Learning Experience

Year of study: Foundation course Professional year 1

Hours: two (02)

i. Reading history of pandemics in small groups- 0.5 hours

ii. Identifying reasons/events that lead to these pandemics - 0.5 hours

iii. Sharing with large group & summarizing learning points - 1 hour

Students can also be given assignments where they can come prepared with the history of pandemics in the past through online/offline resources or hand outs can be made for them to discuss in class.

Some of the points for discussion in small group can be-

- Type of microbe involved in the pandemic and its properties that helped it spread e.g. route of entry and exit from host, mechanism of transmission involved, ability to survive on various external surfaces etc.
- How did the microbe evolve? Is this emerging or re-emerging in nature?
- Identify common factors in the community that helped the microbe to re/emerge and spread e.g. deforestation, change in trade practices, Host characteristics that supported the spread etc.
- Impact on health, economics and society,
- Steps taken to control the pandemic,
- Time taken to control,
- Current state of infection by that organism.

Assessment

1. **Formative**: Not required
2. **Summative:** Not required

Introductory write-up:

A **pandemic** is derived from a Greek word (*pan*, ="all" and *demos*, ="people"). This is an epidemic that affects a significant number of people across a large geographic location, multiple continents or worldwide. Pandemics usually are caused by new microbes, particularly viruses. A large number of previously unexposed population is highly susceptible to these new microbes and if the disease is capable of human to human transmission, then the spread of these organisms is quite rapid leading to pandemics with major impact on society.

Thus, depending upon the pathogenic/ virulence properties of the new microbe, host susceptibilities and risk factors, pandemics can result in significant increase in morbidity and mortality in affected population in large geographic areas with huge impact on the economic growth, social life, and political parties.

Though most of the times it is difficult to pinpoint the factors that result in emergence or re-emergence of microbes capable of causing pandemics, some of the factors that are contributing significantly are global travel, industrial development, urbanization, global food production, wildlife trade, deforestation and overall misuse of nature. Socio-economic and anthropogenic environmental changes have resulted in emerging zoonosis, which can spread and cause pandemics as had happened in the spread of Black Death in the 14th century due to expansion of trade routes.

Further, the way the world is connected today, human beings have become extremely vulnerable to the rapid spread of new infections including zoonosis. A primarily animal pathogen can evolve into a human pathogen, and then with time, need for the original animal host is lost as microbes establish human-to-human transmission. Though this is a gradual process, but it has resulted in evolution of many predominantly human viral pathogens like smallpox, Human Immunodeficiency Virus(HIV), Nipah virus, Rabies, West Nile viruses, Ebola, Marburg, human monkey pox viruses, influenza A, dengue, SARS, Corona virus etc. resulting in widespread outbreaks, epidemics as well as pandemics.

As declared by the World Health Organization, the latest pandemic that we are facing globally is Covid-19 pandemic, a respiratory illness caused by the newly identified Coronavirus, which has originated in the live market of Wuhan in China. But this is not new as a large number of pandemics have happened in the past and few examples of devastating pandemics are given below:

1) Antonine Plague (165 AD)

Death Toll: 5 million
Cause: Unknown
Antonine Plague was an ancient pandemic that affected Asia Minor, Egypt, Greece and Italy and is thought to have been either Smallpox or Measles, though the true cause is still unknown.

2) Plague of Justinian (541-542 AD)

Death Toll: 25 million
Cause: Bubonic Plague
Generally regarded as the first recorded incident of the Bubonic Plague, killed up to a quarter of the population of the Eastern Mediterranean and devastated the city of Constantinople by killing an estimated 5,000 people per day and eventually resulting in the deaths of 40% of the city's population.

3) The Black Death (1346-1353 AD)

Death Toll: 75 – 200 million
Cause: Bubonic Plague
Bubonic Plague is thought to have originated in Asia. It spread most likely via the fleas living on the rats that commonly lived on merchant ships. Ports being major urban centres at the time, gave the perfect breeding ground for rats and fleas, and thus the insidious bacterium flourished, devastating three continents.

4) Third Cholera Pandemic (1852–1860 AD)

Death Toll: 1 million

Cause: Cholera

Third Cholera Pandemic was the deadliest of the seven cholera pandemics. This originated in India, spreading from the Ganges River Delta before spreading through Asia, Europe, North America and Africa. British physician John Snow succeeded in identifying contaminated water as the means of transmission for the disease.

5) Flu Pandemic (1889-1890 AD)

Death Toll: 1 million

Cause: Influenza virus

It was also known as "Asiatic Flu" or "Russian Flu". This was thought to be an outbreak due to the Influenza A virus. Rapid population growth of the 19th century, particularly in urban areas, helped in the spread of the flu, and the outbreak spread rapidly across the globe.

6) **Sixth Cholera Pandemic (1899-1923)**

Death Toll: 800,000+

Cause: Cholera

Originated in India then spread to the Middle East, North Africa, Eastern Europe and Russia.

7) Flu Pandemic (1918)

Death Toll: 20 -50 million

Cause: Influenza virus

1918 flu pandemic was different from other influenza outbreaks. The host properties of Influenza virus were affecting the juveniles previously and the elderly or already immunologically weak individuals but, the new strain had infected and killed completely

healthy young adults, leaving children and those with weaker immune systems still alive.

8) Asian Flu (1956-1958)

Death Toll: 2 million
Cause: Influenza virus
Asian Flu was a pandemic outbreak of Influenza A of the H2N2 subtype, that originated in China in 1956 and lasted until 1958.

9) Flu Pandemic (1968)

Death Toll: 1 million
Cause: Influenza virus
"The Hong Kong Flu" was caused by the H3N2 strain of the Influenza A virus. Outbreak appeared in July 1968 in Hong Kong and by September 1968 virus had spread to Philippines, India, Australia, Europe, and the United States.

10) HIV/AIDS Pandemic (at its peak, 2005-2012)

Death Toll: 36 million
Cause: HIV/AIDS
It was first identified in the Democratic Republic of the Congo in 1976.Currently, there are nearly 35 million people living with HIV. As awareness has grown, new treatments have been developed that make HIV far more manageable, and many of those infected go on to lead productive lives.

11) Covid-19, the novel Coronavirus:

In December 2019, in the region of Wuhan, China, a new ("novel") Coronavirus began appearing in human beings. This new virus named as Covid-19, spreads incredibly quickly among people, due to its newness – no one had immunity to Covid-19, because no one had Covid-19 until 2019. Countries across the world declared mandatory stay-at-home measures, closing schools, businesses, and public places to curtail the spread of disease.

The outcome of the Covid-19 pandemic is difficult to predict, at least presently. But we can learn from the history of pandemics to determine our best course of action.

Dealing with pandemics

Looking back in history, we can see respiratory viruses, particularly influenza viruses have been a major cause of repeated pandemics. This has justified the need for global influenza surveillance and monitoring systems, so as to keep an active surveillance of the strains of virus, their pathogenic potentials and host preferences. WHO has developed pandemic phases in 1999 with latest revisions in 2009 as planning tools that can loosely correspond to pandemic risk, identify sustained human to human transmission and give time for preparedness and response. These tools are not designed to predict. The six phases as given by WHO can be studied in three stages-

1. Inter-pandemic phase
2. Pandemic alert period
3. Pandemic phase

Thus, a basic understanding of these phases provides a framework to help countries to tackle the pandemic and prepare response planning.

Preparedness for impending pandemics is a necessary step to successful handling with minimal loss of life, economic and social disruptions. This requires involvement of government leadership, health sector, on-health sectors, individuals, families, and communities whole-heartedly. Activities that lead to capacity development, planning, coordination, and communication at various levels are critical for successful management.

The **WHO** plays an important role in rapid detection and verification of health emergencies like pandemics, as this is essential to save lives. WHO works with Member States across a range of activities, including coordination under the International Health Regulations (2005). Some of the important activities are:

Within 48 hours of an emergency, WHO

- Grades the severity of the event,
- Deploys field teams and activates global stockpiles of essential supplies, including personal protective equipment, medicines, and vaccines.
- Communicates the risk to the community and neighbouring countries through official International Health Regulations.
- Activates the Global Health Cluster, the Global Outbreak Alert and Response Network (GOARN), emergency medical teams and standby partners.
- WHO also develops new technologies to be able to detect and track new health events in the most difficult settings, such as the Early Warning, Alert and Response System (EWARS).
- Helps countries strengthen their public health surveillance system.
- Provides guidance on risk communications.
- Advises countries on establishing or accessing laboratory services.
- Enhances laboratory biosafety and biosecurity capacities.
- Increases domestic testing capacity in range and volume.

The WHO also supports Member States with the help of the World Bank, UNICEF, the World Food Programme and other partners to deliver universal health coverage and basic health services during these times. The WHO also deploys mobile medical teams and maintains stockpiles of essential supplies, life-saving medicines and personal protective equipment that can be dispatched quickly across the world. The WHO Emergency Medical Teams (EMT) Initiative also helps organizations and Member States build national capacities and stronger health systems so that countries have the ability to respond promptly when a disaster strikes or an outbreak flares.

Role of the **Indian Council of Medical Research (ICMR)**

The ICMR, New Delhi is one of the oldest medical research bodies in the world and apex body in India. This is the main national agency for the Planning, Formulation, Coordination, Implementation and Conduct or promotion of biomedical research in India.

For prevention and control of influenza outbreaks, ICMR Influenza Network was initiated in 2003. The influenza network collects clinical data, epidemiological data from patients with influenza-like illness (ILI) and severe acute respiratory infections (SARI) from several clinical virology setups in India. The surveillance database contains data on genetic characterization of the influenza viruses isolated. The network provides useful data for monitoring circulating influenza strains, detection of emerging/re-emerging viruses and defining seasonality in different geographical areas.

Thus, ICMR plays a very active role in monitoring and helps in predicting impending pandemics.

Indian Council of Medical Research is also coordinating "India COVID-19 Clinical Research Collaborative Network". The goal of this network is to enhance the clinical understanding of Covid-19 in the country so as to develop specific clinical management protocols and further R&D for therapeutics. For this purpose, a central database of clinical and laboratory parameters of hospitalized Covid-19 cases is being created. All hospitals currently managing Covid-19 patients are invited to become partners in the network. ICMR also issues timely advisories required in testing and treatment of patients during pandemics.

Resources:

(1) Swetha G, Eashwar VM, Gopalakrishnan S. Epidemics and Pandemics in India throughout History: A Review Article. Indian Journal of Public Health Research & Development. 2019; 10(8):1570-6.

(2) https://www.ncbi.nlm.nih.gov/pubmed/30212163.

(3) Hughes JM, Wilson ME, Pike BL, Saylors KE, Fair JN, Le Breton M, Tamoufe U, Djoko CF, Rimoin AW, Wolfe ND. The origin and prevention of pandemics. Clinical Infectious Diseases. 2010 Jun 15; 50(12):1636-40.

(4) Daszak P. Anatomy of a pandemic. The Lancet. 2012 Dec 1;380 (9857):1883-4. The Lancet's Zoonoses Series; http://www.thelancet.com/series/zoonoses.

(5) https://www.mphonline.org/worst-pandemics-in-history/

(6) WHO Global Influenza Preparedness Plan. The role of WHO and recommendations for national measures before and during pandemics, World Health Organization. 2005 (WHO/CDS/CSR/GIP/2005.5).
(7) https://www.who.int/activities/rapidly-detecting-and-responding-to-health-emergencies.
(8) https://www.who.int/activities/strengthening-national-emergency-preparedness.
(9) https://www.who.int/activities/accessing-essential-health-services-in-fragile-conflict-affected-and-vulnerable-settings.
(10) https://www.who.int/activities/building-a-skilled-workforce-to-respond-to-emergencies.
(11) Dasgupta, S., & Crunkhorn, R. (2020). A History of pandemics over the ages and the human cost. The Physician, 6(2). https://doi.org/10.38192/1.6.2.1.

Phase I: Module 1

Module 1.1
Infection Control Practices- Part I

Background:

Exposure to infectious organisms is a common phenomenon but development of disease following such exposures can be easily prevented by following certain practices that have been labelled as "Standard Precautions". It has been shown in studies that students who receive education about standard precautions have a higher level of knowledge and comply better. Various studies along with "Patient Safety Module" by WHO strongly recommends incorporation of infection control modules in the curriculum of medical schools as medical students, the future doctors need to understand these concepts at an early stage to be able to incorporate them in their practice. The student must be taught scientific bases of these practices that can protect against infections both in community as well as hospital settings. The student should be taught about the basics of Infection control practices with emphasis on ability to use Personal Protective Equipment (PPE) optimally.

This module is aimed at enabling the learner to practise standard infection control practices including proper and consistent hand washing, use of PPEs and to familiarise with various disinfection and antiseptic procedures.

Competencies addressed

The student should be able to:	Level
Demonstrate proper hand washing	SH
Demonstrate Donning and Doffing of PPE	SH

Learning Experience

Year of study: Professional year 1

Hours: 4 hours

I. Interactive discussion – 1 hour
   a. Basics of infection and chain of transmission,
   b. Significance and ways of infection prevention,
   c. Role of hand in spread of infections and importance of hand hygiene in prevention of spread of infections,
   d. Components of standard precautions and use of PPE,
   e. Cough etiquette.

II. DOAP session on hand washing, use of gloves, mask, donning and doffing of PPE -1 hour

III. Visit to the hospital and discussion with the staff about the infection control practices followed by them - 1 hour

IV. Debriefing and Feedback - 1hour

Assessment

1. **Formative:** Viva can be used. This could be done immediately after the module and/or later with internal assessment.

   The technique of hand washing and donning & doffing of gloves can be randomly observed during conduct of practical sessions in first MBBS particularly in dissection halls. Peer feedback can also be incorporated.

2. **Summative:** Not required

Resources:

https://www.cdc.gov/infectioncontrol/training/infection-control.html.

Phase II: Module 2

Module 2.1
Infection Control Practices - Part II

Background:

The basics of infection and components of the standard precaution have been covered in the first phase. The second phase student is better equipped to understand the details of transmission-based precautions as they now learn about the microbes along with disinfection and antiseptic procedures in detail. This is also the right time to introduce a student to the roles and responsibilities of an Infection Control Team in a hospital.

This module is aimed at enabling the learner to identify the most probable route of spread of a particular microbe causing infection and based upon that, identify which transmission-based precaution need to be adhered to along with standard infection control practices.

Competencies addressed

The student should be able to:	**Level**
Describe and discuss the implementation of airborne and contact precautions in a specific clinical situation	KH
Describe and discuss the functioning of institutional Infection Control Committee	KH

Learning Experience

Year of study: Professional year 2

Hours: 4 hours

I. Interactive discussion – 1 hour
   a. Revisit the various routes of spread of infections
   b. Need for isolation of patients in various circumstances
   c. Airborne and contact precautions including use of PPEs

d. Disinfection and antisepsis in patient care
e. Roles and responsibilities of infection control team

II. Small group case discussion followed by plenary– 1.5 hours

Example of Case study

Rajani, 34 years has returned home from Italy, at a time when that country is having an epidemic of a new virus infection. She has mild cough and sore throat. When she develops severe breathlessness, she is admitted in the general ward of the hospital. You have been asked to take a detailed history and examine the patient.

- What precautions are necessary in this case?
- What precautions are advised for the subordinate staff attending her?

III. Visit to the isolation ward in the hospital with discussion with the staff about the precautions they take - 1 hour

IV. Debriefing and Feedback - 0.5 hour

Assessment

1. Formative: OSCE, Viva, MCQ can be used.

2. Summative: OSCE, Viva, MCQ

Resources:

https://www.who.int/diseasecontrol_emergencies/training/m4_infection.pdf?ua=1

https://www.cdc.gov/infectioncontrol/training/infection-control.html.

Module 2.2
Emergence and Re-emergence of microbes

Background:

The serendipitous discovery of Penicillin by Alexander Fleming in 1928 made man dream about victory over microbes, but emerging and re-emerging infectious diseases have proven the futility of that dream and power of the microbes over man.

Emerging Infectious Disease (EID) are diseases that have been newly detected or were found only in restricted geographical locations with few cases. In contrast to this, **Re-Emerging Infectious Diseases** (REID) are diseases that were once major health problems and then their incidence declined to a great extent, but are again becoming health problems for a significant proportion of the population either globally or in a specific geographical location.

Incidence of these Emerging and Re-Emerging infectious diseases is increasing and there are a large number of factors that contribute to the origin or spread of these diseases which can increase the risk of Outbreaks or Pandemics dramatically. These factors can be related to the microbial properties, environmental, socio-economic, and demographic factors. Majority of the EID and REID are Zoonotic in origin and signifies the role of cohabitation in evolution of these organisms.

Keeping in mind the significance of understanding the factors that result in evolution of these infectious diseases and understanding mechanisms that can be adopted for prevention and control of these diseases a sound knowledge, skills and attitudes about Emergence and Re-emergence of microbes need to be developed in undergraduate medical students.

Competencies addressed:

The student should be able to:	Level
Define emerging and re-emerging infections. Explain reasons or Identify factors responsible for emergence and re-emergence of these infectious diseases.	K
Discuss strategies for early identification, prevention and control of emerging and re-emerging infectious diseases.	K
Discuss the challenges faced in control/ prevention of these infections	KH

Learning Experience

Year of study: Professional year 2

Hours: 6

i. Exploratory and interactive theory session- 1 hour
ii. Self study/ individual/ small group assignment about any one emerging or re-emerging infectious disease – 2 hours
iii. Discussion in small groups about reasons/ factors responsible for emerging or re-emerging infectious disease identified through case studies - 1 hour
iv. Plenary of findings in the case studies and closure - 2 hours

Assessment

1. **Formative:** Required, SAQ, MCQ, Viva Voce
2. **Summative**: Required

Resources:

1. Zumla A, Hui DS, (eds). Emerging and Re-Emerging Infectious Diseases, An Issue of Infectious Disease Clinics of North America E-Book. Elsevier Health Sciences; 2019 Nov 2.
2. Lessler J, Orenstein WA. The Many Faces of Emerging and Re-emerging Infectious Disease. Epidemiologic reviews. 2019 Nov 4.

Module 2.3
Diagnostic tools

Background:

Diagnostics are a fundamental component of successful outbreak containment or control strategies, being involved at every stage of an outbreak, from initial detection to eventual resolution. Each individual pathogen presents specific diagnostic challenges.

Pandemics are caused by either emergence or re-emergence of microbes. In case of re-emergence, availability of validated diagnostic protocols and tools make laboratory confirmation of the cases easy but this is not the case when we have newly evolved microbes causing pandemic. The laboratory diagnostic tests are either not available and if available, they need to be validated and their performance characteristics like sensitivity, specificity, positive predictive and negative predictive value studied before they can be used for diagnosis. The health care professionals are faced with various dilemmas at these times which can range from a very basic query like the best time and best sample that needs to be collected, to sensitivity and specificity of a chosen procedure that can be isolation of microbes, antigen or antibody detection or gene that needs to be detected in molecular diagnostics.

Thus, the questions are innumerable and it becomes important to train a medical student to deal with such dilemmas in the diagnosis of an infection particularly during pandemics. They must be taught to choose and collect the most appropriate clinical sample in a suitable container with/without transport media, at the most appropriate time from a suspected case during pandemic and interpret the results of the test keeping in mind various performance characteristics and validation requirements.

Competencies addressed:

The student should be able to:	Level
Describe specimen selection, collection, transportation & storage requirement during a pandemic.	KH
Choose and collect the most appropriate clinical sample in a suitable container at the most appropriate time from a suspected case during pandemic (or in a simulated environment).	SH
Demonstrate appropriate safety measures in handling and processing of clinical specimens (use of PPE etc.)	SH
Discuss various diagnostic modalities available for an infectious disease. Explain sensitivity, specificity, positive predictive value & negative predictive value of each of the diagnostic test/modality.	KH
Chose the most appropriate diagnostic test keeping in mind sensitivity, specificity, positive & negative predictive value of the diagnostic test/modality available.	SH

Learning Experience

Year of study: Professional year II

Hours: 6

i. Exploratory and interactive theory session- 1 hour
ii. Sample collection demo and hand on in skill lab- 1 hour
iii. Visit to laboratory with demonstration of diagnostic test-1hour
iv. Small group activity, where students can be asked to discuss different test reports of suspected cases with performance characteristic and asked to interpret followed by discussion on choosing a lab test– 2 hours
v. Discussion and closure - 1 hour

Assessment

1. **Formative:** Required by assignments, OSPE, viva
2. **Summative:** Required by OSPE, SAQ, MCQ

Resources:

1. Kelly-Cirino CD, Nkengasong J, Kettler H, et al. Importance of diagnostics in epidemic and pandemic preparedness. BMJ Global Health 2019;4: e001179.
2. J Michael Miller, Matthew J Binnicker, Sheldon Campbell, Karen C Carroll, Kimberle C Chapin, Peter H Gilligan et al. A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018. Update by the Infectious Diseases Society of America and the American Society for Microbiology, *Clinical Infectious Diseases*, Volume 67, Issue 6, 15 September 2018, Pages e1–e94.
3. Washington JA. Principles of Diagnosis. In: Baron S, editor. Medical Microbiology. 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston; 1996. Chapter 10. Available from: https://www.ncbi.nlm.nih.gov/books/NBK8014/.

Module 2.4

Vaccination strategies including vaccine development & Implementation

Background:

Virulent agent, susceptible host and favourable environment forms the epidemiological triad for all infectious diseases in all settings. The disease can be controlled by addressing any of these components. If available, an effective vaccine can be very useful in breaking the chain of transmission quickly as host will no longer remain susceptible. Given the ease of logistics and quickness of action, vaccine has been looked upon as a potential saviour in situations of epidemics and pandemics especially in diseases caused by viruses. In fact, world owes it to vaccines, for the eradication of Smallpox and control of Polio and Measles. However, the development of vaccines is a long and tedious process, which takes several months to years. Also, equally important is to develop a rational strategy for use of vaccine for any illness. Usually there is undue pressure from communities and administrators for use of vaccines as ad-hoc measure. As a trained medical personnel, the Medical Officer should be able to guide them on this issue sensibly. Also, the Medical Officer should be vigilant to the generalized complacency that follows in the diseases known to have vaccine available. This module will focus on empowering the students to develop sound and rational knowledge about vaccines, vaccine development process and their role in small and large disease outbreaks.

Competencies addressed:

The student should be able to:	**Level**
Describe the process of vaccine development.	KH
Describe the role of vaccines in disease control and eradication.	KH
Describe the steps to prepare a micro plan for vaccination activity at PHC level.	KH
Describe the importance of routine vaccination during pandemics.	KH
Describe the role of communities in vaccination programmes.	KH
Describe the cold chain for vaccine storage and delivery.	KH

Learning Experience

Year of study: Professional year 2

Hours: 6

i. Exploratory and interactive theory session- 30 min.
ii. Small Group Discussion- 3 hrs.

Suggested Topics for discussion: Vaccines in Disease Control, Vaccine Development Process, Routine Vaccination during Pandemic & Pandemic Influenza Vaccines -WHO.

iii. Visit to PHC/ local hospital to show cold chain and sample micro-planning for Supplementary Polio Vaccination [Interaction with Medical Officer] -2 hrs.
iv. Discussion and closure – 30 min.

Assessment

1. Formative: Required- assignment, MCQ, SAQ

2. Summative: Short Answers, Short Notes

Resources:

1. Pandemic influenza vaccines: WHO. Available from: https://www.who.int/immunization/newsroom/vaccine_PI/en/
2. Vaccine Testing and the Approval Process- Centre for Disease Control, USA. Available from: https://www.cdc.gov/vaccines/basics/test-approve.html
3. Immunization Handbook for Medical Officers. National Health Mission. 2017. https://nhm.gov.in/New_Updates_2018/NHM_Components/Immunization/Guildelines_for_immunization/Immunization_Handbook_for_Medical_Officers%202017.pdf
4. Vaccination in Humanitarian Emergencies: Literature review and case studies. Available from: https://www.who.int/immunization/sage/meetings/2012/april/2_SAGE_WGVHE_SG1__Lit_Review_CaseStudies.pdf

Module 2.5
Therapeutic strategies including new drug development

Background:

In many pandemics, causative organisms may not be identified in the beginning. Even when identified, it is likely that a specific drug may not be available. However, persons with illnesses will have to be taken care of. This includes general care, supportive care, early recognition and management of complications. Many drugs which are already being used for existing indications may be used as 'off label'. The knowledge of biochemical features, enzymes, receptors, co-receptors, facilitating and inhibiting molecules may help one in postulating and verifying the use of some existing molecules. Considering the major role of immune mediators in disease pathogenesis and that of immunity in the elimination of the organism, various immune-modulators may also be considered in the management at various stages. Some of these molecules may also be used for prophylaxis in exposed persons or for primary prophylaxis in susceptible populations.

The development of a molecule, identifying its effects and detecting toxicities and side effects needs to be done systematically. Before release, any molecule has to undergo phase 1, 2 and 3 trials. Almost always this is done in animals and human volunteers. Post marketing trials also may lead to new observations. However, these steps which generally require long time lags may have to be shortened during a pandemic situation. Many drugs which show good effects may be discarded, as time passes. Experiences with one pandemic in one part of the globe may not be applicable to another. This module helps the learner to understand the pharmacologic approach to a pandemic situation.

Competencies addressed:

The student should be able to:	Level
Describe and discuss the various phases of drug trials	KH
Prepare a plan for evaluation of off label use of a drug	SH
Organise pharmaco-vigilance activities	SH
Discuss ethical aspects of clinical trials in pandemics	SH

Learning Experience

Year of study: Professional year 2

Hours: 6

i. Exploratory and interactive theory session- 1 hour
ii. Small Group Discussion- 2 hours

Suggested Topics for discussion- New Drug Development – Challenges and Solutions – Urgency in procedures – Need for monitoring.

iii. Visit to a pharmaceutical firm/ pharmacy lab to show various stages of drug development or an ADR monitoring exercise in clinical wards - 2 hours. (since it is not present in many cities - an appropriate video followed by discussion)
iv. Discussion and closure – 1 hour

Case study

1. During the beginning of the Covid-19 epidemic, various drugs were tried in different parts of the globe at various stages of the epidemic. Some of them are off label use of existing drugs, some are extrapolations based on molecular features of the virus. Discuss how you would reach a conclusion and explain to the authorities.
2. There is a pandemic caused by an unknown virus. Someone has come with a claim that a plant extract can be used to prevent and treat this infection.

Describe and discuss how you will proceed to identify any benefit from such an attempt.

3. A group of persons who have taken a tablet for prevention of infection during a pandemic develops a skin eruption. How will you establish any linkage between the drug and the new manifestation or conclude that this is a new manifestation that is just being recognised.

Learning Points

a. Various phases of clinical trials
b. Compliance with regulatory authorities
c. Exploration of off label uses and new molecules for therapy
d. Pharmaco-vigilance measures.

Assessment

1. **Formative:** SAQ, Viva
2. **Summative:** SAQ, Viva

Phase III: Part 1

Module 3

Module 3.1
Outbreak management including quarantine, isolation, contact tracing

Background

Outbreak management is one of the most important duties for all health care providers concerned with public health. To manage outbreaks, first we must investigate the outbreak to find out answers to what, where, when and who are affected and also as far as possible trace the source which may help us to suggest control measures so that we can contain the outbreak.

Competency addressed

The student should be able to:	Level
Demonstrate the ability to conduct various epidemiological investigation related to pandemics - Level (or in a simulated environment)	SH

Learning experience

Year of study: professional Year 3

1. Introduction of case scenarios (4) -1 hour
2. Self-directed learning -1 hour
3. Interactive Lecture – 1 hour
4. Preparation of epidemic curve, spot map and calculating attack rate from a given data
5. Discussion and closure- 1 hour

Case scenario 1

Mr. X, Medical Officer of a primary health centre noticed increased number of cases with symptoms of fever, sore throat and cough during third week of March. While taking detailed history one patient had a history of international travel 2 weeks back from a place where some of his friends also had similar illness. In the next week, one of the tertiary care hospitals in the city reported increased number of severe acute respiratory illness among admitted patients and two of them died due to this.

As a Medical Officer or a member of a district health care team, how do you investigate this and manage the situation?

Case scenario 2

Dr. X was appointed as Medical Officer of the Primary Health Centre. One of his field staff reported three cases of watery diarrhoea and dehydration (two mild and one severe) in his field area and he referred them for admission to the hospital.

As a health professional what do you think about this episode and how do we proceed to investigate and control the situation.

Case scenario 3:

Dr. X was on casualty duty that day. Mr. Y, 49 years old, presented to Medicine casualty with high grade fever (3 days), retro-orbital pain, myalgia and rash. While eliciting detailed history from the patient, he revealed that there was history of fever and body ache for his brother and brother's wife one week back for which they took treatment in a private hospital. Mr. Y and his four brothers lived in nearby houses in the same compound (within 300 metres). He took paracetamol on the first two days of fever thinking that he was feverish as he walked in the rain the previous day.

As a health professional what do you think about this episode and how do we proceed to investigate and manage the situation.

Case scenario 4:

Mr. A,17 years old, was brought to Medicine casualty with history of headache, myalgia and vomiting in the past 2 days. He reached home only 4 days back after a tour along with 13 friends. The day after he came home, he had mild fever and body ache. He thought it might be due to tedious travel and took rest at home. But last night his friend phoned him and said that one of their friends was taken to hospital following fever, vomiting and loss of consciousness.

As a health professional what do you think about this episode and how do we proceed to investigate and manage the situation.

Learning Points

a. Define terms: outbreak, epidemic, pandemic.

b. How to detect / recognise an outbreak- warning signs of an impending outbreak - Steps of outbreak investigation
c. Describing the event in terms of time, place and person and importance of epidemic curve, spot map and attack rate.
d. Responses at different levels – general and specific measures include reservoir control, breaking the chain of transmission and protecting the at-risk group.
e. Differentiate between isolation and quarantine.
f. Role of contact tracing in outbreak control.
g. If it is a new disease, gaps will be there, so to fill the gap research activity is required.

Assessment

1. **Formative:** conducting clinic-social discussion based on a scenario, short answer questions, OSPE response station.
2. **Summative:** modified essay/ short question on steps of outbreak investigation, OSPE response in practical.

Discussion

Definition of an outbreak/ epidemic:

An **outbreak or epidemic** is defined as the occurrence in a community or region of cases of an illness clearly in excess of expected numbers. Usually an outbreak is limited to a small focal area, an epidemic covers large geographic area and has more than one focal point. **Pandemic** is defined as an epidemic occurring world-wide or over a very wide area crossing international boundaries and usually affects a large number of people.

Warning signs of an impending outbreak

- Clustering of cases or deaths in time and /or place,
- Unusual increase in cases or deaths,
- Even a single case of measles, AFP, Cholera, plague, dengue or JE,
- Acute febrile illness of unknown aetiology,
- Occurrence of two or more epidemiologically linked cases of meningitis,
- Shifting age distribution of cases,
- High or sudden increase in vector density,
- Natural disasters.

Detecting an outbreak

1. **Rumour register:** it has to be maintained in each public health facility for collecting information related to infectious diseases. There are key informants in the community like teachers, Anganwadi workers (AWW), ward members, Self-help Group (SHG), Youth club leaders, etc. They are the eyes and ears of health services in the community
2. Media – an important source of health information
3. Review of routine data
4. Through strict vigilance on warning signs of impending outbreak

Steps of outbreak investigation:

1. **Verification of the diagnosis**: The first and foremost step in outbreak investigation would be to verify the diagnosis. A clinical examination along with laboratory investigations of a sample of cases may be sufficient for this, but the epidemiological investigation should not be delayed until laboratory results are available.
2. **Confirmation of existence of an outbreak**: For this, Medical Officer should check
    - If there is an abnormal increase in the number of cases, or
    - See there is clustering of cases, or
    - If the cases are epidemiologically linked, or
    - If some trigger events have occurred, or
    - If many deaths have occurred.

An arbitrary limit of two standard errors from the endemic occurrence is used to define epidemic threshold for common diseases like influenza. If there is evidence of an outbreak, and if the aetiology, source and route of transmission are known, specific control measures need to be initiated immediately. If anyone of the above is unknown, the outbreak must be investigated to identify the specific cause. The Rapid Response Team (RRT) which was formed during the phase of epidemic preparedness should be alerted and requested to further

investigate the outbreak. At the same time general control measures should be started.

3. **Defining population at risk:** before starting investigation, it is necessary to have the attack rates.
4. **Rapid search area map and age gender distribution of entire population in the area.** This is essential for calculating for all cases and their characteristics: this is to identify all cases including those who have not sought medical care and those possibly exposed to the risk.

   For this, we can use a carefully designed epidemiological case sheet. The information collected should be relevant to the disease under study. Based on the information collected from the affected ones, search for more cases and their contacts should be continued. Laboratory investigations are done with the help of microbiologist. Microbiologist may advise on what samples are required, mode of collection and transport and also the laboratory to which these are to be sent. Entomological investigation should also be done if the outbreak warrants it.

5. **Data Analysis:** Data collected should be analysed to identify common event or experience using the epidemiological parameters like time, place and person.
   Time: Epidemic curve can be constructed based on chronological distribution of dates of onset and number of cases. It may suggest a time relationship with exposure to a suspected source, whether it is a common source or propagated epidemic, whether it is of a seasonal or cyclic pattern.
   Place: A spot map is prepared with cases in relation to possible source of infection. Clustering may suggest common source of infection.
   Person: Analyse the data by age, sex, occupation, and other risk factors. Find out attack rates/ case fatality rates for those exposed and not exposed. In food borne epidemic, food specific attack rates are calculated.

6. **Formulation of hypothesis:** on the basis of time, place and person analysis, hypothesis is formulated to explain the epidemic in terms of possible source, causative agent, possible modes of spread, people at risk and the environmental factors

7. **Testing the hypothesis:** If the hypothesis fits with the facts, response measures can be initiated; otherwise, further analytical investigation in terms of case control studies will need to be carried out. In the meantime, general control measures are carried out.
8. **Evaluation of ecologic factors:** This is to prevent further transmission of disease. Ecologic factors include sanitary status of eating establishments, water and milk supply, break down in water supply, population movements, atmospheric changes, population dynamics of insects and animal reservoirs.
9. **Further investigation of population at risk**: To obtain additional information, for e.g. serological study may reveal clinically in-apparent cases and throw light on the pathogenesis of the condition.
10. **Writing the report:** This can be an interim report which includes details of the investigation, the diagnosis and control measures initiated. Once the outbreak is coming under control, we should make follow up visits to see whether control measures are implemented adequately and also help to collect new information which was missed in the previous visits. The final report is given within 10 days of the outbreak being declared to be over. The outbreak is declared over when there are no new cases for a period of two incubation period since the onset of last case.

Responses to an outbreak

1. **General measures is** till the specific source and route of transmission is identified. For example, if one is suspecting a droplet infection outbreak, start a campaign requesting people to follow social distancing, use of mask and hand hygiene.
2. **Specific measures** depend on the causative agent. The broad steps are:
    - Identification and nullification of the source of outbreak like chlorinating wells,
    - Minimising transmission to prevent further exposure: vector control,
    - Protection of the host- immunization / chemoprophylaxis,
    - Controlling the reservoir include early diagnosis, notification, isolation, treatment, quarantine.

Isolation: Separation **of infected** persons or animals **for the period of communicability** from others in such places and conditions as to prevent or limit the direct or indirect transmission of infectious agent from those infected to those who are susceptible. Purpose is to protect the community by preventing transfer of infection from the reservoir to the possible susceptible host.

Quarantine: Limitation of freedom of movement **of healthy person** or domestic animals exposed to communicable disease for **a period not longer than the longest usual incubation period** of the disease to prevent contact with those not so exposed.

Contact tracing: The process of identifying, assessing and managing people who have been exposed to a disease to prevent onward transmission. When systematically applied, this will break the chain of transmission of an infectious disease and is an effective tool in public health. This has to be explained according to the scenario provided.

Resources:

1. Park's Textbook of Preventive and social medicine - 25th edition-published by Banarasidas Bhanot-2019.
2. Medical officer's manual on Integrated Disease Surveillance Project by National institute of Communicable Diseases, DGHS, GOI 2006.

Module 3.2

Interdisciplinary collaboration, Principles of Public Health Administration, Health Economics

Background:

When an outbreak is suspected as given in the case scenarios of previous module, interdisciplinary collaboration is essential. Inter-sectoral coordination is one among the four principles of primary health care. To ensure this, the outbreak control team or multidisciplinary team is convened to conduct the investigation in the field for confirming the outbreak and taking measures for preventing the spread of disease. The powerful public health administration which aims equity, use of appropriate technology, community participation and inter-sectoral coordination is our strength. While managing an outbreak we would understand that many of the determinants of health lie outside the domain of Health Department. Provision of safe drinking water, sanitation, nutrition, legal measures for imposing strict interventions, good house and shelter are some examples. This also points towards the importance of interdisciplinary collaboration. Members of the community should have all the rights to participate in their duties towards controlling an outbreak.

Competency addressed

The student should be able to:	Level
Demonstrate the ability to conduct various epidemiological investigation related to pandemics (need clarity on simulated environment).	SH

Sub competency

Demonstrate the ability to form interdisciplinary team for conducting outbreak investigation.

Learning objectives

The learners should be able to:

1. List the four principles of primary healthcare,

2. Describe the scope of inter-sectoral coordination in outbreak control,
3. List the members of inter-sectoral team for outbreak investigation,
4. Describe the activities of inter-sectoral team in each case scenario provided,
5. Demonstrate the formation and meeting of Rapid Response Team (RRT) as role play according to the case scenarios.

Learning experience

Year of study: professional Year 3

1. Introduction of topic based on previous case scenario -1 hour
2. Self -directed learning -1 hour
3. Interactive Lecture – 1 hour
4. Role play on forming RRT- 1 hour (based on one case scenario)
4. Discussion and closure- 1 hour

Learning Points

a. Inter-sectoral coordination as one among the four principles of primary health care,
b. The role of inter-sectoral coordination in outbreak management,
c. How this can be applied in all four case scenarios,
d. Who are included in the outbreak investigation team and what are their roles and responsibilities?
e. What is health economics? What is the impact of epidemic/pandemic on economic status of the family/ state/country?
f. Cost effectiveness of interventions/ actions to control epidemic.

Assessment

1. **Formative**: theory examination -as short questions /practical – group viva voce.
2. **Summative**: modified essay/ short question on role of inter-sectoral coordination in epidemic management, practical - viva voce.

Discussion points

Inter-sectoral coordination: It is a fact that health care cannot be provided by the health sector alone. While managing outbreak we realise that many of the determinants

of health are outside the domain of health care. Hence inter-sectoral coordination as one among the four principles of primary health care is worth mentioning. The other areas closely related to health are agriculture, animal husbandry, food, industry, education, housing, public works, communication etc. To ensure such coordination, administrative system should take the lead with suitable legislation and strong political will. Proper planning should be there to avoid duplication of activities.

In the event of a suspected outbreak, the Rapid Response Teams (RRT) which is a multidisciplinary team that looks into various aspects of an outbreak is alerted and meeting is convened. The team includes an epidemiologist, clinician, microbiologist and other specialities and sectors as per requirements (described earlier). The main role of RRT will be to investigate and confirm outbreak. The members of RRT are regularly doing their work but, in the event of an outbreak, come together to undertake a special function. They should work in coordination with the Government health staff. They will help and support health staff in management and control of outbreak but the responsibility of implementing control measures mainly rests with local health staff. RRT should be formed at all levels of administrative system (district, block, Panchayath). The name, address and mobile phone number of RRT members should be available at respective levels so that they can be alerted as soon as possible.

Health economics: Health economics as a branch of economics, is concerned with issues related to efficiency, effectiveness, values and behaviour in the production and consumption of health and health care. Pandemics may affect a large population across borders and nobody can predict when it ends, especially if it is a new disease without vaccine or treatment. So, we are forced to implement other measures like isolation, quarantine and complete lock-down to save the lives of the people. But, at the same time globally we have to face economic crisis due to reduction in gross domestic product (GDP) due to loss of life, workplace closures and quarantine measures.

Economic evaluation can be done as the comparative analysis of alternative course of action in terms of both their cost and consequences. Methods can be cost-benefit analysis (in monetary terms) and cost-effective analysis (in natural units).

The Epidemic Diseases Act, 1897 (ANNEXURE I)

One of the shortest legislations in India, The Epidemic Diseases Act has four sections. It is aimed at 'providing for better prevention of the spread of Dangerous Epidemic Diseases'. The Act was first enacted in the British colonial era primarily to control the Bubonic Plague outbreak in the late 1800s. It has remained relevant ever since.

Section 2A of the Act allows the Centre to prescribe regulations to inspect any ship or vessel leaving or arriving in any port and to detain any person planning to leave or arrive into India.

The Government's decisions on restricting international and domestic travel to and from India fall under the provisions of this Act.

The Act also empowers State Governments under Section 2(1) to prescribe Regulations with respect to any person or group of people to contain the spread of Covid-19.

Penalty

Section 3 of the Epidemic Diseases Act, 1897 gives the penalties for violating the Regulations. Section 188 of the Indian Penal Code states that it will be six months imprisonment or Rs. 1000 fine or both.

The Disaster Management Act, 2005 (ANNEXURE II)

The Disaster Management Act was enacted to tackle disasters at both Central and State Government levels.

Section (2) defines a disaster as a "catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man-made causes". **On March 14, 2020 the Central Government termed Covid- 19 as a 'notified disaster' as a "critical medical condition or pandemic situation".**

The Act enables the Centre and States to enforce a lock-down and restrict public movement. It allows the Government to get access to the National Disaster Response Fund, the State Disaster Response Fund and the District Disaster Response Fund. It also has provisions for allocation of resources for prevention, mitigation, capacity building etc.

The Penalties

Sections 51 to 60 of the Act prescribes the penalties for the violators.

The Law describes the offence as obstructing any officer or employee from performing their duty or refusing to comply with directions. Violators can be jailed for up to 1 year or fine, or both. In the case of dangerous behaviour, the jail term can be extended to two years.

Resources:

1. Park's Textbook of Preventive and social medicine - 25th edition: published by Banarasidas Bhanot -2019.
2. Medical officer's manual on Integrated Disease Surveillance Project by National Institute of Communicable Diseases, DGHS, GOI 2006.

Module 3. 3:
Operational research, field work, surveillance

Background

Operational research is the discipline that uses statistics, mathematics, computer modelling and similar science models for decision making. It is a potential tool for use in many areas that demands evidence-based or model-based decision making. One such area is the epidemic/ pandemic management but it is used less frequently. The reason for its limited use may be because of low awareness among the specialist community. In the era of frequent epidemics, it is the need of the hour to sensitize undergraduate medical students of today (health professionals of tomorrow) about operational research and its use in epidemic management.

Another important area is surveillance which is the backbone of public health programmes and provides information on public health events so that effective action can be taken in controlling and preventing disease outbreaks. The course of an epidemic depends on how early it is identified and how effectively specific control measures are applied.

Competency addressed

The student should be able to:	**Level**
Demonstrate the ability to conduct various epidemiological investigation related to pandemics (or in simulated environment)	SH

Sub-competencies addressed

1. Demonstrate the ability to appreciate the need of operational research in epidemic control.
2. Demonstrate the ability to identify syndromes and underlying diseases in the given scenario and suggest control measures.

Learning experience

Year of study: professional Year 3

1. Introduction of topics based on previous case scenario -1 hour
2. Self –directed learning -1 hour
3. Interactive Lecture – 2 hours (surveillance, operational research)
4. Discussion and closure- 1 hour
5. Visit to PHC/sub-centre and field area along with field staff of sub-centre -3 hours

Points to be discussed

a. What is operational research?
b. The role of operational research in outbreak management,
c. How this can be applied in all four case scenarios,
d. What is public health surveillance, its key elements and uses of surveillance in outbreak prevention,
e. Integrated Disease Surveillance Project (IDSP) – syndromes and core conditions in IDSP, types of surveillance, data collection methods,
f. How surveillance activity is carried out in peripheral institution (SC/PHC) as per IDSP
g. What are the field activities and how data is collected, compiled, analysed and reported?

Assessment

1. **Formative:** theory examination –as short questions /practical – viva voce
2. **Summative**– modified essay/ short question on role of operational research in epidemic management, Public Health Surveillance, practical – viva voce.

Discussion points

Operational research (OR): is the discipline that uses statistics, mathematics, computer modelling and similar science methodology for decision making. This is helpful in many areas especially outbreak management activity that requires evidence-based or model-based decision making. Operational research can address important issues in epidemic management like how to allocate resources among options for a

better control of epidemic, what resources are needed to control an outbreak and which resources should be employed for the same.

Analytical computer-based models are used for plotting and forecasting epidemics. Advanced models with quantitative analysis are used for quantifying exposure and forecasting resources needed. Decision making techniques are used to help policy makers to set up policies. It is again a multi-disciplinary approach which requires team activity of OR/ statistics researchers, epidemiologist, managers, physicians, microbiologists etc. which help staff dealing with Statistics to better understand the nature of the epidemic and that is reflected in predictive accuracy of models. At the same time, epidemiologists will be more involved in OR and modelling which help them to better manage outbreaks.

Public health surveillance: Surveillance is defined as ongoing systematic collection, collation, analysis and interpretation of data and dissemination of information to those who need to know in order that action can be taken. In simple words, it is a data collection for action. We already have a system of decentralized state-based surveillance program in the country named as **Integrated Disease Surveillance Project (IDSP)**. This is the back bone of public health program as it provides information so that timely action can be taken in controlling and preventing diseases/ outbreaks.

Key elements of surveillance system are:

- Detection and notification of health event,
- Investigation and confirmation (epidemiological, clinical, laboratory),
- Collection of data,
- Analysis and interpretation of data,
- Feedback and dissemination of results,
- Response – a link to public health program as action for prevention and control

Uses of surveillance in outbreak control and prevention:

- Recognize cases or cluster of cases to trigger interventions to prevent transmission or reduce morbidity and mortality,

- Identify high risk groups or geographical areas to target interventions and guide analytic studies,
- Demonstrate the need for public health intervention programs and resource allocation during public health planning,
- Monitor effectiveness of prevention and control measures.

Core conditions under surveillance:

- Regular surveillance: vector borne diseases, water borne diseases, Respiratory diseases, vaccine preventable diseases, disease/s under eradication, other conditions (RTA), international commitments, Unusual clinical syndromes.
- Sentinel surveillance: Sexually transmitted disease/ blood borne, other conditions (water quality, outdoor air quality.
- Regular periodic surveillance: NCD risk factors, State specific diseases (Dengue, JE, Leptospirosis).

Types of surveillance in IDSP

Syndromic: Diagnosis made on the basis of symptoms/ clinical pattern by paramedical personnel and members of the community.

Presumptive: Diagnosis made on typical history and clinical examination by Medical Officer.

Confirmed: Clinical diagnosis confirmed by laboratory test.

Major syndromes and (conditions) given under IDSP

- Acute watery diarrhoea – (Cholera),
- Fever <7 days duration- only fever (malaria), fever with rash (Measles/Dengue), altered consciousness (Japanese encephalitis), fever with bleeding (Dengue), with convulsions,
- Fever > 7 days– (Typhoid),
- Jaundice- (Hepatitis),
- Cough >3 weeks,- (Pulmonary Tuberculosis),
- Acute flaccid paralysis - (Poliomyelitis),
- Unusual event?

Data collection methods

- Routine reporting – passive surveillance
- Sentinel surveillance
- Active surveillance
- Laboratory surveillance
- Outbreak investigation

PHC / sub-centre visit– interacting with Medical Officers of PHC and field staff about surveillance activities going on there as part of IDSP. Also getting acquainted with different registers and reporting formats for all three types of surveillance (syndromic, presumptive, Laboratory).

Field area visits with field staff to acquire skills of data collection methods, recording, analysing and reporting.

Resources:

1. Park's Textbook of Preventive and social medicine - 25th edition published by Banarasidas Bhanot-2019.
2. Medical Officer's Manual on Integrated Disease Surveillance Project by National Institute of Communicable Diseases, DGHS, GOI 2006.

Phase III: Part 2

Module 4

Module 4.1
Care of patients during Pandemics

Description:

During any pandemic, infected persons can be divided into three categories. Asymptomatic persons, mildly symptomatic, Advanced disease. Epidemiologically all symptomatics can also be classified as suspected, probable and confirmed. Most infected persons in most infections tend to be asymptomatic but infective to others. They are usually not picked up unless there is substantial active surveillance mechanisms in place. If all contacts are kept under observation or in quarantine and they are regularly screened, the asymptomatic persons can be picked up in large numbers.

The patients who come to the hospital are mostly symptomatic. Some of them may be serious enough to be hospitalised and some may need intensive care. They are usually graded as mild, moderate and severe, based on clinical finding and prognosis. The progression from mild to moderate and severe will depend on many factors.

The Institutional approach to a person reaching the health system includes proper triaging with the purpose of recognising and restricting the potential for transmission of infection to others, recognising bad prognostic signs and early institution of care depending on the presentation. All health care workers at the triage point should be aware of the specific information that needs to be elicited (e.g. travel history) and the bad prognostic indicators (symptoms and signs). In many illnesses, contact / airborne precautions must be initiated in the triage area itself and unnecessary movement of patients and close associates must be restricted too.

The clinical management of patients during pandemics must be based on specific protocols/ guidelines from immediate higher authority. This should be evidence-based and as per standard practices recognised. Extreme care should be taken to

document all history and other epidemiologic evidences, however subtle they may be. All activities should be properly documented and communicated to higher authorities as required. The treatment can be divided into non-pharmacologic interventions (like isolation, nutritional support), supportive care, specific management (if any), recognition and management of complications and prevention.

Competencies addressed

The student should be able to:	**Level**
Describe and discuss the triage facilities required for persons during epidemics	KH
Demonstrate the role of IMG in triage and referral	SH
Demonstrate the ability to manage a suspected / confirmed case in the emergency room during a pandemic	SH

Case study

There is some news about an unknown disease spreading in the town. An ambulance stops in front of your clinic. A group of 05 persons immediately jump out and rush to transport the patient to the emergency room. Mrs. Gracy, 65 years suffering from cough and breathlessness, is carried by four persons to the clinic. One among the group of doctors examines the patient and requests the nurse to arrange for a Chest X-ray and Blood Glucose estimation. Another doctor records the blood pressure. A third person tries to do a venesection. The patient is sent to the Radiology department. The patient develops breathlessness and syncope while returning to the emergency room.

- How should the emergency room prepare to receive a suspect case during an emergency?
- How can such a situation be handled better and safely during an outbreak?
- What precautions should be taken while patient is transported during an outbreak?

Learning Points

- Principles of Triage during epidemics,
- Precautions and care to be made while transporting a person with infections,
- Responsibility to other health care workers while a person with infection is cared.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 6 hours

a) Interactive discussion – 2 hours
   i. Triage practices to be followed in a clinic / hospital
   ii. Primary care to be given to a patient on reaching the hospital
   iii. Steps to be taken to reduce transmission of infections in emergency area.

b) Role play to highlight the various roles to be played in emergency area - 1 hour
c) Visit to the hospital with discussion with staff about the practices followed - 2 hours
d) Debriefing and Feedback - 1hour

Assessment

1. **Formative:** DOPS, Viva can be used. This could be done immediately after the module and/or later with internal assessment.
2. **Summative:** not required

Module 4.2
Emergency Procedures during Pandemics

Description:

During outbreaks of illnesses, many patients can develop life-threatening complications. This is more common among persons of extreme age (children and elderly), depending on the pathogen. It is also likely to be more common among persons with co-morbidities as well. These co-morbidities may also make them vulnerable to dangerous events. Toxin or cytokine-mediated damage, metabolic causes, coagulation abnormalities, sepsis etc. can cause multi-organ dysfunction quickly. Persons may develop respiratory, cardiac, renal or neurological events. Proper and timely intervention can prevent further deterioration or even reverse the situation. The IMG should demonstrate required competencies to perform certain procedures. These may include endotracheal intubation, ventilation, cardiopulmonary resuscitation, tracheostomy, to name a few. All situations demand extreme care to be adopted to protect the health care worker involved in such procedures as well. Beyond the skills that are necessary to perform these psychomotor procedures, the IMG should also have the knowledge, attitude and communication skills to manage such a situation.

Competencies addressed

The student should be able to:	**Level**
Demonstrate the ability to perform life-saving interventions during outbreaks, ensuring safety of HCWs	SH

Case study

Mr. Joseph, 72 years old, has been admitted with a febrile illness, one week after a foreign trip at a time when a pandemic had been declared in the country he visited. He is being managed in an isolation room with all airborne precautions. The nurse notices that he has suddenly developed breathlessness and is tachypnoeic. The

oxygen saturation by pulse oximetry is only 70%. The duty doctor has found crackles all over the lung fields and mild cyanosis. The relatives are planning to take him home on their own. The doctor is called in by an emergency call.

- What are the steps that can be taken immediately to ensure a better survival for him?
- What are the factors influencing the decision to do any invasive procedure?
- How will you discuss the issues with the relatives?

Learning points

1. The type of emergency procedures required in various emergencies,
2. The logistics and infrastructure facilities and prioritisation to be considered,
3. The aspects related to communication with the relatives,
4. The immediate, short-term and long-term care of such persons in Intensive care.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 8 hours

I. Interactive Discussion – 2 hours
    1. Indications for invasive procedures in Pandemics
    2. Points to be verified before emergency procedures
    3. Steps to be taken to reduce transmission of infections
    4. Attitude and Communication Issues related to complicated procedures

II. Skill development program – with mannequins e.g. intubation, CPR, ALS, PALS etc - 4 hours *(This may be linked with the routine Skill training component as well)*

III. Role Plays for communication skills and documentation - 1 hour

IV. Debriefing and Feedback -1hour

Assessment

1. **Formative:** OSCE, DOPS, Viva can be used. This could be done immediately after the module and/or later with internal assessment
2. **Summative:** OSCE, Viva, SAQ, MCQ

Module 4.3
Managing Death during Pandemics

Description:

During outbreaks of illnesses, many patients may expire, due to various causes. This is more common among persons of extreme ages (children and elderly) depending on the pathogen. It is also likely to be more common among persons with co-morbidities as well. These co-morbidities may also make them vulnerable to death as well. The inevitable consequence of death during pandemics must be handled with extreme caution. The management may start from the time the person becomes sick or is brought in a moribund condition. Death may be unexpected or even expected at times. Many procedures discussed in the previous module may not help in preventing death. Breaking the bad news regarding the condition of the patient well in time may ease the handling of death related issues. Documentation of death in as much clear terms as possible is absolutely essential. Handling of the dead body adhering to the infection control recommendations is also very important. Cooperation from relatives and administration has to be ensured, depending on the situation. The IMG is expected to be well aware of the medical and social consequences of death during a pandemic. Beyond the skills that are necessary to perform these procedures, the IMG should also have the knowledge, attitude and communication skills to manage such a situation.

Competencies addressed

The student should be able to:	**Level**
Demonstrate the ability to handle death related events during outbreaks	SH

Case study

Mr. Abdul, 50 years old, has been admitted with a febrile illness, which he developed after staying with his son who recently came from a metropolitan city where an unknown disease had been declared. He was intubated and was on ventilator for two

days. He was being managed in an isolation room with all airborne precautions. He was showing signs of improvement when he suddenly became unconscious and stopped breathing. Cardio-pulmonary resuscitation was attempted but failed. He died about 15 minutes after he developed the symptoms in the ICU. The doctor declared that he is no more.

- How is the event discussed with the relatives?
- What documents are to be prepared regarding the event?
- What care has to be exercised to prevent the transmission of infection after death?
- How will you discuss the issues with the relatives?

Learning points

- The emotional issues for the relatives and HCWs related to death of a person during epidemics.
- The principles of documentation and reporting and legal and ethical issues of death during epidemics.
- The aspects related to infection control practices like prophylaxis (if any), disinfection etc.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 2 hours

i. Interactive discussion – 1 hour
   a. Confirmation and documentation of death
   b. Steps to be taken to reduce transmission of infections
   c. Attitude and Communication Issues related to handling of dead bodies
   d. Responding to media

ii. Role Play for communication skills and documentation with debriefing and feedback - 1 hour

Assessment

1. **Formative:** Viva can be used. This could be done immediately after the module and/or later with internal assessment.
2. **Summative:** Viva, SAQ, MCQ

Module 4.4
Information Management during Pandemics

Description:

During the spread of any infection, the community reacts in a certain fashion. Initially there will be fear of spread, maligning the affected people, stigma and discrimination and panic. The media also plays with this and try to sensationalise the whole issue. Any variations from normal pattern of response and functioning of HCWs will be criticised and negative messages will be generated. The media, when well informed, can help a lot in public awareness, health education and behaviour change. It depends to a large extent in sharing the proper information with them at the right time. The sanctity of the media and the right of society to criticise must also be respected.

The social media gets flooded with messages related to outbreaks very early. Most of these messages are based on inadequate information and improper interpretation of the unscientific ideas. Unfortunately, most of the knowledge that is shared in the social media is neither verified nor controlled by anyone. At the same time the online social media is an effective tool for spreading the right messages.

In many epidemics, contact precautions are to be adopted by HCWs and the general public. The visit to the hospital could contribute significantly to spread of infections. In many infections, home or institutional quarantine may be in place. These persons may develop many illnesses and other problems that do not require a face to face consultation. In such instances, the authorities have opened up the avenue of Telemedicine as a viable alternative. History taking and to some extent visual examination of the patient can be done using common virtual platforms. More exploratory options are available using sophisticated instruments like electronic stethoscope, portable ultrasound etc. Counselling is another activity that can use this platform. Online prescriptions in standardised format is also being accepted now. The IMG should be aware of the clinical, emotional, social and legal issues associated with this form of medical practice. Familiarity with electronic medical records, referral

patterns, virtual documentation etc. is also desirable. The virtual platform is also useful for health education and formal teaching and training for students and HCWs.

Competencies addressed:

The student should be able to:	**Level**
Demonstrate the ability to prepare media reports, use online communication	SH
Demonstrate the ability to handle media communication and education	SH
Demonstrate the ability to recognise spam & fake messages	SH

Case study 1

Mrs. Rachel, 30 years old, has been admitted with a febrile illness, 4 days after attending a funeral attended by many persons from outside the country. She became sick and was intubated in the emergency room. There was some delay in transferring the patient to intensive care unit. Within a few minutes, a few cameramen from visual media reached the campus and started reporting alleged deficiencies in care. Messages with similar content also started appearing in the social media. It was argued that the delay was because a very fatal infection was suspected in the patient and HCWs were refusing to see the patient. It was also suggested that this disease is spreading fast, is lethal and no cure is available.

- As the Medical Officer on duty on that particular day, you are asked to comment on what went wrong?
- You have been requested by your friends to start a messaging series countering the text messages appearing in the social media. What steps are recommended?
- How will you create a proper message for the visual media and social messaging platform?
- How can you develop a Tele-consultation system in your practice?

Learning points

- The chance of even small variations in the working of hospitals getting media attention
- The irresponsible behaviour from many corners of the society
- The need to prevent fake messages and to spread correct information.
- The proper use of Telemedicine for clinical and academic work.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 4 hours

i. Interactive discussion - 2 hours
   a. Responding to media
   b. Use and misuse of social media for health related messages.

ii. Visit to the media centre / Tele Medicine unit - 1 hour

iii. Role Plays for responding to media with Debriefing and Feedback - 1 hour

Assessment

1. **Formative:** Viva can be used. This could be done immediately after the module and/or later with internal assessment
2. **Summative:** Not needed

Module 4.5
Intensive Care Management during Pandemics

Description:

Pandemics become important, when there is a high degree of morbidity and associated mortality. This usually happens to persons at extremes of age. The elderly are highly vulnerable due to the aging process and compromised system functions and also because of many co-morbidities. Children and infants suffer mainly because of lack of immunity and higher chances of mingling and other issues like malnutrition. However, this pattern may get altered due to various reasons. The working population constituted by the young and middle aged can be affected in epidemics with direct links to the environment – ecological and employment related: e.g. Leptospirosis, Dengue, Chikungunya etc. Gender variations can also happen due to various predisposing factors among any gender groups. Serious involvement of organs systems like respiratory, cardiac, nervous or renal can lead to rapid deterioration in the patient's condition which may require extra care with lot of support and monitoring.

Intensive care is specialised care given in specialised settings with regular monitoring and corrective measures instituted without delay by a team of trained health care workers. The Intensive Care Unit (ICU) of today works with lots of gadgets and standard protocols. In addition to the technical details about diagnosis, prognostication and management, the team care concept and management of affective and communication issues related to ICU care also has to be imbibed by the learner. This form of care is usually very expensive and adds to the financial burden of the family as well. Maintenance of a good ICU demands the use of lots of technology, behaviour change, attitudinal modifications and team skills.

The routine intensive care that is offered for management of pandemic related cases also needs special training, as this involves high levels of integrity, dedication and commitment in terms of effort, compassion and a sense of urgency. This is also compounded by the fact that there are epidemiological issues as well.

This module intends to give the learner an insight into the intricacies of intensive care during the pandemics.

Competencies addressed:

The student should be able to:	**Level**
Visit, enumerate and describe the functions of an Intensive Care Unit	KH
Enumerate and describe the criteria for admission and discharge of a patient to an ICU	KH
Observe and describe the management of an unconscious patient	KH
Observe and describe the basic setup process of a ventilator	KH
Observe and describe the principles of monitoring in an ICU	KH

Case study

55 year old Krishnan, known case of systemic hypertension and type 2 diabetes mellitus presented with cough and breathing difficulty in the last 3 days. Patient was diagnosed with Covid-19 infection. Patient was referred to Covid isolation ICU in view of severe breathing difficulty, tachypnoea and desaturation. Patient was transported to ICU in oxygen trolley with O_2 via simple face mask considering all Covid-19 precautions.

Monitors were attached. On examination, patient conscious, oriented, tachypnoeic, Pulse Rate -120/min, BP-128/72mmHg, RR-32/min. ABG showed respiratory alkalosis with PaO2/FiO2 = 138(moderate ARDS). Initial CURB 60 score was 2. Patient was put on High Frequency Nasal Cannula (HFNC) with flow rate of 40L/min and FiO2 of 90%. Routine investigations were sent which includes CBC, ESR, RFT, LFT, serum electrolytes, coagulation profile, viral markers, blood grouping. Prognostic markers were done : CRP > 100 mg/L, LDH – 600 units/L, Trop I - <2.5 ng/L, D dimer – 1400 ng/ml, Serum ferritin – 565 ng/ml. Chest X-ray showed bilateral chest infiltrates. ECG showed normal sinus rhythm.

As the doctor on duty on that particular day, you are asked to plan future management.

Learning points

1. Initial assessment of patient in ICU
2. Early stabilisation of patient
3. Prognostication and management using standard protocols
4. Coordination with doctors and paramedical staff
5. Communication with the bystanders
6. Reporting to higher authorities

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 4 hours

i. Interactive Discussion – 1 hour
   a. Interactive Lecture with videos

ii. Visit to the ICU – 1 hour
   a. Infection control
   b. Monitoring of vital signs
   c. Interpreting investigations
   d. Monitoring using equipment

iii. Role Play – 1 hour

iv. Debriefing session by intensivist - 1 hour

Points for Discussion

INITIAL STABILISATION OF PATIENT IN ICU

When a patient is received in ICU,

1. Make sure that the below said equipments are available:
   a. Oxygen source
   b. Airway cart
   c. Working suction
   d. Monitors

e. Emergency drugs
f. Defibrillator

2. Attach monitors
3. The primary survey should follow A-B-C-D-E

A- Airway

- If the patient can speak, the airway is patent
- Airway patency not maintained, triple manoeuvre-head tilt, chin lift and jaw thrust.
- If still not maintained, use oropharyngeal/nasal airways.

B- Breathing

- Check for oxygen saturation and respiratory rate
- If SpO2<90% and RR>30---give oxygen supplementation via
    a) Nasal prongs
    b) Simple face mask
    c) Venturie face mask

C- Circulation

- SBP<90—check distal pulses, confirm IV access and give fluid bolus
- Start on inotropic support

D - Determine GCS and assess pupils

E- Examine the patient

4. **Inform superior officer**

Assessment

1. **Formative:** Pre-test – Post Test; Viva can be used. This could be done immediately after the module and/or later with internal assessment.
2. **Summative:** Case based short note with plan of management, MCQ

Module 4.6
Palliative Care during Pandemics

Description:

During pandemics and other periods, many patients are likely to develop long lasting consequences after acute illness. After intensive care, a stage may be reached, when patients do not require to be in major institutions or need regular therapeutic procedures. Such persons require long-term care with social support systems. They may require only supportive, curative and rehabilitative interventions. The care is also aimed at making life comfortable and pleasant for them in the future. The patient may or may not recover, but giving hope for a better tomorrow may help them cope with the illness.

Palliative care is a broad speciality with plenty of activities. This module aims to familiarise the learner with the concept of palliative care.

This module may also be used to discuss about the issues related to isolation and solitude by the patients and also about the unhealthy stigma and discrimination experienced by patients, relatives and colleagues. Points may be raised about the issues faced by Health Care Workers, their emotional issues, burn out etc. as well. Social issues related to restriction of activities may be also be discussed along with this module.

Competencies addressed:

The student should be able to:	**Level**
Demonstrate an understanding and needs and preferences of patients when choosing curative and palliative therapy.	KH

Case study

James, 38 year old salesman, developed a febrile illness He was tested positive for a new viral infection. He developed shock while on treatment. He was started on inotropic supports, catheterised, was shifted with O_2 via simple face mask.

In CCU, on day 2 patient developed fever, GCS was E3VTM4, oliguria. Investigations revealed increased total count, increase in CRP, thrombocytopenia, altered RFT. ABG showed high anion gap metabolic acidosis. Patient developed sepsis with Acute Kidney Injury and Renal Replacement Therapy was initiated. Post dialysis patient was on double inotropic (noradrenaline and vasopressin) supports.

Post op day 4, GCS was E2VTM3, anisocoria present, investigations revealed haemoglobin - 9g/dl, total count – 20,000, platelet count – 60,000, urea/creatinine – 90/3, potassium – 5.2, altered LFT and coagulopathy. CT brain was taken which showed large right tempero-parietal bleed with IVH and midline shift. Since the patient was in septic shock with multi-organ dysfunction and DIC, it was decided for conservative line of management. Intensivist decided to discuss about palliative care with the family.

"I am Dr. , I am the treating physician of your son. I am here to explain the health condition of your son. As you know your son now has multi-organ failure. He has widespread blood stream infection which has affected his multiple organs. His vitals are unstable and is on multiple inotropic supports. He developed a condition called DIC and as a result there is large bleeding in his brain. In this situation, surgery would offer no benefit. It might further worsen his condition. Now, his vitals are only maintained with so much medications and ventilatory support. Any therapy aiming to improve his clinical condition will be futile. We are anticipating a gradual clinical deterioration which might end up in his death. So, we would suggest a palliative comfort care for this patient with your consent.

Learning points

1. Need to assess a patient well before palliative care is suggested
2. Importance of planning palliative care

3. Communicating to the patients and relatives about the need and utility of planned palliative care

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 4 hours

i. Interactive discussion – 1 hour
   a. Interactive Lecture with videos

ii. Visit to the palliative care unit – 1 hour
   a. Pain & palliation
   b. Educational activities regarding continuation of care and warning signs
   c. Monitoring using basic observations and examinations
   d. Nutritional care
   e. Emotional care

iii. Role Play – 1 hours

iv. Debriefing session by intensivist - 1 hour

Assessment

1. **Formative:** Pre-test – Post Test; Viva can be used. This could be done immediately after the module and/or later with internal assessment
2. **Summative:** Case based short note on palliative care, MCQ

Module 4.7
Mental health issues during Pandemics

Description:

The pandemic, besides affecting the physical health, has a potential of immense mental health effects, both during and after its occurrence. The mental health repercussions are on an affected individual and in the general community. There is an apprehension of contracting the disease, the uncertainty of procuring medical help and the unpredictable nature of the disease, which causes fear and anxiety in the people. Social isolation or social distancing impacts wellbeing; work from home and home schooling are new and alien dimensions to life. There are worries about the real-world consequences of the pandemic, such as financial struggles.

The loneliness of quarantine, death and long-term consequences affecting oneself and the family are causes for perturbation in patients. Stigma and guilt for spreading the disease are two burdens carried by most patients. There is an increase in anxiety, depression, stress, post-traumatic stress disorder and the possibility of risk of suicide. Besides these direct and indirect psychosocial effects, the virus directly or through an immune reaction affects the brain and leads to mental health and neurological manifestations. In the aftermath of the disease, long term complications can precipitate mental illness.

Some groups of people are more prone to mental health impact. The vulnerable population are frontline workers, elders, children and adolescent, people suffering from mental illnesses and disabilities, women, migrant workers and individuals in conflict situations.

Competencies addressed:

The student should be able to:	Level
Describe and discuss the mental health consequences of an epidemic on the general population, patients and health care workers	K
Demonstrate the ability to look after one's mental health during a stressful time of a pandemic	KH
Demonstrate the role of IMG in identification and referral of significant mental illness in response to the pandemic	SH
Demonstrate the ability to counsel patients with minor stress related symptoms in response to the pandemic	SH

Case study

Mr. P. businessman aged 62 years, admitted in a single room of a Covid-19 hospital with mild respiratory symptoms. He could not sleep for two nights. During ward rounds, he expresses worry about the future of his business in case something happens to him. His wife and son were admitted to another isolation hospital, and he was unable to communicate with them and suffers from palpitations and tremors when he thinks about them. You are approached by relatives, who request you to assess him for suicidal ideas.

How will you manage the situation?

Learning points

The student should be able to recognize:

1. The psychological impact of a novel disease and about which there is little known, and many uncertainties exist.

2. Issues related to quarantine or lockdown such as social distancing, isolation, stigma, loss of contacts.
3. Patient's concerns about availability and cost of treatment, economic issues, probable death and its impact.
4. Signs and symptoms of anxiety, panic and depression and its management.
5. Signs of suicidal ideation and the need for referral of patients if needed.
6. The ability to counsel patients for minor stress related symptoms.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 04

v. Interactive Lecture with videos – 1 hour
vi. Group discussion with frontline staff and telephonic conversations with recovered patients and their family members (live or recorded) - 1 hour
vii. Role plays – 1 hour
viii. Debriefing session by a physician, psychiatrist and nurse - 1 hour

Discussion points

Different issues are faced by people belonging to the following categories:

a. Older people who are dependent on others for daily activities and who are technologically handicapped,
b. People with co-morbidities that worsen with any co-existing illness, e.g. Chronic Kidney Disease, Chronic Lung, Liver and heart diseases,
c. Worsening of disorders in persons with pre-existing mental health problems,
d. People with disabilities,
e. Persons who do not stay with their relatives, e.g. at nursing homes, homeless people,
f. Ethnic minorities, persons staying in far off places,
g. Illiterate persons, persons who cannot use electronic media,
h. Healthy persons who are caring for the above types of patients at home.

There are other relevant issues like:

i. **Knowing when a psychiatry referral is required.** Being aware of where the nearest help is available,
ii. **Knowledge and skills required for supportive counselling.** Counselling involves forming an empathetic, warm and genuine relationship, demonstrating non-judgmental, active listening and giving positive feedback and reassurance. It involves encouraging the person to find simple solutions to their problems,
iii. **Burden and mental health of caretakers.** Health care workers are at risk for mental health issues which can be prevented and treated. Self-care and the need for professional advice as and when required is important. Periodic relaxation with duty breaks may be helpful.

The emotional issues may take the form of anxiety as expressed by persistent and excessive worry, irritability and sleep problems. Panic attacks may present as sudden onset of anxiety with trembling, paresthesia, palpitations, shortness of breath, choking sensation, chest pain, nausea, vomiting, dizziness, sweating and a sense of impending doom.

It is necessary to observe for signs of depression. These include sadness of mood, helplessness, hopelessness, loss of worth, decreased interactions, loss of appetite, loss of sleep, and recurrent thoughts about death or suicide. There may be references to bereaved persons, guilt, self-hatred, and self-harm. Unless taken care of promptly, these may lead to suicidal ideation/ attempts.

Stress may have varying presentations and may include:

- **physical symptoms:** headaches, sleeping and eating difficulties,
- **behavioural symptoms:** low motivation to work, starting or increasing use of alcohol or drugs, decreased interaction,
- **emotional symptoms:** fear, anxiety, sadness and anger.

A psychiatry referral is required if symptoms are pervasive, distressing and cause impairment. The presence of persistent suicidal ideas is another important reason for a consult. Patients who do not improve with brief counselling interventions would benefit from interventions by a psychiatrist.

Interventions suggested are:

a. Be informed and do not fall prey to rumours and social media infodemic.
b. Have a routine regarding sleep and meals. Allocate time for work, rest and exercise. Set up priorities and follow a daily pattern of activities. Revive hobbies.
c. Be in contact with your social circle. Regular conversations and communications at a personal level with the use of phones or digital media (video conferencing) is important.
d. Restriction of screen time is suggested.
e. Engage oneself in stimulating and motivational activities.
f. Connect with nature, life, people around and with those who have recovered.
g. Look after oneself through nutritious food, exercises, motivating and positive thoughts and practice spirituality.
h. Use relaxation and breathing exercises to help in anxiety and sleep.
i. Seek help from phone counselling and self-help groups.
j. Refer to psychiatrist, if required for telemedicine consults.

Assessment

1. **Formative:** DOPS, Viva can be used. This could be done immediately after the module and/or later with internal assessment.

2. **Summative:** not required.

Further reading:

WHO. Mental health and psychosocial considerations during the COVID-19 outbreak-Interim guidance WHO/2019-nCoV/MentalHealth/2020.1 available at https://www.who.int/publications/i/item/WHO-2019-nCoV-MentalHealth-2020.1

The copy of THE EPIDEMIC DISEASES ACT, 1897 & THE DISASTER MANAGEMENT ACT, 2005 which have been attached as Annexure I and Annexure II respectively, have been obtained from India Code Depository of All Central and States Acts Website.

Link:- https://www.indiacode.nic.in/

Annexure I

THE EPIDEMIC DISEASES ACT, 1897

&

Annexure II

THE DISASTER MANAGEMENT ACT, 2005

THE EPIDEMIC DISEASES ACT, 1897

ARRANGEMENT OF SECTIONS

SECTIONS

1. Short title and extent.
2. Power to take special measures and prescribe regulations as to dangerous epidemic disease.
2A. Powers of Central Government.
3. Penalty.
4. Protection to persons acting under Act.

THE EPIDEMIC DISEASES ACT, 1897

ACT NO. 3 OF 1897[1]

[*4th February*, 1897.]

An Act to provide for the better prevention of the spread of Dangerous Epidemic Diseases.

WHEREAS it is expedient to provide for the better prevention of the spread of dangerous epidemic disease; It is hereby enacted as follows :—

1. Short title and extent.—(*1*) This Act may be called the Epidemic Diseases Act, 1897.

[2][(*2*) It extends to the whole of India except [3][the territories which, immediately before the 1st November, 1956, were comprised in Part B States]] [4]* * *

[5]* * * * *

[6]**2. Power to take special measures and prescribe regulations as to dangerous epidemic disease.**—(*1*) When at any time the [7][State Government] is satisfied that [7][the State] or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the [8][State Government], if [9][it] thinks that the ordinary provisions of the law for the time being in force are insufficient for the purpose, may take, or require or empower any person to take, such measures and, by public notice, prescribe such temporary regulations to be observed by the public or by any person or class of persons as [9][it] shall deem necessary to prevent the outbreak of such disease or the spread thereof, and may determine in what manner and by whom any expenses incurred (including compensation if any) shall be defrayed.

(*2*) In particular and without prejudice to the generality of the foregoing provisions, the [7][State Government] may take measures and prescribe regulations for—

[10]* * * * *

(*b*) the inspection of persons travelling by railway or otherwise, and the segregation, in hospital, temporary accommodation or otherwise, of persons suspected by the inspecting officer of being infected with any such disease.

[11]* * * * *

---

1. This Act has been amended in its application to—
   (*1*) the Punjab by the Epidemic Diseases (Punjab Amendment) Act, 1944 (Punjab Act 3 of 1944); in East Punjab by East Punjab Act 1 of 1947:
   (*2*) the C. P. and Berar by the C. P. and Berar Epidemic Diseases (Amendment) Act, 1945 (C. P. and Berar Act 4 of 1945).
   The Act has been extended to—
   (*1*) the whole of Madhya Pradesh by M.P. Act 23 of 1958 (when notified).
   (*2*) the transferred territories of Punjab by Punjab Act 8 of 1961.
   (*3*) in Dadra and Nagar Haveli (w.e.f. 1-7-1965) by Reg. 6 of 1963, s. 2 and Sch.
   (*4*) to Lakshadweep (w.e.f. 1-10-1967) : *vide* Reg. 8 of 1965, s. 3 and Sch.
   (*5*) Union territory of Pondicherry by Act 26 of 1968, s. 3 and Sch.
   The Act has been repealed in its application to Bellary District by Mysore Act 14 of 1955.
2. Subs. by the A.O. 1950.
3. Subs. by the Adaptation of Laws (No. 2) Order, 1956 for "Part B States".
4. The word "and" rep. by Act 10 of 1914, s. 3 and the Second Schedule.
5. Sub-section (*3*) rep. by s. 3 and the Second Schedule, *ibid.*
6. For Notifications issued under this section, *see* different local Rules and Orders.
7. Subs. by the A.O. 1937, for "G.G. in C."
8. Subs., *ibid.*, for "India".
9. Subs., *ibid.*, for "he".
10. Paragraph (*a*) omitted, *ibid.*
11. Sub-section (*3*) omitted by Act 38 of 1920, s. 2 and the First Schedule.

[1][2A. **Powers of Central Government.**—When the Central Government is satisfied that India or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease and that the ordinary provisions of the law for the time being in force are insufficient to prevent the outbreak of such disease or the spread thereof, the Central Government may take measures and prescribe regulations for the inspection of any ship or vessel leaving or arriving at any port in [2][the territories to which this Act extends] and for such detention thereof, or of any person intending to sail therein, or arriving thereby, as may be necessary.]

3. Penalty.—Any person disobeying any regulation or order made under this Act shall be deemed to have committed an offence punishable under section 188 of the Indian Penal Code (45 of 1860).

4. Protection to persons acting under Act.—No suit or other legal proceeding shall lie against any person for anything done or in good faith intended to be done under this Act.

---

1. Ins. by Act 38 of 1920, s. 2 and the First Schedule. Earlier substituted by the A.O.1937.
2. Subs. by the Adaptation of Laws (No.2) Order, 1956, for "a Part A State or a Part C State".

THE DISASTER MANAGEMENT ACT, 2005

ARRAGEMENT OF SECTIONS

CHAPTER I

PRELIMINARY

SECTIONS

1. Short title, extent and commencement.
2. Definitions.

CHAPTER II

THE NATIONAL DISASTER MANAGEMENT AUTHORITY

3. Establishment of National Disaster Management Authority.
4. Meetings of National Authority.
5. Appointment of officers and other employees of the National Authority.
6. Powers and functions of National Authority.
7. Constitution of advisory committee by National Authority.
8. Constitution of National Executive Committee.
9. Constitution of sub-committees.
10. Powers and functions of National Executive Committee.
11. National plan.
12. Guidelines for minimum standards of relief.
13. Relief in loan repayment, etc.

CHAPTER III

STATE DISASTER MANAGEMENT AUTHORITY

14. Establishment of State Disaster Management Authority.
15. Meetings of the State Authority.
16. Appointment of officers and other employees of State Authority.
17. Constitution of advisory committee by the State Authority.
18. Powers and functions of State Authority.
19. Guidelines for minimum standard of relief by State Authority.
20. Constitution of State Executive Committee.
21. Constitution of sub-committees by State Executive Committee.
22. Functions of the State Executive Committee.
23. State Plan.
24. Powers and functions of State Executive Committee in the event of threatening disaster situation.

CHAPTER IV

DISTRICT DISASTER MANAGEMENT AUTHORITY

25. Constitution of District Disaster Management Authority.
26. Powers of Chairperson of District Authority.

SECTIONS

27. Meetings.
28. Constitution of advisory committees and other committees.
29. Appointment of officers and other employees of District Authority.
30. Powers and functions of District Authority.
31. District Plan.
32. Plans by different authorities at district level and their implementation.
33. Requisition by the District Authority.
34. Powers and functions of District Authority in the event of any threatening disaster situation or disaster.

CHAPTER V

MEASURES BY THE GOVERNMENT FOR DISASTER MANAGEMENT

35. Central Government to take measures.
36. Responsibilities of Ministries or Departments of Government of India.
37. Disaster management plans of Ministries or Departments of Government of India.
38. State Government to take measures.
39. Responsibilities of departments of the State Government.
40. Disaster management plan of departments of State.

CHAPTER VI

LOCAL AUTHORITIES

41. Functions of the local authority.

CHAPTER VII

NATIONAL INSTITUTEOF DISASTER MANAGEMENT

42. National Institute of Disaster Management.
43. Officers and other employees of the National Institute.

CHAPTER VIII

NATIONAL DISASTER RESPONSE FORCE

44. National Disaster Response Force.
45. Control, direction, etc.

CHAPTER IX

FINANCE, ACCOUNTS AND AUDIT

46. National Disaster Response Fund.
47. National Disaster Mitigation Fund.
48. Establishment of funds by State Government.
49. Allocation of funds by Ministries and Departments.
50. Emergency procurement and accounting.

CHAPTER X

OFFENCES AND PENALTIES

SECTIONS

51. Punishment for obstruction, etc.
52. Punishment for false claim.
53. Punishment for misappropriation of money or materials, etc.
54. Punishment for false warning.
55. Offences by Departments of the Government.
56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.
57. Penalty for contravention of any order regarding requisitioning.
58. Offence by companies.
59. Previous sanction for prosecution.
60. Cognizance of offences.

CHAPTER XI

MISCELLANEOUS

61. Prohibition against discrimination.
62. Power to issue direction by Central Government.
63. Powers to be made available for rescue operations.
64. Making or amending rules, etc., in certain circumstances.
65. Power of requisition of resources, provisions, vehicles, etc., for rescue operations, etc.
66. Payment of compensation.
67. Direction to media for communication of warnings, etc.
68. Authentication of orders of decisions.
69. Delegation of powers.
70. Annual report.
71. Bar of jurisdiction of court.
72. Act to have overriding effect.
73. Action taken in good faith.
74. Immunity from legal process.
75. Power of Central Government to make rules.
76. Power to make regulations.
77. Rules and regulations to be laid before Parliament.
78. Power of State Government to make rules.
79. Power to remove difficulties.

THE DISASTER MANAGEMENT ACT, 2005

ACT NO. 53 OF 2005

[23*rd December*, 2005.]

An Act to provide for the effective management of disasters and for matters connected therewith or incidental thereto.

BE it enacted by Parliament in the Fifty-sixth Year of the Republic of India as follows:—

CHAPTER I

PRELIMINARY

1. Short title, extent and commencement.—(*1*) This Act may be called the Disaster Management Act, 2005.

(*2*) It extends to the whole of India.

(*3*) It shall come into force on such date[1] as the Central Government may, by notification in the Official Gazette appoint; and different dates* may be appointed for different provisions of this Act and for different States, and any reference to commencement in any provision of this Act in relation to any State shall be construed as a reference to the commencement of that provision in that State.

2. Definitions.—In this Act, unless the context otherwise requires,—

(*a*) "affected area" means an area or part of the country affected by a disaster;

(*b*) "capacity-building" includes—

(*i*) identification of existing resources and resources to be acquired or created;

(*ii*) acquiring or creating resources identified under sub-clause (*i*);

(*iii*) organisation and training of personnel and coordination of such training for effective management of disasters;

(*c*) "Central Government" means the Ministry or Department of the Government of India having administrative control of disaster management;

(*d*) "disaster" means a catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man made causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of, environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area;

(*e*) "disaster management" means a continuous and integrated process of planning, organising, coordinating and implementing measures which are necessary or expedient for—

(*i*) prevention of danger or threat of any disaster;

(*ii*) mitigation or reduction of risk of any disaster or its severity or consequences;

(*iii*) capacity-building;

(*iv*) preparedness to deal with any disaster;

(*v*) prompt response to any threatening disaster situation or disaster;

(*vi*) assessing the severity or magnitude of effects of any disaster;

---

1. 28th July, 2006 (ss. 2, 3, 4, 5, 6, 8, 10, 75, 77, 79), *vide* notification No. S.O. 1216(E), dated 28th July, 2006;

*1st August, 2007 [ss. 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 38, 39, 40, 41, 48, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, sub-sec. (2) of s. 70, 71, 72, 73, 74, 78, 79], *vide* notification No. S.O. 722(E), dated 7th May, 2007;

*17th March, 2008 (ss. 44, 45), *vide* notification No. 517(E), dated 17th March, 2008;

*18th October, 2011 (s. 46), *vide* notification No. S.O. 2397(E), dated 18th October, 2011, *see* Gazette of India, Extraordinary, Part II, sec. 3(*ii*).

(*vii*) evacuation, rescue and relief;

(*viii*) rehabilitation and reconstruction;

(*f*) "District Authority" means the District Disaster Management Authority constituted under sub-section (*1*) of section 25;

(*g*) "District Plan" means the plan for disaster management for the district prepared under section 31;

(*h*) "local authority" includes panchayati raj institutions, municipalities, a district board, cantonment board, town planning authority or Zila Parishad or any other body or authority, by whatever name called, for the time being invested by law, for rendering essential services or, with the control and management of civic services, within a specified local area;

(*i*) "mitigation" means measures aimed at reducing the risk, impact or effects of a disaster or threatening disaster situation;

(*j*) "National Authority" means the National Disaster Management Authority established under sub-section (*1*) of section 3;

(*k*) "National Executive Committee" means the Executive Committee of the National Authority constituted under sub-section (*1*) of section 8;

(*l*) "National Plan" means the plan for disaster management for the whole of the country prepared under section 11;

(*m*) "preparedness" means the state of readiness to deal with a threatening disaster situation or disaster and the effects thereof;

(*n*) "prescribed" means prescribed by rules made under this Act;

(*o*) "reconstruction" means construction or restoration of any property after a disaster;

(*p*) "resources" includes manpower, services, materials and provisions;

(*q*) "State Authority" means the State Disaster Management Authority established under sub-section (*1*) of section 14 and includes the Disaster Management Authority for the Union territory constituted under that section;

(*r*) "State Executive Committee" means the Executive Committee of a State Authority constituted under sub-section (*1*) of section 20;

(*s*) "State Government" means the Department of Government of the State having administrative control of disaster management and includes Administrator of the Union territory appointed by the President under article 239 of the Constitution;

(*t*) "State Plan" means the plan for disaster management for the whole of the State prepared under section 23.

CHAPTER II

THE NATIONAL DISASTER MANAGEMENT AUTHORITY

3. Establishment of National Disaster Management Authority.—(*1*) With effect from such date as the Central Government may, by notification in the Official Gazette appoint in this behalf, there shall be established for the purposes of this Act, an authority to be known as the National Disaster Management Authority.

(*2*) The National Authority shall consist of the Chairperson and such number of other members, not exceeding nine, as may be prescribed by the Central Government and, unless the rules otherwise provide, the National Authority shall consist of the following:—

(*a*) the Prime Minister of India, who shall be the Chairperson of the National Authority, *ex officio;*

(*b*) other members, not exceeding nine, to be nominated by the Chairperson of the National Authority.

(*3*) The Chairperson of the National Authority may designate one of the members nominated under clause (*b*) of sub-section (*2*) to be the Vice-Chairperson of the National Authority.

(*4*) The term of office and conditions of service of members of the National Authority shall be such as may be prescribed.

4. Meetings of National Authority.—(*1*) The National Authority shall meet as and when necessary and at such time and place as the Chairperson of the National Authority may think fit.

(*2*) The Chairperson of the National Authority shall preside over the meetings of the National Authority.

(*3*) If for any reason the Chairperson of the National Authority is unable to attend any meeting of the National Authority, the Vice-Chairperson of the National Authority shall preside over the meeting.

5. Appointment of officers and other employees of the National Authority.—The Central Government shall provide the National Authority with such officers, consultants and employees, as it considers necessary for carrying out the functions of the National Authority.

6. Powers and functions of National Authority.—(*1*) Subject to the provisions of this Act, the National Authority shall have the responsibility for laying down the policies, plans and guidelines for disaster management for ensuring timely and effective response to disaster.

(*2*) Without prejudice to generality of the provisions contained in sub-section (*1*), the National Authority may —

(*a*) lay down policies on disaster management;

(*b*) approve the National Plan;

(*c*) approve plans prepared by the Ministries or Departments of the Government of India in accordance with the National Plan;

(*d*) lay down guidelines to be followed by the State Authorities in drawing up the State Plan;

(*e*) lay down guidelines to be followed by the different Ministries or Departments of the Government of India for the purpose of integrating the measures for prevention of disaster or the mitigation of its effects in their development plans and projects;

(*f*) coordinate the enforcement and implementation of the policy and plan for disaster management;

(*g*) recommend provision of funds for the purpose of mitigation;

(*h*) provide such support to other countries affected by major disasters as may be determined by the Central Government;

(*i*) take such other measures for the prevention of disaster, or the mitigation, or preparedness and capacity building for dealing with the threatening disaster situation or disaster as it may consider necessary;

(*j*) lay down broad policies and guidelines for the functioning of the National Institute of Disaster Management.

(*3*) The Chairperson of the National Authority shall, in the case of emergency, have power to exercise all or any of the powers of the National Authority but exercise of such powers shall be subject to *ex post facto* ratification by the National Authority.

7. Constitution of advisory committee by National Authority.—(*1*) The National Authority may constitute an advisory committee consisting of experts in the field of disaster management and having practical experience of disaster management at the national, State or district level to make recommendations on different aspects of disaster management.

(*2*) The members of the advisory committee shall be paid such allowances as may be prescribed by the Central Government in consultation with the National Authority.

8. Constitution of National Executive Committee.—(*1*) The Central Government shall, immediately after issue of notification under sub-section (*1*) of section 3, constitute a National Executive Committee to assist the National Authority in the performance of its functions under this Act.

(*2*) The National Executive Committee shall consist of the following members, namely:—

(*a*) the Secretary to the Government of India in charge of the Ministry or Department of the Central Government having administrative control of the disaster management, who shall be Chairperson, *ex officio;*

(*b*) the Secretaries to the Government of India in the Ministries or Departments having administrative control of the agriculture, atomic energy, defence, drinking water supply, environment and forests, finance (expenditure), health, power, rural development, science and technology, space, telecommunication, urban development, water resources and the Chief of the Integrated Defence Staff of the Chiefs of Staff Committee, *ex officio*.

(*3*) The Chairperson of the National Executive Committee may invite any other officer of the Central Government or a State Government for taking part in any meeting of the National Executive Committee and shall exercise such powers and perform such functions as may be prescribed by the Central Government in consultation with the National Authority.

(*4*) The procedure to be followed by the National Executive Committee in exercise of its powers and discharge of its functions shall be such as may be prescribed by the Central Government.

9. Constitution of sub-committees.—(*1*) The National Executive Committee may, as and when it considers necessary, constitute one or more sub-committees, for the efficient discharge of its functions.

(*2*) The National Executive Committee shall, from amongst its members, appoint the Chairperson of the sub-committee referred to in sub-section (*1*).

(*3*) Any person associated as an expert with any sub-committee may be paid such allowances as may be prescribed by the Central Government.

10. Powers and functions of National Executive Committee.—(*1*) The National Executive Committee shall assist the National Authority in the discharge of its functions and have the responsibility for implementing the policies and plans of the National Authority and ensure the compliance of directions issued by the Central Government for the purpose of disaster management in the country.

(*2*) Without prejudice to the generality of the provisions contained in sub-section (*1*), the National Executive Committee may—

(*a*) act as the coordinating and monitoring body for disaster management;

(*b*) prepare the National Plan to be approved by the National Authority;

(*c*) coordinate and monitor the implementation of the National Policy;

(*d*) lay down guidelines for preparing disaster management plans by different Ministries or Departments of the Government of India and the State Authorities;

(*e*) provide necessary technical assistance to the State Governments and the State Authorities for preparing their disaster management plans in accordance with the guidelines laid down by the National Authority;

(*f*) monitor the implementation of the National Plan and the plans prepared by the Ministries or Departments of the Government of India;

(*g*) monitor the implementation of the guidelines laid down by the National Authority for integrating of measures for prevention of disasters and mitigation by the Ministries or Departments in their development plans and projects;

(*h*) monitor, coordinate and give directions regarding the mitigation and preparedness measures to be taken by different Ministries or Departments and agencies of the Government;

(*i*) evaluate the preparedness at all governmental levels for the purpose of responding to any threatening disaster situation or disaster and give directions, where necessary, for enhancing such preparedness;

(*j*) plan and coordinate specialised training programme for disaster management for different levels of officers, employees and voluntary rescue workers;

(*k*) coordinate response in the event of any threatening disaster situation or disaster;

(*l*) lay down guidelines for, or give directions to, the concerned Ministries or Departments of the Government of India, the State Governments and the State Authorities regarding measures to be taken by them in response to any threatening disaster situation or disaster;

(*m*) require any department or agency of the Government to make available to the National Authority or State Authorities such men or material resources as are available with it for the purposes of emergency response, rescue and relief;

(*n*) advise, assist and coordinate the activities of the Ministries or Departments of the Government of India, State Authorities, statutory bodies, other governmental or non-governmental organisations and others engaged in disaster management;

(*o*) provide necessary technical assistance or give advice to the State Authorities and District Authorities for carrying out their functions under this Act;

(*p*) promote general education and awareness in relation to disaster management; and

(*q*) perform such other functions as the National Authority may require it to perform.

11. National Plan.—(*1*) There shall be drawn up a plan for disaster management for the whole of the country to be called the National Plan.

(*2*) The National Plan shall be prepared by the National Executive Committee having regard to the National Policy and in consultation with the State Governments and expert bodies or organisations in the field of disaster management to be approved by the National Authority.

(*3*) The National Plan shall include—

(*a*) measures to be taken for the prevention of disasters, or the mitigation of their effects;

(*b*) measures to be taken for the integration of mitigation measures in the development plans;

(*c*) measures to be taken for preparedness and capacity building to effectively respond to any threatening disaster situations or disaster;

(*d*) roles and responsibilities of different Ministries or Departments of the Government of India in respect of measures specified in clauses (*a*), (*b*) and (*c*).

(*4*) The National Plan shall be reviewed and updated annually.

(*5*) Appropriate provisions shall be made by the Central Government for financing the measures to be carried out under the National Plan.

(*6*) Copies of the National Plan referred to in sub-sections (*2*) and (*4*) shall be made available to the Ministries or Departments of the Government of India and such Ministries or Departments shall draw up their own plans in accordance with the National Plan.

12. Guidelines for minimum standards of relief.—The National Authority shall recommend guidelines for the minimum standards of relief to be provided to persons affected by disaster, which shall include,—

(*i*) the minimum requirements to be provided in the relief camps in relation to shelter, food, drinking water, medical cover and sanitation;

(*ii*) the special provisions to be made for widows and orphans;

(*iii*) *ex gratia* assistance on account of loss of life as also assistance on account of damage to houses and for restoration of means of livelihood;

(*iv*) such other relief as may be necessary.

13. Relief in loan repayment, etc.—The National Authority may, in cases of disasters of severe magnitude, recommend relief in repayment of loans or for grant of fresh loans to the persons affected by disaster on such concessional terms as may be appropriate.

CHAPTER III

STATE DISASTER MANAGEMENT AUTHORITIES

14. Establishment of State Disaster Management Authority.—(*1*) Every State Government shall, as soon as may be after the issue of the notification under sub-section (*1*) of section 3, by notification in the Official Gazette, establish a State Disaster Management Authority for the State with such name as may be specified in the notification of the State Government.

(*2*) A State Authority shall consist of the Chairperson and such number of other members, not exceeding nine, as may be prescribed by the State Government and, unless the rules otherwise provide, the State Authority shall consist of the following members, namely:—

(*a*) the Chief Minister of the State, who shall be Chairperson, *ex officio*;

(*b*) other members, not exceeding eight, to be nominated by the Chairperson of the State Authority;

(*c*) the Chairperson of the State Executive Committee, *ex officio*.

(*3*) The Chairperson of the State Authority may designate one of the members nominated under clause (*b*) of sub-section (*2*) to be the Vice-Chairperson of the State Authority.

(*4*) The Chairperson of the State Executive Committee shall be the Chief Executive Officer of the State Authority, *ex officio*:

Provided that in the case of a Union territory having Legislative Assembly, except the Union territory of Delhi, the Chief Minister shall be the Chairperson of the Authority established under this section and in case of other Union territories, the Lieutenant Governor or the Administrator shall be the Chairperson of that Authority:

Provided further that the Lieutenant Governor of the Union territory of Delhi shall be the Chairperson and the Chief Minister thereof shall be the Vice-Chairperson of the State Authority.

(*5*) The term of office and conditions of service of members of the State Authority shall be such as may be prescribed.

15. Meetings of the State Authority.—(*1*) The State Authority shall meet as and when necessary and at such time and place as the Chairperson of the State Authority may think fit.

(*2*) The Chairperson of the State Authority shall preside over the meetings of the State Authority.

(*3*) If for any reason, the Chairperson of the State Authority is unable to attend the meeting of the State Authority, the Vice-Chairperson of the State Authority shall preside at the meeting.

16. Appointment of officers and other employees of State Authority.—The State Government shall provide the State Authority with such officers, consultants and employees, as it considers necessary, for carrying out the functions of the State Authority.

17. Constitution of advisory committee by the State Authority.—(*1*) A State Authority may, as and when it considers necessary, constitute an advisory committee, consisting of experts in the field of disaster management and having practical experience of disaster management to make recommendations on different aspects of disaster management.

(*2*) The members of the advisory committee shall be paid such allowances as may be prescribed by the State Government.

18. Powers and functions of State Authority.—(*1*) Subject to the provisions of this Act, a State Authority shall have the responsibility for laying down policies and plans for disaster management in the State.

(*2*) Without prejudice to the generality of provisions contained in sub-section (*1*), the State Authority may—

(*a*) lay down the State disaster management policy;

(*b*) approve the State Plan in accordance with the guidelines laid down by the National Authority;

(*c*) approve the disaster management plans prepared by the departments of the Government of the State;

(*d*) lay down guidelines to be followed by the departments of the Government of the State for the purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistance therefor;

(*e*) coordinate the implementation of the State Plan;

(*f*) recommend provision of funds for mitigation and preparedness measures;

(*g*) review the development plans of the different departments of the State and ensure that prevention and mitigation measures are integrated therein;

(*h*) review the measures being taken for mitigation, capacity building and preparedness by the departments of the Government of the State and issue such guidelines as may be necessary.

(*3*) The Chairperson of the State Authority shall, in the case of emergency, have power to exercise all or any of the powers of the State Authority but the exercise of such powers shall be subject to *ex post facto* ratification of the State Authority.

19. Guidelines for minimum standard of relief by State Authority.—The State Authority shall lay down detailed guidelines for providing standards of relief to persons affected by disaster in the State:

Provided that such standards shall in no case be less than the minimum standards in the guidelines laid down by the National Authority in this regard.

20. Constitution of State Executive Committee.—(*1*) The State Government shall, immediately after issue of notification under sub-section (*1*) of section 14, constitute a State Executive Committee to assist the State Authority in the performance of its functions and to coordinate action in accordance with the guidelines laid down by the State Authority and ensure the compliance of directions issued by the State Government under this Act.

(*2*) The State Executive Committee shall consist of the following members, namely:—

(*a*) the Chief Secretary to the State Government, who shall be Chairperson, *ex officio*;

(*b*) four Secretaries to the Government of the State of such departments as the State Government may think fit, *ex officio*.

(*3*) The Chairperson of the State Executive Committee shall exercise such powers and perform such functions as may be prescribed by the State Government and such other powers and functions as may be delegated to him by the State Authority.

(*4*) The procedure to be followed by the State Executive Committee in exercise of its powers and discharge of its functions shall be such as may be prescribed by the State Government.

21. Constitution of sub-committees by State Executive Committee.—(*1*) The State Executive Committee may, as and when it considers necessary, constitute one or more sub-committees, for efficient discharge of its functions.

(*2*) The State Executive Committee shall, from amongst its members, appoint the Chairperson of the sub-committee referred to in sub-section (*1*).

(*3*) Any person associated as an expert with any sub-committee may be paid such allowances as may be prescribed by the State Government.

22. Functions of the State Executive Committee.—(*1*) The State Executive Committee shall have the responsibility for implementing the National Plan and State Plan and act as the coordinating and monitoring body for management of disaster in the State.

(*2*) Without prejudice to the generality of the provisions of sub-section (*1*), the State Executive Committee may—

(*a*) coordinate and monitor the implementation of the National Policy, the National Plan and the State Plan;

(*b*) examine the vulnerability of different parts of the State to different forms of disasters and specify measures to be taken for their prevention or mitigation;

(*c*) lay down guidelines for preparation of disaster management plans by the departments of the Government of the State and the District Authorities;

(*d*) monitor the implementation of disaster management plans prepared by the departments of the Government of the State and District Authorities;

(*e*) monitor the implementation of the guidelines laid down by the State Authority for integrating of measures for prevention of disasters and mitigation by the departments in their development plans and projects;

(*f*) evaluate preparedness at all governmental or non-governmental levels to respond to any threatening disaster situation or disaster and give directions, where necessary, for enhancing such preparedness;

(*g*) coordinate response in the event of any threatening disaster situation or disaster;

(*h*) give directions to any Department of the Government of the State or any other authority or body in the State regarding actions to be taken in response to any threatening disaster situation or disaster;

(*i*) promote general education, awareness and community training in regard to the forms of disasters to which different parts of the State are vulnerable and the measures that may be taken by such community to prevent the disaster, mitigate and respond to such disaster;

(*j*) advise, assist and coordinate the activities of the Departments of the Government of the State, District Authorities, statutory bodies and other governmental and non-governmental organisations engaged in disaster management;

(*k*) provide necessary technical assistance or give advice to District Authorities and local authorities for carrying out their functions effectively;

(*l*) advise the State Government regarding all financial matters in relation to disaster management;

(*m*) examine the construction, in any local area in the State and, if it is of the opinion that the standards laid for such construction for the prevention of disaster is not being or has not been followed, may direct the District Authority or the local authority, as the case may be, to take such action as may be necessary to secure compliance of such standards;

(*n*) provide information to the National Authority relating to different aspects of disaster management;

(*o*) lay down, review and update State level response plans and guidelines and ensure that the district level plans are prepared, reviewed and updated;

(*p*) ensure that communication systems are in order and the disaster management drills are carried out periodically;

(*q*) perform such other functions as may be assigned to it by the State Authority or as it may consider necessary.

23. State Plan.—(*1*) There shall be a plan for disaster management for every State to be called the State Disaster Management Plan.

(*2*) The State Plan shall be prepared by the State Executive Committee having regard to the guidelines laid down by the National Authority and after such consultation with local authorities, district authorities and the people's representatives as the State Executive Committee may deem fit.

(*3*) The State Plan prepared by the State Executive Committee under sub-section (*2*) shall be approved by the State Authority.

(*4*) The State Plan shall include,—

(*a*) the vulnerability of different parts of the State to different forms of disasters;

(*b*) the measures to be adopted for prevention and mitigation of disasters;

(*c*) the manner in which the mitigation measures shall be integrated with the development plans and projects;

(*d*) the capacity-building and preparedness measures to be taken;

(*e*) the roles and responsibilities of each Department of the Government of the State in relation to the measures specified in clauses (*b*), (*c*) and (*d*) above;

(*f*) the roles and responsibilities of different Departments of the Government of the State in responding to any threatening disaster situation or disaster.

(*5*) The State Plan shall be reviewed and updated annually.

(*6*) Appropriate provisions shall be made by the State Government for financing for the measures to be carried out under the State Plan.

(*7*) Copies of the State Plan referred to in sub-sections (*2*) and (*5*) shall be made available to the Departments of the Government of the State and such Departments shall draw up their own plans in accordance with the State Plan.

24. Powers and functions of State Executive Committee in the event of threatening disaster situation.—For the purpose of, assisting and protecting the community affected by disaster or providing relief to such community or, preventing or combating disruption or dealing with the effects of any threatening disaster situation, the State Executive Committee may—

(*a*) control and restrict, vehicular traffic to, from or within, the vulnerable or affected area;

(*b*) control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area;

(*c*) remove debris, conduct search and carry out rescue operations;

(*d*) provide shelter, food, drinking water, essential provisions, healthcare and services in accordance with the standards laid down by the National Authority and State Authority;

(*e*) give direction to the concerned Department of the Government of the State, any District Authority or other authority, within the local limits of the State to take such measure or steps for rescue, evacuation or providing immediate relief saving lives or property, as may be necessary in its opinion;

(*f*) require any department of the Government of the State or any other body or authority or person in charge of any relevant resources to make available the resources for the purposes of emergency response, rescue and relief;

(*g*) require experts and consultants in the field of disasters to provide advice and assistance for rescue and relief;

(*h*) procure exclusive or preferential use of amenities from any authority or person as and when required;

(*i*) construct temporary bridges or other necessary structures and demolish unsafe structures which may be hazardous to public;

(*j*) ensure that non-governmental organisations carry out their activities in an equitable and non-discriminatory manner;

(*k*) disseminate information to public to deal with any threatening disaster situation or disaster;

(*l*) take such steps as the Central Government or the State Government may direct in this regard or take such other steps as are required or warranted by the form of any threatening disaster situation or disaster.

CHAPTER IV

DISTRICT DISASTER MANAGEMENT AUTHORITY

25. Constitution of District Disaster Management Authority.—(*1*) Every State Government shall, as soon as may be after issue of notification under sub-section (*1*) of section 14, by notification in the Official Gazette, establish a District Disaster Management Authority for every district in the State with such name as may be specified in that notification.

(*2*) The District Authority shall consist of the Chairperson and such number of other members, not exceeding seven, as may be prescribed by the State Government, and unless the rules otherwise provide, it shall consist of the following, namely:—

(*a*) the Collector or District Magistrate or Deputy Commissioner, as the case may be, of the district who shall be Chairperson, *ex officio*;

(*b*) the elected representative of the local authority who shall be the co-Chairperson, *ex officio*:

Provided that in the Tribal Areas, as referred to in the Sixth Schedule to the Constitution, the Chief Executive Member of the district council of autonomous district, shall be the co-Chairperson, *ex officio*;

(*c*) the Chief Executive Officer of the District Authority, *ex officio*;

(*d*) the Superintendent of Police, *ex officio*;

(*e*) the Chief Medical Officer of the district, *ex officio*;

(*f*) not exceeding two other district level officers, to be appointed by the State Government.

(*3*) In any district where zila parishad exists, the Chairperson thereof shall be the co-Chairperson of the District Authority.

(*4*) The State Government shall appoint an officer not below the rank of Additional Collector or Additional District Magistrate or Additional Deputy Commissioner, as the case may be, of the district to be the Chief Executive Officer of the District Authority to exercise such powers and perform such functions as may be prescribed by the State Government and such other powers and functions as may be delegated to him by the District Authority.

26. Powers of Chairperson of District Authority.—(*1*) The Chairperson of the District Authority shall, in addition to presiding over the meetings of the District Authority, exercise and discharge such powers and functions of the District Authority as the District Authority may delegate to him.

(*2*) The Chairperson of the District Authority shall, in the case of an emergency, have power to exercise all or any of the powers of the District Authority but the exercise of such powers shall be subject to *ex post facto* ratification of the District Authority.

(*3*) The District Authority or the Chairperson of the District Authority may, by general or special order, in writing, delegate such of its or his powers and functions, under sub-section (*1*) or (*2*), as the case may be, to the Chief Executive Officer of the District Authority, subject to such conditions and limitations, if any, as it or he deems fit.

27. Meetings.—The District Authority shall meet as and when necessary and at such time and place as the Chairperson may think fit.

28. Constitution of advisory committees and other committees.—(*1*) The District Authority may, as and when it considers necessary, constitute one or more advisory committees and other committees for the efficient discharge of its functions.

(*2*) The District Authority shall, from amongst its members, appoint the Chairperson of the Committee referred to in sub-section (*1*).

(*3*) Any person associated as an expert with any committee or sub-committee constituted under sub-section (*1*) may be paid such allowances as may be prescribed by the State Government.

29. Appointment of officers and other employees of District Authority.—The State Government shall provide the District Authority with such officers, consultants and other employees as it considers necessary for carrying out the functions of District Authority.

30. Powers and functions of District Authority.—(*1*) The District Authority shall act as the district planning, coordinating and implementing body for disaster management and take all measures for the purposes of disaster management in the district in accordance with the guidelines laid down by the National Authority and the State Authority.

(*2*) Without prejudice to the generality of the provisions of sub-section (*1*), the District Authority may—

(*i*) prepare a disaster management plan including district response plan for the district;

(*ii*) coordinate and monitor the implementation of the National Policy, State Policy, National Plan, State Plan and District Plan;

(*iii*) ensure that the areas in the district vulnerable to disasters are identified and measures for the prevention of disasters and the mitigation of its effects are undertaken by the departments of the Government at the district level as well as by the local authorities;

(*iv*) ensure that the guidelines for prevention of disasters, mitigation of its effects, preparedness and response measures as laid down by the National Authority and the State Authority are followed by all departments of the Government at the district level and the local authorities in the district;

(*v*) give directions to different authorities at the district level and local authorities to take such other measures for the prevention or mitigation of disasters as may be necessary;

(*vi*) lay down guidelines for prevention of disaster management plans by the department of the Government at the districts level and local authorities in the district;

(*vii*) monitor the implementation of disaster management plans prepared by the Departments of the Government at the district level;

(*viii*) lay down guidelines to be followed by the Departments of the Government at the district level for purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistance therefor;

(*ix*) monitor the implementation of measures referred to in clause (*viii*);

(*x*) review the state of capabilities for responding to any disaster or threatening disaster situation in the district and give directions to the relevant departments or authorities at the district level for their up gradation as may be necessary;

(*xi*) review the preparedness measures and give directions to the concerned departments at the district level or other concerned authorities where necessary for bringing the preparedness measures to the levels required for responding effectively to any disaster or threatening disaster situation;

(*xii*) organise and coordinate specialised training programmes for different levels of officers, employees and voluntary rescue workers in the district;

(*xiii*) facilitate community training and awareness programmes for prevention of disaster or mitigation with the support of local authorities, governmental and non-governmental organisations;

(*xiv*) set up, maintain, review and upgrade the mechanism for early warnings and dissemination of proper information to public;

(*xv*) prepare, review and update district level response plan and guidelines;

(*xvi*) coordinate response to any threatening disaster situation or disaster;

(*xvii*) ensure that the Departments of the Government at the district level and the local authorities prepare their response plans in accordance with the district response plan;

(*xviii*) lay down guidelines for, or give direction to, the concerned Department of the Government at the district level or any other authorities within the local limits of the district to take measures to respond effectively to any threatening disaster situation or disaster;

(*xix*) advise, assist and coordinate the activities of the Departments of the Government at the district level, statutory bodies and other governmental and non-governmental organisations in the district engaged in the disaster management;

(*xx*) coordinate with, and give guidelines to, local authorities in the district to ensure that measures for the prevention or mitigation of threatening disaster situation or disaster in the district are carried out promptly and effectively;

(*xxi*) provide necessary technical assistance or give advise to the local authorities in the district for carrying out their functions;

(*xxii*) review development plans prepared by the Departments of the Government at the district level, statutory authorities or local authorities with a view to make necessary provisions therein for prevention of disaster or mitigation;

(*xxiii*) examine the construction in any area in the district and, if it is of the opinion that the standards for the prevention of disaster or mitigation laid down for such construction is not being or has not been followed, may direct the concerned authority to take such action as may be necessary to secure compliance of such standards;

(*xxiv*) identify buildings and places which could, in the event of any threatening disaster situation or disaster, be used as relief centers or camps and make arrangements for water supply and sanitation in such buildings or places;

(*xxv*) establish stockpiles of relief and rescue materials or ensure preparedness to make such materials available at a short notice;

(*xxvi*) provide information to the State Authority relating to different aspects of disaster management;

(*xxvii*) encourage the involvement of non-governmental organisations and voluntary social-welfare institutions working at the grassroots level in the district for disaster management;

(*xxviii*) ensure communication systems are in order, and disaster management drills are carried out periodically;

(*xxix*) perform such other functions as the State Government or State Authority may assign to it or as it deems necessary for disaster management in the District.

31. District Plan.—(*1*) There shall be a plan for disaster management for every district of the State.

(*2*) The District Plan shall be prepared by the District Authority, after consultation with the local authorities and having regard to the National Plan and the State Plan, to be approved by the State Authority.

(*3*) The District Plan shall include—

(*a*) the areas in the district vulnerable to different forms of disasters;

(*b*) the measures to be taken, for prevention and mitigation of disaster, by the Departments of the Government at the district level and local authorities in the district;

(*c*) the capacity-building and preparedness measures required to be taken by the Departments of the Government at the district level and the local authorities in the district to respond to any threatening disaster situation or disaster;

(*d*) the response plans and procedures, in the event of a disaster, providing for—

(*i*) allocation of responsibilities to the Departments of the Government at the district level and the local authorities in the district;

(*ii*) prompt response to disaster and relief thereof;

(*iii*) procurement of essential resources;

(*iv*) establishment of communication links; and

(*v*) the dissemination of information to the public;

(*e*) such other matters as may be required by the State Authority.

(*4*) The District Plan shall be reviewed and updated annually.

(*5*) The copies of the District Plan referred to in sub-sections (*2*) and (*4*) shall be made available to the Departments of the Government in the district.

(*6*) The District Authority shall send a copy of the District Plan to the State Authority which shall forward it to the State Government.

(*7*) The District Authority shall, review from time to time, the implementation of the Plan and issue such instructions to different departments of the Government in the district as it may deem necessary for the implementation thereof.

32. Plans by different authorities at district level and their implementation.—Every office of the Government of India and of the State Government at the district level and the local authorities shall, subject to the supervision of the District Authority,—

(*a*) prepare a disaster management plan setting out the following, namely:—

(*i*) provisions for prevention and mitigation measures as provided for in the District Plan and as is assigned to the department or agency concerned;

(*ii*) provisions for taking measures relating to capacity-building and preparedness as laid down in the District Plan;

(*iii*) the response plans and procedures, in the event of, any threatening disaster situation or disaster;

(*b*) coordinate the preparation and the implementation of its plan with those of the other organisations at the district level including local authority, communities and other stakeholders;

(*c*) regularly review and update the plan; and

(*d*) submit a copy of its disaster management plan, and of any amendment thereto, to the District Authority.

33. Requisition by the District Authority.—The District Authority may by order require any officer or any Department at the district level or any local authority to take such measures for the prevention or mitigation of disaster, or to effectively respond to it, as may be necessary, and such officer or department shall be bound to carry out such order.

34. Powers and functions of District Authority in the event of any threatening disaster situation or disaster.—For the purpose of assisting, protecting or providing relief to the community, in response to any threatening disaster situation or disaster, the District Authority may—

(*a*) give directions for the release and use of resources available with any Department of the Government and the local authority in the district;

(*b*) control and restrict vehicular traffic to, from and within, the vulnerable or affected area;

(*c*) control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area;

(*d*) remove debris, conduct search and carry out rescue operations;

(*e*) provide shelter, food, drinking water and essential provisions, healthcare and services;

(*f*) establish emergency communication systems in the affected area;

(*g*) make arrangements for the disposal of the unclaimed dead bodies;

(*h*) recommend to any Department of the Government of the State or any authority or body under that Government at the district level to take such measures as are necessary in its opinion;

(*i*) require experts and consultants in the relevant fields to advise and assist as it may deem necessary;

(*j*) procure exclusive or preferential use of amenities from any authority or person;

(*k*) construct temporary bridges or other necessary structures and demolish structures which may be hazardous to public or aggravate the effects of the disaster;

(*l*) ensure that the non-governmental organisations carry out their activities in an equitable and non-discriminatory manner;

(*m*) take such other steps as may be required or warranted to be taken in such a situation.

CHAPTER V

MEASURES BY THE GOVERNMENT FOR DISASTER MANAGEMENT

35. Central Government to take measures.—(*1*) Subject to the provisions of this Act, the Central Government shall take all such measures as it deems necessary or expedient for the purpose of disaster management.

(*2*) In particular and without prejudice to the generality of the provisions of sub-section (*1*), the measures which the Central Government may take under that sub-section include measures with respect to all or any of the following matters, namely:—

(*a*) coordination of actions of the Ministries or Departments of the Government of India, State Governments, National Authority, State Authorities, governmental and non-governmental organisations in relation to disaster management;

(*b*) ensure the integration of measures for prevention of disasters and mitigation by Ministries or Departments of the Government of India into their development plans and projects;

(*c*) ensure appropriate allocation of funds for prevention of disaster, mitigation, capacity-building and preparedness by the Ministries or Departments of the Government of India;

(*d*) ensure that the Ministries or Departments of the Government of India take necessary measures for preparedness to promptly and effectively respond to any threatening disaster situation or disaster;

(*e*) cooperation and assistance to State Governments, as requested by them or otherwise deemed appropriate by it;

(*f*) deployment of naval, military and air forces, other armed forces of the Union or any other civilian personnel as may be required for the purposes of this Act;

(*g*) coordination with the United Nations agencies, international organisations and governments of foreign countries for the purposes of this Act;

(*h*) establish institutions for research, training, and developmental programmes in the field of disaster management;

(*i*) such other matters as it deems necessary or expedient for the purpose of securing effective implementation of the provisions of this Act.

(*3*) The Central Government may extend such support to other countries affected by major disaster as it may deem appropriate.

36. Responsibilities of Ministries or Departments of Government of India.—It shall be the responsibility of every Ministry or Department of the Government of India to—

(*a*) take measures necessary for prevention of disasters, mitigation, preparedness and capacity-building in accordance with the guidelines laid down by the National Authority;

(*b*) integrate into its development plans and projects, the measures for prevention or mitigation of disasters in accordance with the guidelines laid down by the National Authority;

(*c*) respond effectively and promptly to any threatening disaster situation or disaster in accordance with the guidelines of the National Authority or the directions of the National Executive Committee in this behalf;

(*d*) review the enactments administered by it, its policies, rules and regulations, with a view to incorporate therein the provisions necessary for prevention of disasters, mitigation or preparedness;

(*e*) allocate funds for measures for prevention of disaster, mitigation, capacity-building and preparedness;

(*f*) provide assistance to the National Authority and State Governments for—

(*i*) drawing up mitigation, preparedness and response plans, capacity-building, data collection and identification and training of personnel in relation to disaster management;

(*ii*) carrying out rescue and relief operations in the affected area;

(*iii*) assessing the damage from any disaster;

(*iv*) carrying out rehabilitation and reconstruction;

(*g*) make available its resources to the National Executive Committee or a State Executive Committee for the purposes of responding promptly and effectively to any threatening disaster situation or disaster, including measures for—

(*i*) providing emergency communication in a vulnerable or affected area;

(*ii*) transporting personnel and relief goods to and from the affected area;

(*iii*) providing evacuation, rescue, temporary shelter or other immediate relief;

(*iv*) setting up temporary bridges, jetties and landing places;

(*v*) providing, drinking water, essential provisions, healthcare, and services in an affected area;

(*h*) take such other actions as it may consider necessary for disaster management.

37. Disaster management plans of Ministries or Departments of Government of India.—(*1*) Every Ministry or Department of the Government of India shall—

(*a*) prepare a disaster management plan specifying the following particulars, namely:—

(*i*) the measures to be taken by it for prevention and mitigation of disasters in accordance with the National Plan;

(*ii*) the specifications regarding integration of mitigation measures in its development plans in accordance with the guidelines of the National Authority and the National Executive Committee;

(*iii*) its roles and responsibilities in relation to preparedness and capacity-building to deal with any threatening disaster situation or disaster;

(*iv*) its roles and responsibilities in regard to promptly and effectively responding to any threatening disaster situation or disaster;

(*v*) the present status of its preparedness to perform the roles and responsibilities specified in sub-clauses (*iii*) and (*iv*);

(*vi*) the measures required to be taken in order to enable it to perform its responsibilities specified in sub-clauses (*iii*) and (*iv*);

(*b*) review and update annually the plan referred to in clause (*a*);

(*c*) forward a copy of the plan referred to in clause (*a*) or clause (*b*), as the case may be, to the Central Government which Government shall forward a copy thereof to the National Authority for its approval.

(*2*) Every Ministry or Department of the Government of India shall—

(*a*) make, while preparing disaster management plan under clause (*a*) of sub-section (*1*), provisions for financing the activities specified therein;

(*b*) furnish a status report regarding the implementation of the plan referred to in clause (*a*) of sub-section (*1*) to the National Authority, as and when required by it.

38. State Government to take measures.—(*1*) Subject to the provisions of this Act, each State Government shall take all measures specified in the guidelines laid down by the National Authority and such further measures as it deems necessary or expedient, for the purpose of disaster management.

(*2*) The measures which the State Government may take under sub-section (*1*) include measures with respect to all or any of the following matters, namely:—

(*a*) coordination of actions of different departments of the Government of the State, the State Authority, District Authorities, local authority and other non-governmental organisations;

(*b*) cooperation and assistance in the disaster management to the National Authority and National Executive Committee, the State Authority and the State Executive Committee, and the District Authorities;

(*c*) cooperation with, and assistance to, the Ministries or Departments of the Government of India in disaster management, as requested by them or otherwise deemed appropriate by it;

(*d*) allocation of funds for measures for prevention of disaster, mitigation, capacity-building and preparedness by the departments of the Government of the State in accordance with the provisions of the State Plan and the District Plans;

(*e*) ensure that the integration of measures for prevention of disaster or mitigation by the departments of the Government of the State in their development plans and projects;

(*f*) integrate in the State development plan, measures to reduce or mitigate the vulnerability of different parts of the State to different disasters;

(*g*) ensure the preparation of disaster management plans by different departments of the State in accordance with the guidelines laid down by the National Authority and the State Authority;

(*h*) establishment of adequate warning systems up to the level of vulnerable communities;

(*i*) ensure that different departments of the Government of the State and the District Authorities take appropriate preparedness measures;

(*j*) ensure that in a threatening disaster situation or disaster, the resources of different departments of the Government of the State are made available to the National Executive Committee or the State Executive Committee or the District Authorities, as the case may be, for the purposes of effective response, rescue and relief in any threatening disaster situation or disaster;

(*k*) provide rehabilitation and reconstruction assistance to the victims of any disaster; and

(*l*) such other matters as it deems necessary or expedient for the purpose of securing effective implementation of provisions of this Act.

39. Responsibilities of departments of the State Government.—It shall be the responsibility of every department of the Government of a State to—

(*a*) take measures necessary for prevention of disasters, mitigation, preparedness and capacity-building in accordance with the guidelines laid down by the National Authority and the State Authority;

(*b*) integrate into its development plans and projects, the measures for prevention of disaster and mitigation;

(*c*) allocate funds for prevention of disaster, mitigation, capacity-building and preparedness;

(*d*) respond effectively and promptly to any threatening disaster situation or disaster in accordance with the State Plan, and in accordance with the guidelines or directions of the National Executive Committee and the State Executive Committee;

(*e*) review the enactments administered by it, its policies, rules and regulations with a view to incorporate therein the provisions necessary for prevention of disasters, mitigation or preparedness;

(*f*) provide assistance, as required, by the National Executive Committee, the State Executive Committee and District Authorities, for—

(*i*) drawing up mitigation, preparedness and response plans, capacity-building, data collection and identification and training of personnel in relation to disaster management;

(*ii*) assessing the damage from any disaster;

(*iii*) carrying out rehabilitation and reconstruction;

(*g*) make provision for resources in consultation with the State Authority for the implementation of the District Plan by its authorities at the district level;

(*h*) make available its resources to the National Executive Committee or the State Executive Committee or the District Authorities for the purposes of responding promptly and effectively to any disaster in the State, including measures for—

(*i*) providing emergency communication with a vulnerable or affected area;

(*ii*) transporting personnel and relief goods to and from the affected area;

(*iii*) providing evacuation, rescue, temporary shelter or other immediate relief;

(*iv*) carrying out evacuation of persons or live-stock from an area of any threatening disaster situation or disaster;

(*v*) setting up temporary bridges, jetties and landing places;

(*vi*)providing drinking water, essential provisions, healthcare and services in an affected area;

(*i*) such other actions as may be necessary for disaster management.

40. Disaster management plan of departments of State.—(*1*) Every department of the State Government, in conformity with the guidelines laid down by the State Authority, shall—

(*a*) prepare a disaster management plan which shall lay down the following :—

(*i*) the types of disasters to which different parts of the State are vulnerable;

(*ii*) integration of strategies for the prevention of disaster or the mitigation of its effects or both with the development plans and programmes by the department;

(*iii*) the roles and responsibilities of the department of the State in the event of any threatening disaster situation or disaster and emergency support function it is required to perform;

(*iv*) present status of its preparedness to perform such roles or responsibilities or emergency support function under sub-clause (*iii*);

(*v*) the capacity-building and preparedness measures proposed to be put into effect in order to enable the Ministries or Departments of the Government of India to discharge their responsibilities under section 37;

(*b*) annually review and update the plan referred to in clause (*a*); and

(*c*) furnish a copy of the plan referred to in clause (*a*) or clause (*b*), as the case may be, to the State Authority.

(*2*) Every department of the State Government, while preparing the plan under sub-section (*1*), shall make provisions for financing the activities specified therein.

(*3*) Every department of the State Government shall furnish an implementation status report to the State Executive Committee regarding the implementation of the disaster management plan referred to in sub-section (*1*).

CHAPTER VI

LOCAL AUTHORITIES

41. Functions of the local authority.—(*1*) Subject to the directions of the District Authority, a local authority shall—

(*a*) ensure that its officers and employees are trained for disaster management;

(*b*) ensure that resources relating to disaster management are so maintained as to be readily available for use in the event of any threatening disaster situation or disaster;

(*c*) ensure all construction projects under it or within its jurisdiction conform to the standards and specifications laid down for prevention of disasters and mitigation by the National Authority, State Authority and the District Authority;

(*d*) carry out relief, rehabilitation and reconstruction activities in the affected area in accordance with the State Plan and the District Plan.

(*2*) The local authority may take such other measures as may be necessary for the disaster management.

CHAPTER VII

NATIONAL INSTITUTEOF DISASTER MANAGEMENT

42. National Institute of Disaster Management.—(*1*) With effect from such date as the Central Government may, by notification in the Official Gazette appoint in this behalf, there shall be constituted an institute to be called the National Institute of Disaster Management.

(*2*) The National Institute of Disaster Management shall consist of such number of members as may be prescribed by the Central Government.

(*3*) The term of office of, and vacancies among, members of the National Institute of Disaster Management and manner of filling such vacancies shall be such as may be prescribed.

(*4*) There shall be a governing body of the National Institute of Disaster Management which shall be constituted by the Central Government from amongst the members of the National Institute of Disaster Management in such manner as may be prescribed.

(*5*) The governing body of the National Institute of Disaster Management shall exercise such powers and discharge such functions as may be prescribed by regulations.

(*6*) The procedure to be followed in exercise of its powers and discharge of its functions by the governing body, and the term of office of, and the manner of filling vacancies among the members of the governing body, shall be such as may be prescribed by regulations.

(*7*) Until the regulations are made under this section, the Central Government may make such regulations; and any regulation so made may be altered or rescinded by the National Institute of Disaster Management in exercise of its powers.

(*8*) Subject to the provisions of this Act, the National Institute of Disaster Management shall function within the broad policies and guidelines laid down by the National Authority and be responsible for planning and promoting training and research in the area of disaster management, documentation and development of national level information base relating to disaster management policies, prevention mechanisms and mitigation measures.

(*9*) Without prejudice to the generality of the provisions contained in sub-section (*8*), the National Institute, for the discharge of its functions, may—

(*a*) develop training modules, undertake research and documentation in disaster management and organise training programmes;

(*b*) formulate and implement a comprehensive human resource development plan covering all aspects of disaster management;

(*c*) provide assistance in national level policy formulation;

(*d*) provide required assistance to the training and research institutes for development of training and research programmes for stakeholders including Government functionaries and undertake training of faculty members of the State level training institutes;

(*e*) provide assistance to the State Governments and State training institutes in the formulation of State level policies, strategies, disaster management framework and any other assistance as may be required by the State Governments or State training institutes for capacity-building of stakeholders, Government including its functionaries, civil society members, corporate sector and people's elected representatives;

(*f*) develop educational materials for disaster management including academic and professional courses;

(*g*) promote awareness among stakeholders including college or school teachers and students, technical personnel and others associated with multi-hazard mitigation, preparedness and response measures;

(*h*) undertake, Organise and facilitate study courses, conferences, lectures, seminars within and outside the country to promote the aforesaid objects;

(*i*) undertake and provide for publication of journals, research papers and books and establish and maintain libraries in furtherance of the aforesaid objects;

(*j*) do all such other lawful things as are conducive or incidental to the attainment of the above objects; and

(*k*) undertake any other function as may be assigned to it by the Central Government.

43. Officers and other employees of the National Institute.—The Central Government shall provide the National Institute of Disaster Management with such officers, consultants and other employees, as it considers necessary, for carrying out its functions.

CHAPTER VIII

NATIONAL DISASTER RESPONSE FORCE

44. National Disaster Response Force.—(*1*) There shall be constituted a National Disaster Response Force for the purpose of specialist response to a threatening disaster situation or disaster.

(*2*) Subject to the provisions of this Act, the Force shall be constituted in such manner and, the conditions of service of the members of the Force, including disciplinary provisions therefore, be such as may be prescribed.

45. Control, direction, etc.—The general superintendence, direction and control of the Force shall be vested and exercised by the National Authority and the command and supervision of the Force shall vest in an officer to be appointed by the Central Government as the Director General of the National Disaster Response Force.

CHAPTER IX

FINANCE, ACCOUNTS AND AUDIT

46. National Disaster Response Fund.—(*1*) The Central Government may, by notification in the Official Gazette, constitute a fund to be called the National Disaster Response Fund for meeting any threatening disaster situation or disaster and there shall be credited thereto—

(*a*) an amount which the Central Government may, after due appropriation made by Parliament by law in this behalf provide;

(*b*) any grants that may be made by any person or institution for the purpose of disaster management.

(*2*) The National Disaster Response Fund shall be made available to the National Executive Committee to be applied towards meeting the expenses for emergency response, relief and rehabilitation in accordance with the guidelines laid down by the Central Government in consultation with the National Authority.

47. National Disaster Mitigation Fund.—(*1*) The Central Government may, by notification in the Official Gazette, constitute a Fund to be called the National Disaster Mitigation Fund for projects exclusively for the purpose of mitigation and there shall be credited thereto such amount which the Central Government may, after due appropriation made by Parliament by law in this behalf, provide.

(*2*) The National Disaster Mitigation Fund shall be applied by the National Authority.

48. Establishment of funds by State Government.—(*1*) The State Government shall, immediately after notifications issued for constituting the State Authority and the District Authorities, establish for the purposes of this Act the following funds, namely:—

(*a*) the fund to be called the State Disaster Response Fund;

(*b*) the fund to be called the District Disaster Response Fund;

(*c*) the fund to be called the State Disaster Mitigation Fund;

(*d*) the fund to be called the District Disaster Mitigation Fund.

(*2*) The State Government shall ensure that the funds established—

(*i*) under clause (*a*) of sub-section *(1)* is available to the State Executive Committee;

(*ii*) under sub-clause (*c*) of sub-section (*1*) is available to the State Authority;

(*iii*) under clauses (*b*) and (*d*) of sub-section (*1*) are available to the District Authority.

49. Allocation of funds by Ministries and Departments.—(*1*) Every Ministry or Department of the Government of India shall make provisions, in its annual budget, for funds for the purposes of carrying out the activities and programmes set out in its disaster management plan.

(*2*) The provisions of sub-section (*1*) shall, *mutatis mutandis*, apply to departments of the Government of the State.

50. Emergency procurement and accounting.—Where by reason of any threatening disaster situation or disaster, the National Authority or the State Authority or the District Authority is satisfied that immediate procurement of provisions or materials or the immediate application of resources are necessary for rescue or relief,—

(*a*) it may authorise the concerned department or authority to make the emergency procurement and in such case, the standard procedure requiring inviting of tenders shall be deemed to be waived;

(*b*) a certificate about utilisation of provisions or materials by the controlling officer authorised by the National Authority, State Authority or District Authority, as the case may be, shall be deemed to be a valid document or voucher for the purpose of accounting of emergency, procurement of such provisions or materials.

CHAPTER X

OFFENCES AND PENALTIES

51. Punishment for obstruction, etc.—Whoever, without reasonable cause—

(*a*) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or

(*b*) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,

shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.

52. Punishment for false claim.—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

53. Punishment for misappropriation of money or materials, etc.—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

55. Offences by Departments of the Government.—(*1*) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(*2*) Notwithstanding anything contained in sub-section (*1*), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.

57. Penalty for contravention of any order regarding requisitioning.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.

58. Offence by companies.—(*1*) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company,

shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly:

Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence.

(*2*) Notwithstanding anything contained in sub-section (*1*), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section—

(*a*) "company" means any body corporate and includes a firm or other association of individuals; and

(*b*) "director", in relation to a firm, means a partner in the firm.

59. Previous sanction for prosecution.—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

60. Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by—

(*a*) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or

(*b*) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

CHAPTER XI

MISCELLANEOUS

61. Prohibition against discrimination.—While providing compensation and relief to the victims of disaster, there shall be no discrimination on the ground of sex, caste, community, descent or religion.

62. Power to issue direction by Central Government.—Notwithstanding anything contained in any other law for the time being in force, it shall be lawful for the Central Government to issue direction in writing to the Ministries or Departments of the Government of India, or the National Executive Committee or the State Government, State Authority, State Executive Committee, statutory bodies or any of its officers or employees, as the case may be, to facilitate or assist in the disaster management and such Ministry or Department or Government or Authority, Executive Committee, statutory body, officer or employee shall be bound to comply with such direction.

63. Powers to be made available for rescue operations.—Any officer or authority of the Union or a State, when requested by the National Executive Committee, any State Executive Committee or District Authority or any person authorised by such Committee or Authority in this behalf, shall make available to that Committee or authority or person, such officers and employees as requested for, to perform any of the functions in connection with the prevention of disaster or mitigation or rescue or relief work.

64. Making or amending rules, etc., in certain circumstances.—Subject to the provisions of this Act, if it appears to the National Executive Committee, State Executive Committee or the District Authority, as the case may be, that provisions of any rule, regulation, notification, guideline, instruction, order, scheme or bye-laws, as the case may be, are required to be made or amended for the purposes of prevention of disasters or the mitigation thereof, it may require the amendment of such rules, regulation,

notification, guidelines, instruction, order, scheme or bye-laws, as the case may be, for that purpose, and the appropriate department or authority shall take necessary action to comply with the requirements.

65. Power of requisition of resources, provisions, vehicles, etc., for rescue operations, etc.—(*1*) If it appears to the National Executive Committee, State Executive Committee or District Authority or any officer as may be authorised by it in this behalf that—

(*a*) any resources with any authority or person are needed for the purpose of prompt response;

(*b*) any premises are needed or likely to be needed for the purpose of rescue operations; or

(*c*) any vehicle is needed or is likely to be needed for the purposes of transport of resources from disaster affected areas or transport of resources to the affected area or transport in connection with rescue, rehabilitation or reconstruction,

such authority may, by order in writing, requisition such resources or premises or such vehicle, as the case may be, and may make such further orders as may appear to it to be necessary or expedient in connection with the requisitioning.

(*2*) Whenever any resource, premises or vehicle is requisitioned under sub-section (*1*), the period of such requisition shall not extend beyond the period for which such resource, premises or vehicle is required for any of the purposes mentioned in that sub-section.

(*3*) In this section,—

(*a*) "resources" includes men and material resources;

(*b*) "services" includes facilities;

(*c*) "premises" means any land, building or part of a building and includes a hut, shed or other structure or any part thereof;

(*d*) "vehicle" means any vehicle used or capable of being used for the purpose of transport, whether propelled by mechanical power or otherwise.

66. Payment of compensation.— (*1*) Whenever any Committee, Authority or officer referred to in sub-section (*1*) of section 65, in pursuance of that section requisitions any premises, there shall be paid to the persons interested compensation the amount of which shall be determined by taking into consideration the following, namely:—

(*i*) the rent payable in respect of the premises, or if no rent is so payable, the rent payable for similar premises in the locality;

(*ii*) if as consequence of the requisition of the premises the person interested is compelled to change his residence or place of business, the reasonable expenses (if any) incidental to such change:

Provided that where any person interested being aggrieved by the amount of compensation so determined makes an application within the thirty days to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where there is any dispute as to the title to receive the compensation or as to the apportionment of the amount of compensation, it shall be referred by the Central Government or the State Government, as the case may be, to an arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, for determination, and shall be determined in accordance with the decision of such arbitrator.

Explanation.—In this sub-section, the expression "person interested" means the person who was in actual possession of the premises requisitioned under section 65 immediately before the requisition, or where no person was in such actual possession, the owner of such premises.

(*2*) Whenever any Committee, Authority or officer, referred to in sub-section (*1*) of section 65 in pursuance of that section requisitions any vehicle, there shall be paid to the owner thereof compensation the mount of which shall be determined by the Central Government or the State Government, as the case may be, on the basis of the fares or rates prevailing in the locality for the hire of such vehicle:

Provided that where the owner of such vehicle being aggrieved by the amount of compensation so determined makes an application within the prescribed time to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where immediately before the requisitioning the vehicle or vessel was by virtue of a hire purchase agreement in the possession of a person other than the owner, the amount determined under this sub-section as the total compensation payable in respect of the requisition shall be apportioned between that person and the owner in such manner as they may agree upon, and in default of agreement, in such manner as an arbitrator appointed by the Central Government or the State Government, as the case may be, in this behalf may decide.

67. Direction to media for communication of warnings, etc.—The National Authority, the State Authority, or a District Authority may recommend to the Government to give direction to any authority or person in control of any audio or audio-visual media or such other means of communication as may be available to carry any warning or advisories regarding any threatening disaster situation or disaster, and the said means of communication and media as designated shall comply with such direction.

68. Authentication of orders or decisions.—Every order or decision of the National Authority or the National Executive Committee, the State Authority, or the State Executive Committee or the District Authority, shall be authenticated by such officers of the National Authority or the National Executive Committee or, the State Executive Committee, or the District Authority, as may be authorised by it in this behalf.

69. Delegation of powers.—The National Executive Committee, State Executive Committee, as the case may be, by general or special order in writing, may delegate to the Chairperson or any other member or to any officer, subject to such conditions and limitations, if any, as may be specified in the order, such of its powers and functions under this Act as it may deem necessary.

70. Annual report.—(*1*) The National Authority shall prepare once every year, in such form and at such time as may be prescribed, an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the Central Government and that Government shall cause the same to be laid before both Houses of Parliament within one month of its receipt.

(*2*) The State Authority shall prepare once in every year, in such form and at such time as may be prescribed, an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the State Government and that Government shall cause the same to be laid before each House of the State Legislature where it consists of two Houses, or where such Legislature consists of one House, before that House.

71. Bar of jurisdiction of court.—No court (except the Supreme Court or a High Court) shall have jurisdiction to entertain any suit or proceeding in respect of anything done, action taken, orders made, direction, instruction or guidelines issued by the Central Government, National Authority, State Government, State Authority or District Authority in pursuance of any power conferred by, or in relation to its functions, by this Act.

72. Act to have overriding effect.—The provisions of this Act, shall have effect, notwithstanding anything inconsistent therewith contained in any other law for the time being in force or in any instrument having effect by virtue of any law other than this Act.

73. Action taken in good faith.—No suit or prosecution or other proceeding shall lie in any court against the Central Government or the National Authority or the State Government or the State Authority or the District Authority or local authority or any officer or employee of the Central Government or the National Authority or the State Government or the State Authority or the District Authority or local authority or any person working for on behalf of such Government or authority in respect of any work done or purported to have been done or intended to be done in good faith by such authority or Government or such officer or employee or such person under the provisions of this Act or the rules or regulations made thereunder.

74. Immunity from legal process.—Officers and employees of the Central Government, National Authority, National Executive Committee, State Government, State Authority, State Executive Committee or District Authority shall be immune from legal process in regard to any warning in respect of any impending disaster communicated or disseminated by them in their official capacity or any action taken or direction issued by them in pursuance of such communication or dissemination.

75. Power of Central Government to make rules.—(*1*) The Central Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

(*a*) the composition and number of the members of the National Authority under sub-section (*2*), and the term of office and conditions of service of members of the National Authority under sub-section (*4*), of section 3;

(*b*) the allowances to be paid to the members of the advisory committee under sub-section (*2*) of section 7;

(*c*) the powers and functions of the Chairperson of the National Executive Committee under sub-section (*3*) of section 8 and the procedure to be followed by the National Executive Committee in exercise of its powers and discharge of its functions under sub-section (*4*) of section 8;

(*d*) allowances to be paid to the persons associated with the sub-committee constituted by the National Executive Committee under sub-section (*3*) of section 9;

(*e*) the number of members of the National Institute of Disaster Management under sub-section (*2*), the term of the office and vacancies among members and the manner of filling such vacancies under sub-section (*3*) and the manner of constituting the Governing Body of the National Institute of Disaster Management under sub-section (*4*) of section 42;

(*f*) the manner of constitution of the Force, the conditions of service of the members of the Force, including disciplinary provisions under sub-section (*2*) of section 44;

(*g*) the manner in which notice of the offence and of the intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government or the other authority or officer under clause (*b*) of section 60;

(*h*) the form in which and the time within which annual report is to be prepared under section 70;

(*i*) any other matter which is to be, or may be, prescribed, or in respect of which provision is to be made by rules.

76. Power to make regulations.—(*1*) The National Institute of Disaster Management, with the previous approval of the Central Government may, by notification in the Official Gazette, make regulations consistent with this Act and the rules made thereunder to carry out the purposes of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:—

(*a*) powers and functions to be exercised and discharged by the governing body;

(*b*) procedure to be followed by the governing body in exercise of the powers and discharge of its functions;

(*c*) any other matter for which under this Act provision may be made by the regulations.

77. Rules and regulations to be laid before Parliament.—Every rule made by the Central Government and every regulation made by the National Institute of Disaster Management under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised of one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or both Houses agree that the rule or regulation should not be made, the rule or regulation shall thereafter have effect only

in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation.

78. Power of State Government to make rules.—(*1*) The State Government may, by notification in the Official Gazette, make rules to carry out the provisions of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

(*a*) the composition and number of the members of the State Authority under sub-section (*2*), and the term of office and conditions of service of the members of the State Authority under sub-section (*5*), of section 14;

(*b*) the allowances to be paid to the members of the advisory committee under sub-section (*2*) of section 17;

(*c*) the powers and functions of the Chairperson of the State Executive Committee under sub-section (*3*), and the procedure to be followed by the State Executive Committee in exercise of its powers and discharge of its functions under sub-section (*4*) of section 20;

(*d*) allowances to be paid to the persons associated with the sub-committee constituted by the State Executive Committee under sub-section (*3*) of section 21;

(*e*) the composition and the number of members of the District Authority under sub-section (*2*), and the powers and functions to be exercised and discharged by the Chief Executive Officer of the District Authority under sub-section (*3*) of section 25;

(*f*) allowances payable to the persons associated with any committee constituted by the District Authority as experts under sub-section (*3*) of section 28;

(*g*) any other matter which is to be, or may be, prescribed, or in respect of which provision is to be made by rules.

(*3*) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before each House of the State Legislature where it consists of two Houses, or where such Legislature consists of one House before that House.

79. Power to remove difficulties.—(*1*) If any difficulty arises in giving effect to the provisions of this Act, the Central Government or the State Government, as the case may be, by notification in the Official Gazette, make order not inconsistent with the provisions of this Act as may appear to it to be necessary or expedient for the removal of the difficulty:

Provided that no such order shall be made after the expiration of two years from the commencement of this Act.

(*2*) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament or the Legislature, as the case may be.

NATIONAL MEDICAL COMMISSION

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR
THE INDIAN MEDICAL GRADUATE

Knows Knows how Shows Shows how Performs

Describe Observe Demonstrate
Enumerate Assist

Counsel Prescribe



Analyse Integrate

Guide Communicate

Correlate Interpret

Critique Collaborate

Online learning & Assessment Module 8

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge Skills Attitude Values Responsiveness Communication

Curriculum Implementation Support Program

Module on

Online

Learning and Assessment

2020

National Medical Commission
Pocket-14, Sector-8, Dwarka,
New Delhi 110 077

All rights reserved. No part of this publication/documents may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission from the National Medical Commission, except for the use in the Curriculum Implementation Support Program by medical teachers and institutions as well as in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by Copyright Law, 2020.

How to cite: National Medical Commission. Module on Online learning and assessment. 2020. New Delhi: pp 1- 57.

Dr. Suresh C Sharma
Chairman
National Medical Commission
Pocket-14, Sector-8, Dwarka
Phase -1, New Delhi - 110077
Phone: 25367033, 25367035, 25367036

डॉ सुरेश सी शर्मा
अध्यक्ष
राष्ट्रीय आयुर्विज्ञान आयोग
पॉकेट-14, सेक्टर-8, द्वारका
फेज- 1, नई दिल्ली - 110077
दूरभाष: 25367033, 25367035, 25367036

Foreword
Online learning and Assessment

The COVID- 19 pandemic in many ways has challenged educators to innovate and ensure that the medical students are able to continue their learning during a situation that has placed an unprecedented strain on the medical education system. Creating a learning experience that allows learners to accomplish the required competency online, many of which are skill and attitude based, is a tough ask. Despite this, many institutions have risen to the challenge and displayed ingenuity in creating a learning environment that fulfils many of the demands of medical education.

Online learning, while not without its drawbacks, has some significant strengths that warrant its continuation in some form beyond these tough times. Flexible learning opportunities, greater learner involvement, impetus to self-directed and collaborative learning are some of the obvious strengths of online learning. Blended learning is going to be the future of medical education.

This module prepared by the Expert Group with inputs from outside experts is a primer of how to improvise at times of necessity and demand. It provides guidance to Curriculum Committee of medical colleges and to the teachers on how to use the online medium to help learners achieve many of the stated competencies including procedural skills and Attitude, Ethics and Communication skills which are traditionally considered not amenable to distance learning. Many of these modalities require very little monetary investment. Wherever possible - low cost alternatives to paid premium platforms - such as open access and free to use resources have been outlined.

Online medical education is nascent - and is fertile with innovations happening in all the medical institutions in the country. I request all the institutions in the country to share their best practices in a spirit of collaboration and ensure that our students get to learn in an environment - real or virtual - that best allows them to fulfil their aspirations. I am grateful to the Expert Group for preparing this learning module on Online learning and assessment which is of current relevance.

Chairman
National Medical Commission

Dr. R. K. Vats
Secretary (NMC)
दूरभाष/Phone : 25367033, 25367055, 25363036
फैक्स /Fax : 0091-11-25367024

पॉकेट -14, सेक्टर-8, द्वारका,
फेज-1, नई दिल्ली-110077
Pocket- 14, Sector- 8, Dwarka,
Phase – 1, New Delhi-110077

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission

Foreword
Online learning and Assessment

The implementation of the new competency based Undergraduate curriculum across medical colleges in India required training of medical college teachers in the various changes built into this outcome-driven new curriculum, year-wise. To achieve this, the Expert Group, advising academic matters, developed a sequential step-wise Curriculum Implementation Support Program (CISP) which included a number of training modalities like Faculty Guides, Learning Resource materials and in-situ training of teaching faculty of colleges through a multi-tier Faculty Development Program. The successful implementation of CISP I in the first year of teaching of the new UG curriculum was a major achievement.

The COVID-19 outbreak in early 2020 posed a major setback to our efforts to train medical college faculty on the changes incorporated in the second year of the new UG curriculum wherein the major challenge of horizontal and vertical integration of curricula were built in,in addition to new teaching learning modalities like Learner-doctor method of clinical training (Clinical Clerkship). This challenge forced the Academic cell and the Expert Group advising the National Medical Commission to explore Online teaching-learning and assessment modalities. This module on Online learning and Assessment is the outcome of these efforts and provides valuable and much needed information to medical college faculty. I hope the information contained herein will be useful to students, teachers and institutions interested in virtual teaching.

Vats

Secretary
National Medical Commission

Expert Group

1. **Dr. Avinash Supe**
   Former Director (ME and MH) and Dean, Emeritus Professor
   Departments of G I Surgery and Medical Education
   Seth GS Medical College and KEM Hospital, Mumbai - 400012

2. **Dr. Krishna G. Seshadri**
   Member, Board of Management and Visiting Professor
   Departments of Endocrinology, Diabetes and Medical Education
   Sri Balaji Vidyapeeth, Puducherry - 607 403

3. **Dr. R. Sajith Kumar**
   Professor and Head, Departments of Infectious Disease and Medical Education
   Convener, NMC Nodal Centre for Faculty Development
   Government Medical College, Kottayam, Kerala – 686008

4. **Dr. Tejinder Singh**
   Professor, Department of Pediatrics and Medical Education
   Sri Guru Ram Das Institute of Medical Sciences and Research
   Amritsar, Punjab – 143501

5. **Dr. P.V. Chalam**
   Principal and Professor, Department of Surgery
   Bhaskar Medical College, Ranga Reddy Dist., Telangana - 500075

6. **Dr. Praveen Singh**
   Professor and Head, Departments of Anatomy and Medical Education
   Convener, NMC Nodal Centre for Faculty Development
   Pramukhswami Medical College, Karamsad, Gujarat - 388325

7. **Dr. P.V. Vijayaraghavan**
   Vice Chancellor and Professor of Orthopedics
   Convener, NMC Nodal Centre for Faculty development
   Sri Ramachandra Medical College and Research Institute,
   Porur, Chennai - 600116

8. **Dr. Subir K. Maulik**
   Former-Professor, Department of Pharmacology
   All India Institute of Medical Sciences, New Delhi-110029

9. **Dr. M. Rajalakshmi**
   Chief Consultant, National Medical Commission
   Pocket 14, Sector 8, Dwarka, New Delhi 110077.

Additional Resource Faculty

1. **Dr. Rajiv Mahajan**
   Professor, Department of Pharmacology
   Principal, Adesh Institute of Medical Sciences and Research
   Bathinda 151101

2. **Dr. Anshu**
   Professor, Department of Pathology
   Mahatma Gandhi Institute of Medical Sciences
   Sevagram, Wardha, Maharashtra – 442102

Module on
Online
Learning and Assessment

Glossary

AETCOM: Attitude, Ethics and Communication module introduced into its Faculty Development Program by the Medical Council of India in 2015 for undergraduate medical education.

Asynchronous learning: A learning event in which teachers and students participate at different times. Generally, there is no real-time interaction between the teacher and the students.

Blended learning: Learning which integrates online learning with conventional face-to-face (f2f) teaching. Also called **'hybrid learning'**.

Distance learning: A form of remote teaching-learning method where media replaces word of mouth as the sole means of academic communication. There is often a spatial distance between the teacher and the student.

E-learning: Teaching-learning which is delivered using electronic resources. The teacher and the student may be within the same classroom or at a remote location.

Flipped classroom: An approach where the conventional sequence of teaching-learning activities is reversed. Students read the material at home *before the class* and then use the classroom time to discuss, clarify concepts, create and apply knowledge.

Online Learning: Teaching-learning interactions which take place over the internet. This term is conventionally used for learning that happens across a distance. Learning can happen either partially or purely through the internet.

Pedagogy: Theory and practice of education.

Synchronous learning: A learning event in which teachers and learners engage at the same time. The place may be same or different. It is conventionally used in the context of online learning.

Disclaimer

Mention of/or example of a technology, platform or app for online teaching and assessment is not to be seen as an endorsement of the same.

TABLE OF CONTENTS

Contents	Page no
1. Introduction to online learning	10
2. The pedagogy of online learning	14
3. Good online teaching practices	16
4. Teacher roles, competencies and skills required for online teaching	18
5. Technology for online teaching	20
6. Implementing online teaching	23
7. Teaching procedural skills online	30
8. Teaching health humanities online	32
9. Online assessment	38
10. Quality assurance in online learning	46
11. How to conduct blended learning sessions	47
12. Epilogue: The concept of triage	53
13. References	54

Introduction to online learning

The Covid-19 pandemic has dramatically changed the medical education environment and made the shift to online learning inevitable. Close human contact that was the essence of clinical teaching now looks so distant. The current coronavirus pandemic has forced us to explore non-conventional ways of teaching-learning and assessment. Medical schools will now need to be prepared to train the next generation of digital learners using virtual learning environments. This does not mean that traditional classroom teaching will become obsolete, but there is now an opportunity to use both methods efficiently in a hybrid manner, to make the process of learning efficient and effective.[1]

Though online learning has been in vogue for many years now, its application in medical education, especially in India, is rather new. Some teachers have had the experience of online learning – some as facilitators, and others as 'students' – during earlier faculty development interventions[2-3]; but its use for undergraduate education is a relatively new phenomenon.

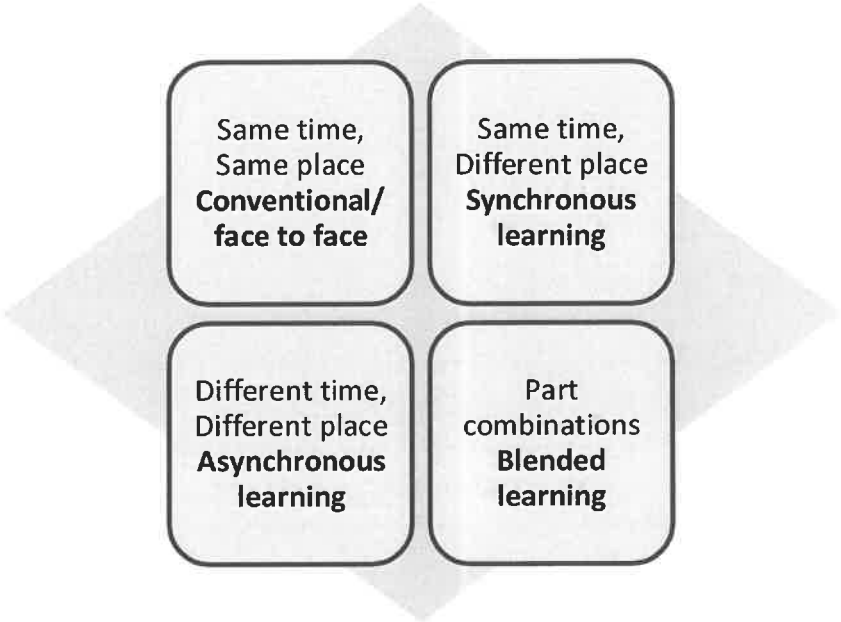
The 'theory' of online learning is more or less the same when compared to face-to-face (f2f) instruction, but there are subtle differences and similarities. The educational cycle, the learning processes, need for interactivity, integration, assessment and feedback are similar in both formats. The use of technology, the spatial distance between the teacher and students, and learner isolation stand out as prominent differences.

Different people have different ideas, interpretations and perspectives about online learning. Depending on the purpose, technology, context and institution, various terms such as e-learning, distance learning, web-based learning, web-facilitated learning, virtual learning, internet learning, distributed learning, computer-based learning, and technology-based learning have been used rather loosely and interchangeably to denote non face-to-face (f2f) learning.[4-7]

Means et al[8] define online learning as "*'learning that occurs entirely (purely online learning) or partially (blended learning) through the internet'*" and this is the definition we are going to use in the context of this module.

The most accepted typology of online learning is given in Figure 1.

Fig.1: Typology of online learning (Modified from Coldeway, 1995)[9]



Blended learning is a teaching-learning format where the facilitator effectively integrates the online teaching component with face-to-face sessions. For the purpose of this module, blended learning has been taken as: *"Seamless integration of traditional face to face learning with online activities to enhance the learning experience".*

Online learning: What works, what doesn't

Several factors influence the effectiveness of online learning. These factors include technical skills, academic skills, learner motivation, administrative issues, social interaction, time management, technical problems, cost, and accessibility to the internet.[10] Poor design of courses and inadequate availability of multimedia materials could affect the quality of online training. Online learning has been reported to be as effective as didactic teaching. It can also be instrumental in promoting self-directed learning. Learners can have greater control over their learning as they can go over the content at their own pace. Teachers too can evaluate competencies through online assessments and provide learners feedback for self-improvement.

If faculty in higher education are not adequately trained in educational methods, the problem of ineffective teaching gets exaggerated during online sessions as it has special requirements.[11] Online teaching requires a learner-centered approach, where teachers

need to be competent in using principles of pedagogy, constructive and transformative learning, and assessment and feedback.[12]

Online learning formats

Online learning platforms now offer many opportunities that are being widely used around the world, such as online videos, tutorials, webcasts, video-conferences and virtual simulations. Online teaching-learning can be implemented through **synchronous** or **asynchronous modes**.

The range of available choices for real-time communication extends from online discussion spaces to online chat rooms to online meeting applications. Classroom lectures have now been replaced by live-streamed online lectures, where technology allows recording and online dissemination. Small group discussions and tutorials have been replaced with interactive webinars using online platforms. Almost all these learning resources can also be easily accessed using smartphones.

Information or learning resources can be posted on online platforms, such as websites and blogs. Videos can be shared to demonstrate essential clinical skills, procedural skills or communication skills. Lectures, problem-based learning, simulated lab work, sessions using virtual patients, and discussions can be conducted online, both in synchronous and asynchronous mode. All of these, if used effectively, can build in student engagement and interaction.

Online learning offers flexible learning experiences and allows learners the freedom to experiment with learning at their own pace. It is however not a replacement for f2f teaching.[13] It is initially expensive to set up and requires familiarity with technology.[14]

What the future holds for online learning in India

Although the recent surge in use of online learning has been propelled by the Covid-19 pandemic, it is likely to be adopted as a regular part of teaching and learning in the future as well. Furthermore, newer modes of health care delivery are evolving with rapid advances in information technology. Online learning promises to play a major role in this backdrop.

The recently introduced, competency-based curriculum in India already advocates use of e-learning as a tool for encouraging self-directed learning among students. The CBME document of Medical Council of India (2018)[15] recommends e-learning at the following junctures:

Table 1: Emphasis on online learning in the recently introduced competency-based curriculum

- As a lifelong learner, the Indian Medical Graduate is expected to "*demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient*"
- One of the objectives of Foundation Course is to "*to enable the learner to acquire enhanced skills in use of information technology*"
- The new curriculum has reserved time for self-directed learning during every phase of the MBBS course
- The document recommends mandatory provision of skills laboratory in every medical college
- It also recommends mandatory provision of virtual lecture theatres

In addition, medical students also need to develop certain skills, collectively called 21st century skills[16] to fully benefit from online instruction. They need to have digital literacy skills. While students in general are comfortable working with computers and other digital platforms, a deliberate effort must be made to inculcate information technology related literacy, which includes, accessing information, evaluating it critically, and its application to address a given problem. Readers would recall that the Foundation Course introduced from 2019 admissions tried to address many of these issues.

The Pedagogy of Online Learning

Pedagogical approaches which are used for face to face (f2f) teaching might not work if replicated in online settings. It is time to re-conceptualize pedagogical approaches for online teaching.[17]

Table 2: Pedagogical approaches to be used in online learning

1. *Online learning must not be restricted to delivery of information:* Online methods should not merely be used as tools to distribute teachers' notes or PowerPoint slides.

2. *Online tools must be used to innovate and create knowledge*: Online teaching must address higher-order cognitive skills. It must promote creativity, innovation, critical thinking and problem-solving skills in undergraduate medical students.

3. *Online tools must be explored to teach all domains*: Ways and means to teach psychomotor skills, communication skills, ethics, and medical humanities via online mode must be explored.

4. *Online approaches used must encourage participation and collaboration*: Online learning must be conducted through 'involvement' and 'inclusiveness' of the learners. This will also reduce learner isolation.

5. *Feedback, support and mentoring of learners must be carried out:* Learners in online sessions need more interactivity, mentoring, support, feedback and evaluation than the traditional classrooms. Communication between facilitators and learners must be encouraged.

6. *Online teaching must be supplemented by online assessment:* Periodic formative and summative assessment must be built into online courses.

7. *Quality assurance of online teaching and learning must be monitored:* Quality assurance in online teaching must be adopted within the institutional policy document.

Building student engagement online

Here are some tips for building learner engagement in online sessions which work both in synchronous and asynchronous modes:

a. **Allow students to do most of the work**: It is important to give students time to engage and interact with the content. Student should be taught to take up responsibility for their own learning. This must be supplemented by facilitating discussions amongst students, and by giving them collaborative projects.
b. **Interactivity is the heart and soul of effective learning**: Students must be given opportunities to interact with the content, teacher, peers, environment and context; and
c. **Strive for presence**: Teachers should strive to ensure the following three types of presence in their online sessions:

Table 3:

Enhancing effectiveness of online teaching by ensuring cognitive, teaching and social presence

Type of presence	Examples
Cognitive presence (Related to content)	• Select suitable content • Arrange from simple to complex • Introduce content in bite-sized modules • Introducing conceptual and theoretical knowledge into discussions
Teaching presence (Related to instructor)	• Facilitating discussions • Acknowledge and encourage students' contribution • Identify areas of agreement and disagreement • Respond to technical concerns • Set the appropriate climate for learning
Social presence (Related to interaction)	• Allow students to express emotions • Ask for evidence of reading, thinking and understanding others' responses • Build cohesiveness amongst learners by given group work and allowing student-student interactions

(Adapted from Garrison et al[18], and Pelz[19])

Good Online Teaching Practices

The principles for good teaching offline[20-21] and online[1] have been enlisted in literature. These principles reflect the basic premise of alignment between objectives, teaching-learning and assessment methods, need to promote interactivity, use of assessment, feedback, collaborative work, self-directed learning and promotion of higher order thinking skills using online pedagogical approaches.

Table 4: Good Online Teaching Practices
Principle 1: ***Teaching-learning methods must match curricular objectives and assessment*** Online pedagogy must be aligned with clear learning objectives, meaningfulness of content covered, the appropriateness of student activities, and the type of assessment. **Principle 2:** ***Synchronous and asynchronous teacher-student interaction must be encouraged*** Create supportive and non-threatening online environment. Open synchronous and asynchronous communication channels to encourage students to complete their work. This results in higher levels of achievement. **Principle 3:** ***Promote higher order thinking skills and communication skills*** Online pedagogy should include learning strategies that encourage demonstration of higher order thinking skills and communication skills. **Principle 4:** ***Teamwork and cooperation among students must be encouraged*** Online pedagogy must encourage collaboration and social interaction among students. This enhances their involvement in learning. **Principle 5:** ***Encourage active learning*** Teachers must incorporate authentic, problem-solving activities that augment student efforts to actively construct meaningful knowledge through interactivity and application in real-life situations. **Principle 6:** ***Encourage development of self-directed learning*** Online pedagogy should offer meaningful opportunities to students to bridge the knowledge gap by motivating and instilling responsibility in them. Resultantly, students will embark on significant self-directed learning. **Principle 7:** ***Opportunities for online summative and formative assessment must be provided*** Online courses should build in valid and reliable assessment periodically. This will provide learners timely feedback and ample opportunities to reflect on their progress.

Principle 8: ***Mechanisms for providing prompt feedback must be built into the course***
Students need appropriate, timely and specific feedback on their performance. Online pedagogy must provide opportunities for students to reflect on what they have learned, what they still need to know, and how to assess themselves.

Principle 9: ***Effective time management and timely task completion must be emphasized***
Learning to use one's time well is critical for students, more so in an online environment as there is no substitute for time on task. Due emphasis should be given to defining time expectations for students in order to establish the basis for high performance.

Principle 10: ***All stakeholders must communicate high expectations from students***
In an online setting, it is pertinent to set clear expectations for quality student performance. Clear and high expectations provide students with precise guidelines about the type and quality of work essential for proficient and timely assignment completion.

Principle 11: ***Respect diverse talents and ways of learning***
Students have a wide variety of learning styles and needs. Online pedagogy should carefully consider prior knowledge, cognitive processing, personality styles, beliefs about learning, and demographics.

Principle 12: ***There must be a robust mechanism for monitoring development and mentoring***
Online pedagogy must support continuous monitoring and mentoring so as to facilitate achievement of intended outcomes of online learning.

(Modified from Saiyad et al[1] with permission)

Teacher roles, competencies and skills required for online teaching

Good online teaching practices will also require faculty to develop competencies in three major areas: technology, subject expertise, and pedagogy. Technical support to develop and manage online teaching modules, time, and support to online teaching are other minor issues.

Table 5 below lists some of the expectations from teachers by students when going through online courses:

Table 5: Students' expectations during online courses
• Easy to follow course design and navigation • Clear directions for activities and assessments • Reasonably quick grading and feedback • Regular communication from the instructors

Based on these needs, teachers need to perform the following roles and develop the required competencies to be effective at online teaching (Table 6):

Table 6: Teacher roles and competencies needed for online teaching
A: Roles: • instructional designer • content facilitator • technologist • process facilitator • advisor or counselor • assessor • manager or administrator • researcher *Goodyear et al*[22]

B: Competencies

To perform the above roles, the following **competencies** will be required:

- Knowledge of the online process
- Technical skills
- Online communication skills
- Content expertise, and
- Personal attributes: inherent motivation, integrity, visible, responsive and approachable, organized, analytical, respectful, active, flexible, open, honest, compassionate and supportive, and ability to lead by example.

(*Salmon*[23]; *Keengwe et al*[24]).

Skills needed for online teaching

The teaching skills required in the context of online teaching include[25]:

a. ***Communication skills:*** The need for clear and concise instruction is important for online teaching. Teachers who are adept at face to face teaching may need to augment their communication skills to be good online teachers.
b. ***Technological skills:*** Skills specific to the medium and content being taught, general computer literacy to be able to use word processors, spread sheets and presentations are pre-requisites for online teaching. For using simulations, additional skills may be required.
c. ***Pedagogical skills*:** Online is only a medium for academic exchange - it requires a full complement of teaching skills, including generating learning objectives, matching content and mode to objectives, promoting interactivity, assessment and feedback, classroom management, and mentoring. A particular mention must be made of the skills of the teacher to engage the students who are physically separated from the teacher as well from peers and to encourage them to apply what they are being taught.
d. ***Design skills*:** These include understanding and applying instructional design principles using learning materials in different formats. Teachers need to use student feedback to make changes in the format as well as ensure quality of learning.
e. ***Managerial skills*:** Managing the classroom is as important in online teaching as it is in f2f situation. Ability to manage time, demonstrating leadership, managerial and mentoring skills, handling assignments and record keeping and following institutional, legal, ethical and professional requirements are some examples of these skills.[13]

Technology for online teaching

There have been rapid advances in technology used to deliver educational content, and now even social media platforms have started exploring educational needs. Moore's law,[26] which is often extrapolated to state that technology advances which almost doubles every eighteen months, suggests that training people in use of one technology will have limited effect. Further, with advances in technology, teaching methods are also expected to evolve (Table 7).

Table 7: Types of technology available in online courses
• **Websites and blogs** – access to stored information and repositories; electronic versions of scientific papers • **Multimedia technology** – appropriate combination of video / still images and sound • **Asynchronous modes** – like threaded discussions, assignments • **Interactive resources** – providing real time interaction between teachers and students

Compatibility, accessibility, ease of use, user-friendly, opportunities for feedback are some of the criteria directing the choice and adoption of online platforms. While selecting a technological resource, the following points become important:

- Technology needs to be chosen depending on user needs, and not simply because it exists. Technology needs to be aligned to the learning objective.
- Technology has to be user-friendly to all stakeholders. This includes elements such as easy installation of software on computers, requirement of basic programming skills etc.
- Technology needs to be accessible and amenable to use in a variety of platforms, such as desktop computers, laptops, tablets and even smart phones.
- Technology needs to be compatible with the level of learners in terms of language and ease of learning to make it effective.
- Consideration of costs always determine feasibility of use of technology.

It is often useful to use a mix of appropriate technological resources which are available. This enables one to cater to online learners with a diverse variety of learning styles. This in turn helps students achieve desired learning outcomes.[27]

Pre-requisites to begin online teaching

To initiate online teaching, preparations will be required at all levels of stakeholders (teacher, learner, institution etc.). An important point is to ensure that all students have equal access to technology. So availability of enough computers and access to a high-speed internet connection on campus for all faculty and learners is an essential investment. The checklist to identify the pre-requisites in terms of infrastructure and support system that is required is given below (Table 8):

Table 8: Checklist to identify pre-requisites for initiating online teaching

1. Besides generalized IT support, does the institution have a separate cell to provide technical support to online learning activities?
2. Has a Committee been formed to coordinate and monitor online teaching in the institute?
3. What learning management system and software packages has the institute installed?
4. Is high speed internet freely available on campus?
5. Do all faculty and learners have access to laptops and/or smart phones?
6. Do all faculty and learners have individual and unique log-in IDs and passwords to access the learning management system?

(Modified from Brenton[28])

7

A Coordination Committee formed for each phase of MBBS teaching and headed by the MEU will be useful to monitor the quality of online teaching. Further, it may be useful to decide the workload and number of online sessions given to students each week, at the inter-departmental level. It is important not to subject them to cognitive overload as the attention span of students in online sessions can be pretty short.

Tools for online teaching

- **Online collaboration tools**: These enable the teacher and learner to upload and access lessons and assignments online. Texts, documents, images and videos can be shared, viewed and also edited in real time. Tools included in Google Apps and Google Classroom are a wonderful medium to brainstorm and simultaneously document the work of both the instructor and learner. Other tools available for online learning are Google Meet, Zoom, Cisco Webex, Free conference call, Microsoft teams, Go to meeting etc.

- **Presentation software:** Widely used tools such as Microsoft PowerPoint and Google Slides are an excellent means to augment lecture content by embedding high resolution images, diagrams, animation, audio and video files.
- **Course management platforms:** This is also known as Learning Management Systems (LMS). These platforms allow stakeholders to organize all resources needed for a class in terms of the syllabus, document sharing, audio and video files, assignment announcement and submission, discussion boards, online quizzes, grading tools, etc. Canvas is one such example. Some of the widely known online learning management tools are Swayam, Moodle, Google Classroom, Coursera, Clinical Key, Udemy, Teachable among many others.
- **Audience response systems:** These are easy and quick ways to connect with learners and gauge their learning in order to adjust the pace of teaching to learner requirement. This was usually done through clickers in a traditional classroom. A more popular option now is with use of software and applications which enable one to embed interactive polls between presentations, and gather responses through smart phones, which can be displayed in real-time to learners.
- **Lecture-capture tools:** Instructors are able to record their lectures on their local devices without additional requirements and upload them for learners. Such tools are useful for their ability to provide the learner with opportunities to review the content at their own time, pace and frequency. Studies have shown that such tools only augment the teaching-learning process rather than diminish student attendance.

Best practices in selecting appropriate technology

Radical changes in application of technology are already reshaping all areas of teaching and learning.[29]. Traditional forms are being challenged and massive online open courses (MOOCs) are paving their way in. Nevertheless, a visible disconnect exists between technologies, research, design and practice.[30]

Quite often, you will find instructors using fancy technology simply because it exists. There might be no need to use complex technology where a simple discussion or a simple reading might suffice. Technology is generally effective when the application directly supports the objectives and the purpose of the curriculum. Multimedia which simulates real-life situations will always be preferred, and it is best if they are tailored to the local context.

Here is a list of do's and don'ts that can help one use technology in an optimal manner (Table 9):

Table 9: Some do's and don'ts when using technology in online teaching	
Do's	Don'ts
Choose and integrate appropriate technology that supports overall educational goals and curricular objectives.	Avoid using technology for the sake of using it, if it doesn't support the lesson plan. It is a costly mistake which must be avoided.
Train and encourage teachers to make judicious use of technology in their classrooms.	The role of technology should be to empower teachers and learners rather than to replace them.
Technology should be adjustable in terms of students' skills and abilities, provide feedback on progress, and give them enough opportunities to collaborate in the teaching-learning process.	Instructors should not be over-dependent on technology. No technology is foolproof, and technology depends on multiple external factors.
Ensure that teachers and learners are actively involved with a range of relevant and practical engagement techniques. Such strategies should become standard practice.	Mere use of technology doesn't necessarily guarantee engagement. Student engagement strategies will need to be built in while designing a lesson plan.
An optimal level of fidelity (realism) is preferred when using simulations. The degree to which technology simulates the intended task or environment must preferably match with the learner's expertise and the educational objectives of the module.	Every technology requires a minimum level of infrastructure, in terms of hardware and software tools or internet accessibility. Students with limited access to these technologies must also be considered during planning. Fair and equal access to all students is a pre-requisite for use of technology.

Implementing Online Teaching

Once the basic infrastructural requirements are in place, online learning can be implemented at institutions for individual batches. Preparation for online teaching at the level of the individual class can be divided into the following phases:

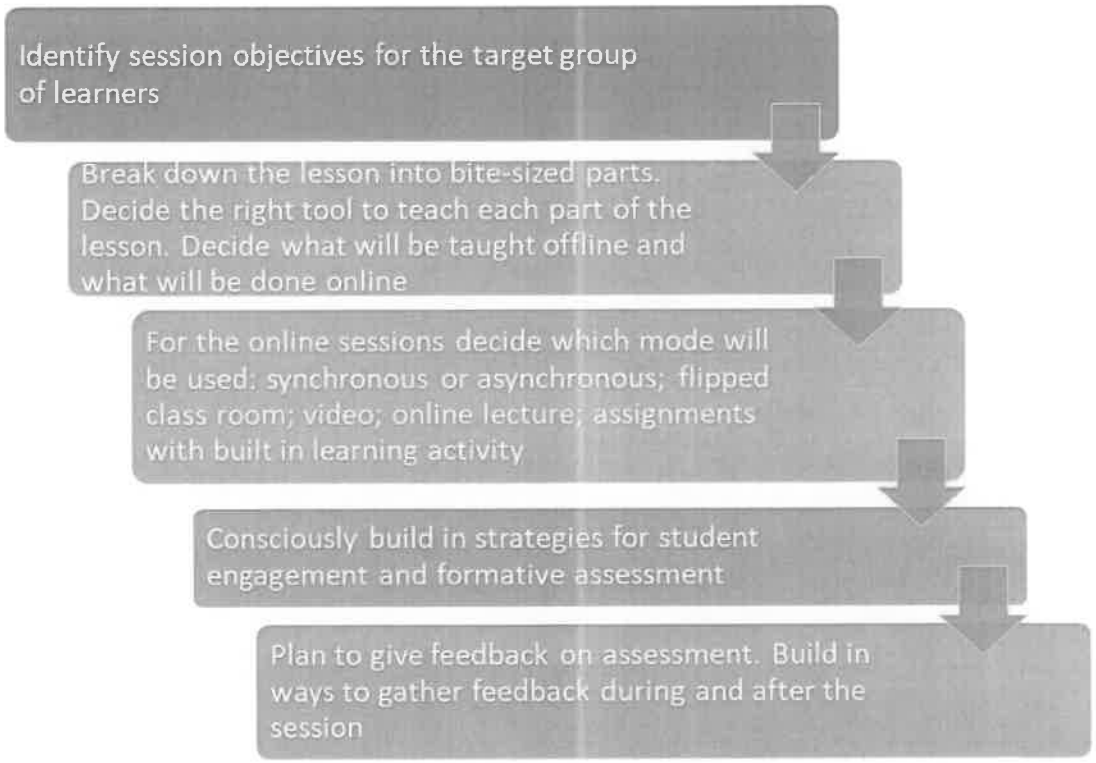
(a) Lesson planning
(b) Conducting online sessions
- Keeping students engaged
- Facilitating online discussions
- Managing Online classroom

(c) Post-session assessment and evaluation

A. LESSON PLANNING FOR ONLINE TEACHING

A well-designed lesson plan is key to the conduct of an effective online teaching session. Similar to any other teaching plan, if one identifies and aligns the 'golden triangle' of learning objectives, teaching-learning methods and assessment, the subsequent conduct of online teaching session will be a smooth affair. The following flow chart (Fig. 2) will help in preparing a lesson plan before actual conduct of online teaching session.

Fig. 2: Lesson planning for online teaching session



It is important to break the lesson into small bite-sized parts. It is important to be prepared with Plan B in case of technology glitches. Never feel embarrassed to accept the failure of technology system and be ready to plan the session on another day or with some other mode. Not everything needs to be delivered in the synchronous online mode. It is important to explore ways other than online lectures. It is best to use a mix of suitable methods to deliver content and make the content more relevant and interesting.

Table 10 lists some of the asynchronous methods to teach students online.

Table 10: Examples of asynchronous online teaching methods
• Send reading material and ask them to take a self-assessment • Assign video to watch and ask to submit related assessment • Ask learners to teach the class or conduct quiz • Share resources and ask learners to submit a project • Send learners on an online scavenger hunt: Ask them to search for credible literature on a specific topic • Give paper case and have a discussion online • Have a debate • Start a wiki • Give an experiential activity and ask learners to write reflections

The **flipped classroom** concept uses valuable synchronous time to clarify concepts, clear doubts and discuss the more in-depth issues of the topic, after the learners have learnt the basics on their own.

CONDUCTING ONLINE SESSIONS

Keeping students engaged

Keeping learners engaged is the most challenging part of online teaching as there is no face to face contact.

Table 11 lists some of the tips and strategies to keep learners engaged during the actual session.

Table 11: Tips and strategies to keep learners engaged
• Try and learn learners' names and use them • Build a rapport with learners: use formal and informal ways of interaction, model disclosure • Create the right environment for the class; build trust • Be available to answer questions and solve doubts • Introduce interactivity through online tools which enable conduct of polls, and gather real-time response • Embed multiple choice questions or quizzes between the session to gauge learning understanding • Ask how and why questions to challenge learners like you would be in a traditional classroom • Give opportunities for learners to ask questions and clarify their doubts • Check if the pace of the lesson is fine with the class • Use break-out rooms and give group work • Encourage discussions online

Questioning is one of the simplest ways of engaging with students. The art of questioning has to be learnt for use both in online and offline modes. Broadly, these questions are not meant to be graded, but used only as a tool to generate attention, promote thinking, link knowledge and promote application. Some of the types of questions used for this purpose (Table 12) are as follows:[31]

Table 12: Type of questions that can be used for student engagement	
Format of question	**Example**
Rhetorical question	Have you seen blood pressure being recorded? Let me show you.
Questions which generate interest	What would happen if you don't eat carbohydrates for 3 days?
Questions to ascertain baseline knowledge	Can someone tell the route of administration of BCG vaccine?
Questions to help the class recall already learnt facts	What is the daily protein requirement for a normal adult male?
Redirecting questions	We learnt of some drugs which can decrease blood sugar level. Can you tell me some drugs which will increase blood sugar?
Bridge questions' (i.e. questions which bridge the gap between knowledge and its application)	How can the clinical differences in diarrhea originating from small intestine and large intestine help you to decide on the need for antibiotics in a child with diarrhea?

Facilitating good online discussions

Online discussions have high pedagogical value as they promote interactivity, engage students and build in social presence. Gao et al[32] have suggested that online discussions should aim at promoting higher order thinking. This can be done by questioning, elaborating, interpreting and relating information to prior knowledge. Discussions should help students to construct their own knowledge. Presenting and discussing conflicting perspectives (e.g. role of statins in cutting down risk of myocardial infarction, differing views on ethics) helps in generation of knowledge which is long lasting.

At first, it may appear difficult but most of the nuances of good face-to-face discussions can be applied online as well. Some of the techniques of good facilitation are as follows:[33]

a. Involving all students in discussions is important. If the groups are very large, it makes sense to divide them into manageable sub-groups with facilitators in each group. In case enough faculty are not available, residents can be trained in facilitation skills.
b. Teachers should make an effort to identify non-responders and encourage them to contribute. Similarly, one should not allow a few students to dominate the discussion.
c. All contributions must be acknowledged. This opportunity should be utilized to provide feedback to students.
d. A good facilitator knows when to speak and when to go silent. While the facilitator may have to take the lead in the beginning, a good discussion means that students interact with each other with the facilitator taking a back seat.
e. Students tend to be callous and abrasive with each other in online settings. This might lead to friction and others might not participate enthusiastically. Therefore, it is important to set ground rules in the beginning and intervene when any untoward incident occurs
f. Allow students to lead the discussion after they get used to the format. This helps them to develop ownership of the process and brings out new ideas, new way of looking at existing situations, and a much-needed change from monotony.

Online classroom management

One of the key differences between conventional and online classes is classroom management. In a conventional classroom, the teacher can 'see' all students, notice their body language, ask/answer questions from specific students and move around in the class. In online classes, however, this functionality is limited. Several software packages allow conversion of a large class into smaller groups (breakaway groups). But the best

method is to manage the group as a whole. Just like conventional classes, it may be good idea to keep the class size small. Students generally remain 'anonymous', especially when the online class size is large. This usually helps otherwise shy students to ask doubts using the chat box function.

Another important difference lies in the learning environment. While mobile devices are generally discouraged in conventional classes, they play an important role in online classes. As both teachers and students are getting used to the new behavioural norms, it may take some time to adjust when f2f classes start again.

A concern voiced by many teachers is the 'disappearance' of students after logging in. While asking all students to keep "*camera on-mike muted*" might be one option, online assessment provides an important tool to ensure presence. The online teacher lacks the opportunity to see the expressions of her students to gauge their understanding. This is where role of ongoing assessment comes in. This will be discussed more under the assessment section.

Table 13 lists some online classroom management techniques:

Table 13: Online classroom management techniques

1. Lay down ground rules for the classroom
2. Encourage students to develop their own ground rules
3. Emphasize interaction. Try to identify non-responders
4. Use breakaway groups to encourage interaction
5. Be a roving facilitator when using breakaway groups
6. Avoid information overload
7. Pose probing and application-oriented questions
8. Provide immediate feedback
9. Use techniques like flipped classroom to promote active learning
10. Don't read from your slides
11. Link attendance to participation in class
12. Use more than one technology to promote interaction.

B. POST-SESSION ASSESSMENT AND EVALUATION

Wherever possible, plan to conduct online summative assessment after an online teaching session. It does not stand to reason that the learners trained through one type of learning environment are assessed through a different one. Where online assessment is not possible, traditional methods of assessment can be used.

Some simple informal classroom assessment techniques such as polls, muddiest point or one-minute paper can help in knowing whether the concepts just taught have been understood by students or not. For formal assessment, MCQ tests can be carried out using Google Forms or other interactive tools.

Evaluation must be carried out as part of quality assurance practices. Evaluation of both the learning process and outcomes must form a part of any online teaching program. Student feedback can help in improving the manner of delivery of this content. More on this topic can be read in the section on Quality Assurance of online learning.

Teaching Procedural Skills Online

Teaching procedural skills online is a formidable challenge to medical educators. E-learning has been shown to be effective in supporting skills teaching. Fitts and Posner's[34] three-stage theory of motor skill acquisition is a popular method used in teaching surgical and motor skills. These three stages of acquisition of a skill are:

(a) **Cognition** or understanding the task: This needs explanations about the activity.

(b) **Integration** or comprehension and performing the mechanics of the task: This needs provision of feedback and deliberate practice.

(c) **Automation** or ability to perform a task with efficiency, speed and precision: This needs little cognitive input but automated performance. The focus is on refining performance.[35]

While the stage of cognition can be fostered by online interactive sessions, the stages of integration and automation require specific planning. Complex procedural skills can be taught by breaking them down into small steps. Peyton[36] suggested a four-step approach to introduce skills to new trainees as follows:

Step 1: Demonstrate: The instructor shows the skill at a normal pace. No additional comments are offered at this step.

Step 2: Talk the trainee through: The instructor describes each sub-step of the procedure while showing the skill again to the students.

Step 3: Trainee talks trainer through: Here the trainee describes the steps while the instructor performs the skill for the third time, based on the trainee's description.

Step 4: Trainee does: The trainee performs the skill on his or her own.

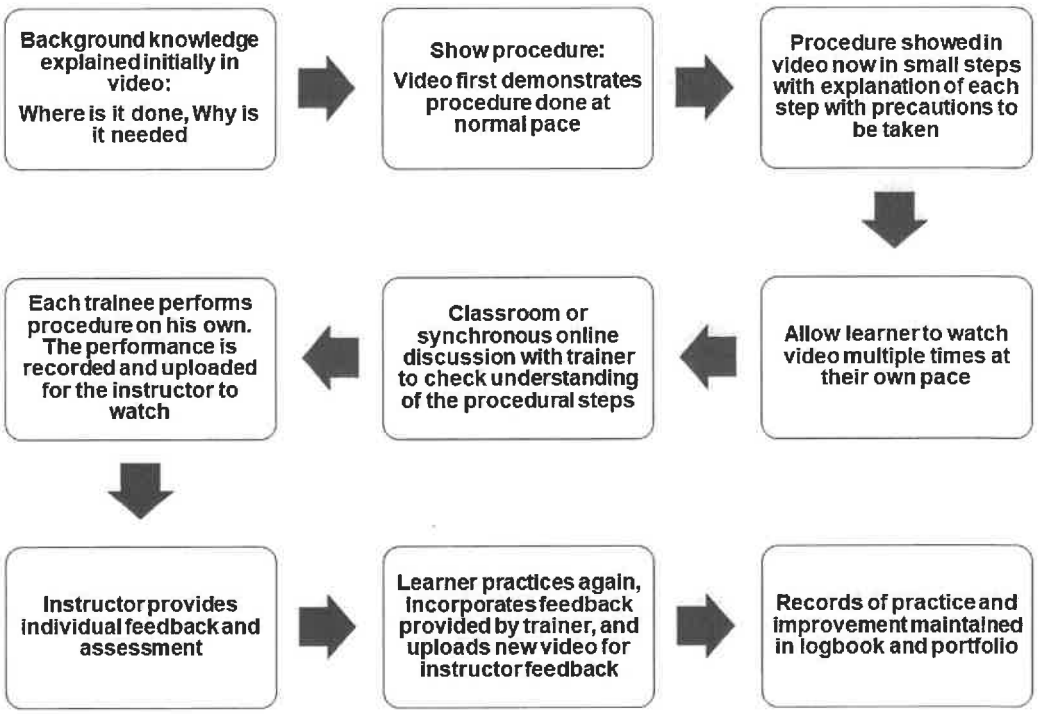
These steps break the task into four components: demonstration, deconstruction, formulation and performance.

Online instructional videos provide learners an opportunity to watch the demonstration and to deconstruct different steps of the skill at the trainee's pace. These videos have the flexibility of being paused and being watched repeatedly at multiple occasions. This is said to help learners understand complex procedures better. This process helps in acquisition and retention of the procedural knowledge.[37] Further, if used in a blended manner, this can be combined with actual performance. The performance phase can be recorded and can be used to provide formative feedback. These videos can be used for

supervision, post-procedure debriefing, providing feedback, assessment and promoting reflection.[37]

Alternatively, these videos can be watched in small groups / online break rooms with discussion.

Fig.3: Suggested training model of how online videos can be used to teach skills



For example, a simple procedural skill such as tying a knot, or suturing needs task-training models. An instructional video can take the trainee through the steps of demonstration and deconstruction. The comprehension step ("trainee talks the trainer through") can be done by using synchronous interactive online sessions with the trainer. The next step of performance ("trainee does") can be recorded. Simple recording devices such as a laptop, smart phone or headgear camera can be used for supervision and recording. The recorded video can be uploaded to obtain feedback and for assessment. The learner can repeat the performance based on the received feedback, and again upload a new video

until he attains the pre-defined level of competence. Feedback provided on these videos have been shown to improve simulation scores, technical skills and even patient safety.[38]

Availability of task training models or kits for all the procedural skills could be a challenge. The learning resource material needs to be developed or acquired depending on the availability, resources and requirements. If common training kits can be made available for all the learners by the institution, it ensures uniformity. For more complex procedural skills, availability of mannequins and online screen-based virtual-reality simulators will be valuable for training, feedback and assessment.

It is possible to prepare peer-reviewed educational videos to teach skills and procedures.[39] People learn effectively from multimedia.[40] Learners have been found to use online videos prepared for conducting OSCEs for self-study of clinical skills.[41]

Teaching health humanities online

Competencies that focus on imbibing appropriate values, ethical conduct, professionalism, interpersonal and communication skills are an important component of the MBBS program. These skills were previously deemed to be obtained passively by observing and associating with senior colleagues in the profession. However now, with the introduction of modules like AETCOM[42], the acquisition of these competencies has been mainstreamed. Many of these outcomes lend themselves to online acquisition with correct lesson planning and appropriate use of technology.

It must be remembered that learning needs should drive the use of any technology and not vice versa. Many of the learning outcomes can be attained by fairly low investment in technology and use of free and open-access resources. We have chosen examples from the AETCOM module[42] to demonstrate how the online learning environment may be used and adapted to help learners acquire requisite competencies.

Example 1. This example uses a first-year communication module that encompasses large group and small group learning, observation skills, collaborative and self-directed learning and formative assessment. This example uses Module 1.4 of the AETCOM booklet[42].

S. No.	Component	Online adaptation	Resources
1.1	Introductory session	Online lecture to large group OR Uploaded recorded lecture with online discussion (flipped classroom format)	Online video platform (subscription or open source) Above + Online repository such as YouTube
1.2	Self-directed learning	Provide assignments that require students to: - research and compile information individually and in groups - prepare and upload reports These reports are then reviewed by faculty and shared with students	Group email OR Online word processing platforms that allow documents to be shared or edited together ± Online video platform that allows group calls
1.3	Small group sessions on improving communication skills	A communication video with common mistakes in communication is prepared with standardized patients This is viewed together by learners A discussion (live or chat box), that elicits student observations of these mistakes and how to correct them, follows	Online video platform (subscription or open source)
1.4	Closure session	A discussion in small groups that summarizes learning and future learning to be done	Online video platform
1.5	Assessment	Students are graded for - Participation in activity and - assessment of self-directed learning	Spreadsheet or an electronic form with components

Example 2. The second example adds the complexity of a skill session. This example uses Module 3.1 of the AETCOM booklet[42].

S.No.	Component	Online adaptation	Resources
2.1	Introductory session	Same as in example 1.1	Same as in example 1
2.2	Small group sessions	Same as in example 1.3	
2.3	Skills lab sessions	A standardized patient is available online for real-time communication. A communication task is provided to the student which is done online. (Ideally the session is recorded and uploaded to the server for retrieval by the student designated peer and preceptor) The standardized patient assesses learners using a check list and comment form and submits it online. He can also be available for the debrief. After the task is completed, the student retrieves the recording of the encounter and records observation, comments and points for improvement The preceptor can view the interaction live OR can retrieve the recorded encounter and review. A debrief opportunity is created between the student and the preceptor where the performance is reviewed and a plan for improvement is made through guided reflection.	Online video platform (subscription or open source) with recording facility (ideal) and ability to retrieve and view (ideal) Online form to collect patient-preceptor and learner impressions of encounter

Example 3: This example describes a way to emulate a team tag-along session. This example uses Module 2.4 of the AETCOM booklet[42].

S.No.	Component	Online adaptation	Resources
3.1	Tag-along session	An identified member of the health care team joins on a video call with the group of students and facilitator. After an initial goal-setting discussion, the member of the health care team does a walkthrough of his or her area talking and taking questions from the students. A front facing camera fixed to the upper garment and earphones are simple and cost-effective workarounds (as opposed to having another person accompanying the team member with a camera). It is important to brief patients and colleagues involved in this session and get necessary permissions for use of videos and images.	Online video platform (subscription or open source) Smart phone to transmit the walk - through to the online platform
3.2	Small group discussion	Can be done immediately following the walk through or later to elicit observations, reflections, summaries and learning	Online video platform (subscription or open source)

Example 4: This example provides a way to emulate a session on empathy. This example uses Module 2.8 of the AETCOM booklet[42].

S.No.	Component	Online Adaptation	Resources
4.1	Patient interviews	With suitable and appropriate permissions students may be allowed to interview family members of patients through an online platform. (If needed, faculty observer can be present to ensure comfort and safety). Logins from different locations of family members allows exploration of feelings of relatives - not proximate to the patient.	Online video platform (subscription or open source)
4.2	Large group discussion	After suitable permissions have been taken, family members are asked to join, speak and answer questions from participants in a large group discussion on a moderated online platform.	Online video platform (subscription or open source)
4.3	Self-directed learning	Lists of online resources such as videos or movies are provided. Students can view them offline - write a report and submit them.	Ability to submit through email or an online submission process
4.4	Closure	Same as in 1.4	
4.5	Formative assessment	Submission of items in 4.3	

Example 5: This example provides an example for emulating an online-case based discussion on medical ethics. This example uses Module 3.2 of the AETCOM booklet[42].

S.No.	Component	Online Adaptation	Resources
5.1	Introduction of the case	A paper case may be posted ahead of time and introduced through a small group online session. Innovation could include a video recording of a patient interview followed by discussion.	Online video platform (subscription or open source)
5.2	Self-directed learning	Same as in 1.2 based on the case provided	
5.3	Anchoring lecture	Same as in 1.1	
5.4	Discussion and closure of case	Same as in 1.4 Additionally, an online role play can be done with two students. Remaining students can identify issues and critique them.	Online video platform (subscription or open source)

From these examples, it may be evident that a good approximation of learning which occurs in a physical environment, can be emulated in an online environment. This requires adequate planning and use of resources even if limited creatively. It must be emphasized that, remote learning is not a substitute to proximal guided learning that a master teacher provides. The use of webcams and phone cams reduce the amount of detail that can be captured in an online system and do not completely replace the aesthetics and immersive experience of a skills lab or patient care setting. However, planning, practice and wise use of technology allows skill acquisition to proceed in an uninterrupted fashion.

Online assessment

Online assessment involves the use of electronic or digital devices to construct or deliver assessment tasks. This may also be used to monitor progress of learners, to mark or grade assessments, and for record keeping of these data. The digital devices can range from simple devices such as smart phones or tablets, to laptops and desktop computers, and can go up to complex simulators and gaming devices.

Role of assessment in online teaching

Assessment can be used in different ways in online teaching. Some of them are as follows:

1. ***Assessment before teaching***: Using short quizzes or tests before starting a topic can be useful for teachers to gauge the baseline knowledge and skills of the students. This can be used to subsequently tailor the teaching according to the level of the learners. This can even be done informally by asking questions before the session starts using the poll option or chat box. Teachers need to know the level of the group as a whole and not individual performance in this situation.

2. ***Assessment during teaching***: This can be done at the level of a course or at the level of a teaching session.

    a. Tests conducted midway between a course help students to self-assess their learning and keep up with the deadlines. They help teachers to make mid-course corrections and give feedback to learners.

    b. It is always a good idea to break up long teaching sessions into smaller sections. This helps students to concentrate. Several simple classroom assessment techniques[42] exist and these are useful as these are quick, anonymous, and non-graded. Techniques such as polls, muddiest point or one-minute paper can help in assessing knowledge, recall, and understanding. Several of these techniques can be adapted to online settings with use of interactive applications. Here key messages from the topic just taught can be asked in an applied form. This helps teachers in knowing whether the concepts just taught have been assimilated by students or not. Again, here group performance will be important rather than individual performance. If most of the students have got the answers wrong, the concept will have to be revisited and explained. Concept maps and one sentence papers can be used to test ability to synthesize knowledge.

Breaks such as these, also give students a chance to ask for clarifications, which they otherwise hesitate to ask.

3. ***Assessment after teaching***: This can be done at the level of a unit or at the level of a course:

    a. After completion of a unit (or some units), formative assessment can be done. Here the purpose will be to assess the performance of the learners, as well as to give feedback about what they have done well and what can be improved.
    b. After the completion of a course, summative assessment is performed to make pass/fail decisions for certification.

4. ***Assessment as learning***: It is customary to classify assessment as formative (assessment *for* learning) and summative (assessment *of* learning). The contemporary trend is to use assessment to facilitate learning. This involves giving students an assessment task which will require them to go through an authentic experience or perform an activity, and thereafter submit a report. For example, students could be asked to go into the community or a hospital ward, interact with certain subjects, read about the topic, and compile their findings and submit their learning in the form of a report. This kind of assessment erases the artificial divide between learning and assessment. This also promotes self-directed learning.

Formats for e-assessment

When online assessments first started, they merely involved transfer of paper-based questions to an online format. However, much of that has now changed. With e-assessment, a whole range of different question formats are possible.

These include multiple choice questions and their variations such as extended matching or assertion-reason type questions. But besides these, there is the possibility of using audiovisual triggers such as clinical photographs, X-rays, gross or microscopic images, graphs, or auscultation sounds. Simulations can be used to develop electronic patient management problems and virtual patient scenarios.

Live interactivity is possible in online assessment which makes it possible to perform virtual OSCE, where students can be assessed using standardized patients or videos. This is useful for assessment of communication skills and history taking skills.

Electronic portfolios can be used to gather evidence of learning. Activity based assessment such as project-based assessment or reflective writing are useful methods

which can assess behavioural competencies which are usually considered 'immeasurable'.

The different question formats that can be used in online assessment are summarized in Table 14.[44-45]

Table 14: Different question formats that can be used in online assessment

- Multiple choice questions and its variants
- Short answer questions
- Online polls
- Picture based questions based on audiovisual clues
- Electronic Patient Management Problems
- Objective structured video examination (OSVE)
- Projects
- Reflections
- Portfolios

Advantages of automation

Use of well-designed online assessment formats brings in efficiency and ease in marking assignments. Several assessment formats can be automated during their construction phase, reducing subsequent faculty workload. Use of well-constructed rubrics and standard marking formats can make most assessment formats more reliable and fair to learners, by reducing inter-rater variability. It is possible to verify whether students are adhering to deadlines and submitting assessments on time. Monitoring learner progress is simplified as record keeping is much more meticulous and at one's fingertips.

Rethinking the concept of what to ask

Since online assessment first began by replicating paper-based assessment to computer-based settings, most people presume that it can be used only to test objective assessment questions. However, this is not true. The way students learn, depends heavily on what kind of mental processes are activated by the questions asked during assessment. If questions merely test rote learning, students will veer towards surface learning. When questions asked are more complex, students will start learning deeply and try to connect the dots between different mechanisms. The kind of trigger that we use to ask questions influences the learner's way of studying differently. This can be done by the following ways (Table 15):

Table 15: How to ask questions differently

What to ask	How to do this and what this does	Example
Ask higher order questions	Rather than asking questions from the lower levels of Bloom's Taxonomy which encourage rote learning, ask questions from the higher levels such as comprehension, application, analysis, synthesis and evaluation. These could be in the form of problem-solving exercises, projects, surveys, or case studies.	Instead of asking: *Enumerate the morphological changes seen in the heart in rheumatic heart disease.* convert it into a higher-order question by simply using a clinical scenario. *If a child with rheumatic fever is not treated, what are the changes that can be expected to be seen in the heart 15 years later?*
Ask integrated questions	Ask questions based on pathophysiology and mechanisms in clinical subjects. Similarly, when teaching basic subjects, the applied relevance must be emphasized. This will help students to form neural connections in their mind and study a subject deeply by understanding the basics rather than merely memorizing it by rote.	Instead of asking: *'What is the action of cyclooxygenase on inflammation?'* the student can be given a scenario like, *'After watching too many webinars, a student has a headache and takes an aspirin to relieve the pain. Which steps of inflammation will be affected by the medication?'*

Build authenticity into questions	When students will finally encounter patients, they are likely to face complex situations. So instead of restricting questions to one chapter or topic, it may be useful to expose them to scenarios where they need to explore their learning beyond unit-wise or department-wise boundaries. Authentic scenarios will help in preparing students for real life patients.	If a question about a treatment of a condition is asked, it may be possible to include details about a co-morbid condition, which could lead to side effects or contradiction to use of a routine drug. If a patient is poor, and a drug cannot be afforded, then that kind of situation can be built into the question. If a patient might not be expected to comply with a regimen, then what choices would a physician have to alter his management?

Assessment in clinical settings

When it comes to assessing clinical competencies, cognitive parts of competencies such as clinical reasoning and communication skills can be assessed online. It is also possible to test heart sounds or visual signs through online platforms. Simple electronic patient management problems or complex AI technology-based virtual patients (computer-based simulations) can be used to test clinical reasoning skills.[46-48]

There have been reports where Objective Structured Video Examinations (OSVE) have been used with some evidence of being valid.[49] In an OSVE, different clinical scenarios were chosen depending upon the clinical and communication skill competencies to be tested. Short patient-clinician interactions, less than 10 minutes long, were scripted and filmed. Each scenario included some deliberate communication skills elements such as greeting the patient, checking for the identity, use of open and closed questions, eye contact, displaying empathy, clearing doubts, summarizing and closing. Some obvious errors in communication were included in the script. Students were expected to watch the video. Thereafter, they were given answer sheets where they had to identify what was done right and what was done badly in the patient-doctor interaction.

However, Holmboe[50] stated that "although simulated patients and other simulation technologies were important and reliable tools for teaching clinical skills and evaluating competence, they cannot substitute direct observation of students' clinical skills on real patients by the faculty".

Now, with the availability of software which permits real time interactivity such as Google Meet, Zoom or Skype, students can be observed and assessed on history taking or communication skills using real or standardized patients. These sessions can be recorded easily and assessed. Assessment of communication skills, professionalism and attitudes can be done through use of simulations, standardized patients and online *viva*. This has been discussed earlier. Use of hypothetical scenarios can help in assessing a student's competence in managing complex clinical situations.

With the availability of break-out rooms, several institutes are experimenting with conduct of online or electronic OSCEs. This, however, requires a great deal of coordination and planning so that students move in and out of online OSCE sessions seamlessly. Each room needs presence of cameras and recording equipment. Faculty and standardized patients are needed depending on the stations. Proctoring devices and encryption of data may be essential. This is an expensive affair, and needs involvement of a whole team of faculty, assistants and IT specialists to run smoothly.

Choosing the right assessment tools

The assessment clock model[51] provides educators practical guidance about how to determine the key characteristics of assessment and decide the most suitable assessment tool in a normal or crisis situation. This model is based on van der Vleuten's[52] empirical formula:

> *Utility of assessment = Validity x Reliability x Cost-effectiveness x Acceptability x Educational Impact*

The model can be interpreted to suggest that in normal circumstances, when one is developing a low-stakes examination, more weightage should be given to features like the cost, acceptability and educational impact. For high stakes examinations, validity and reliability are more important characteristics. However, in crisis situations like the Covid-19 pandemic, weightage would be on acceptability and cost issues, especially as we are transitioning to a new method of assessment, and there are issues of fairness and security.[53] Validity and reliability will remain the most important issues for high-stakes examinations like selection examinations and high-quality items must be chosen carefully for inclusion into question banks.

Feedback in online settings

Feedback is a two-way process. Students need to get feedback on how they are performing, while teachers need feedback from students on how their teaching is being received.

When learners are provided with formative feedback, assessment becomes a learning opportunity. Online assessment enables provision of individualized feedback which plays a very important role in enhancing student learning. This can be done using several formats. In case of assessment-related feedback, examples and model answers provide excellent opportunity for the student to compare his performance. This can help one to reflect on the assessment process also.[54] Feedback can be built into assessment, using automation in certain cases. For example, in case of self-assessment modules to be administered at the end of every unit, specific feedback can be built into each option chosen by the learner. Automation easily enables this to be shown to the learner as soon as they have submitted their responses. Another way of providing feedback is to design automated feedback statements based on scores obtained by the learner. This might not be very specific but can provide some guidance to the learner. For faculty, common feedback responses can be designed in the form of macros which need to be inserted by ticking a box, enabling faster marking and provision of specific individualized feedback.

Feedback related to psychomotor skills can be given after viewing recorded videos as explained earlier. The logbook can also be maintained electronically with options for locking after each loop. This can also serve as a permanent record of the progress made by the learner.

If time permits some personal time devoted to each student can be very productive. However, personalized feedback requires lot of time and effort from teachers. To be available to students for voice interactions outside the scheduled sessions can be very helpful, but taxing for the teachers. It may be a good idea to provide fixed time slots for personalized interactions through virtual or telephonic modes.

Group feedback is another technique, where all assignments and feedback are available for all members to view and correct themselves. This also makes the whole process transparent.

One advantage of using online tools is that feedback can be given in the form of small doses which are spaced out throughout the course. Small doses of frequent formative feedback will be more easily accepted and assimilated by learners. Faculty will need to be trained in providing constructive feedback. Use of rubrics and macros can enable specific feedback to be delivered efficiently and at fixed periods, depending on the pace at which learners are progressing.

The issue of plagiarism

A common complaint among teachers is that students tend to copy and paste from online sources. Plagiarism is a universal phenomenon among learners. It will be important to spread awareness about what constitutes plagiarism and why it should not be practiced

among both students and faculty. Use of anti-plagiarism software should become a routine practice. A strict non-tolerance policy against plagiarism needs to be enforced and a culture of academic integrity needs to be slowly encouraged on all campuses.

The cost of online assessment

While there are several free or low-cost software and applications which permit one to conduct low-stakes examinations and classroom assessment easily, using online tools for high-stakes examinations comes at a high cost. However, as the number of users increase, the cost of these software applications is likely to come down.

Proctoring devices are required to eliminate the possibility of student cheating and manipulation. These need to be installed at the level of the Universities and institutions, to prevent copying. Electronic software is available which block the use of other screens when the examination is on. There are ways to monitor eye movement and time away from the camera. These tools can enable examinations to be carried out under surveillance of web cameras. This will incur massive costs and will require storage of huge amounts of electronic data.

It must be remembered that online assessment is not the ultimate solution to all our woes. It must be used in conjunction with face-to-face assessment. However, it does help in reducing faculty workload through automation. To be fully acceptable, we will have to seek tools which make assessment valid, reliable, cost-effective and acceptable.[55] Overall, one cannot ignore the educational impact of using assessment on student learning. Online assessment is now an integral part of the assessment toolbox. It is not a substitute, but a complement to regular face to face assessment.

Quality assurance in online learning

As the use on online modes of teaching and learning increases, it becomes important to monitor the quality of educational processes and determine if the intended educational outcomes have been attained.

Several processes need to be evaluated for quality assurance in online learning.[56-57] These are listed below:

(a) Leadership and management: Policy, vision, mission, goals, planning
(b) Faculty profile and faculty development
(c) Availability of technology, infrastructure and learning resources
(d) Curriculum design
    i. Competencies, learning outcomes and learning objectives
    ii. Instructional methods
    iii. Course activities and learner engagement
    iv. Assessment
    v. Continuous quality improvement and evaluation
(e) Learner support and feedback: learner profile
(f) Learner accessibility and experience

Just as in the traditional classroom, some **benchmarks** are essential to the conduct of online teaching. These include[58]:

- clear planning,
- good infrastructure,
- faculty support to conduct online learning,
- clear standards for good course design,
- clear instructions for students,
- open communication channels between faculty and students,
- regular feedback to students on their progress,
- regular feedback from students on their experience, and
- continuous monitoring and evaluation.

How to conduct blended learning sessions

It is predicted that online learning will continue to be a part of our regular teaching armamentarium even when the pandemic ends, albeit in a blended learning format. **Blended learning is the "thoughtful integration of classroom face-to-face learning experiences with online learning experiences".**[59] Given the experience of online learning that has been gained during the pandemic, it may be useful to continue using it in the post-pandemic phase, in a blended learning format, subject to further deliberations and consensus.

Blending the advantages of face-to-face interactions with online sessions enhances the learning process. Blended learning can:[60]

- Expand the opportunities available for learning,
- Provide information and resources for learners,
- Streamline course management activities,
- Facilitate student engagement through interactivity and group work.

Hallmarks of blended learning:

There are four hallmarks of blended learning (Fig.4). These are:

1. **Seamless integration of online and face-to-face session:**
   The facilitator integrates the face-to-face session with online activities by summarizing the online activity and linking it with the face-to-face session.

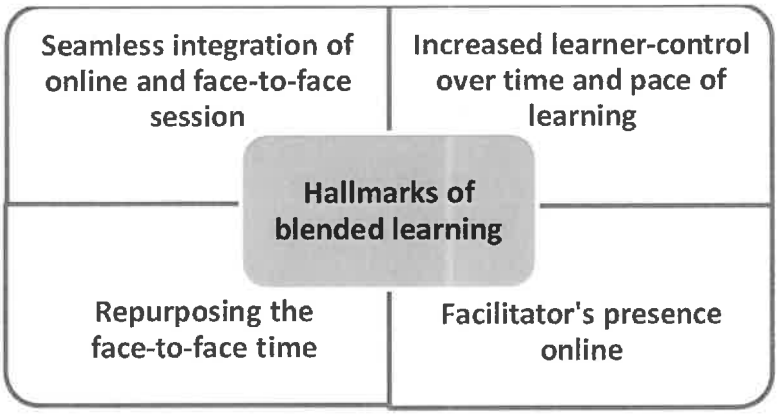
2. **Increased learner control over time and pace of learning:**
   Learners should be able to access the online contents at the time and place of their convenience. There should be flexibility in learning.

3. **Online presence of facilitators:**
   Facilitators should be visible through the online activities. This is possible by providing timely feedback and participation in discussions.

4. **Repurposing the face-to-face time:**
   Traditional class time is replaced with time taken by students to carry out their online learning activities. It is ideal to use the face-to-face learning time to impart higher-order learning and skills, while using the online sessions to recall or deliver basic knowledge and carry out collaborative activities. Blended learning provides

possibilities to repurpose the contact time to facilitate deeper thinking and in-depth learning.

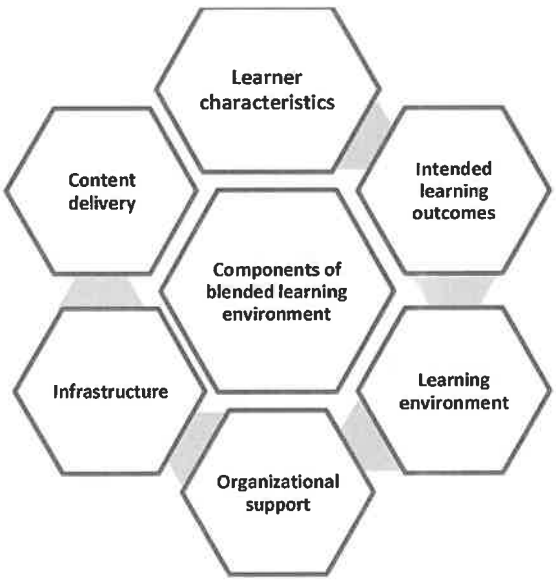
Fig. 4: Hallmarks of blended learning



Components of blended learning

Fig. 5 shows the main components which make up the blended learning environment.

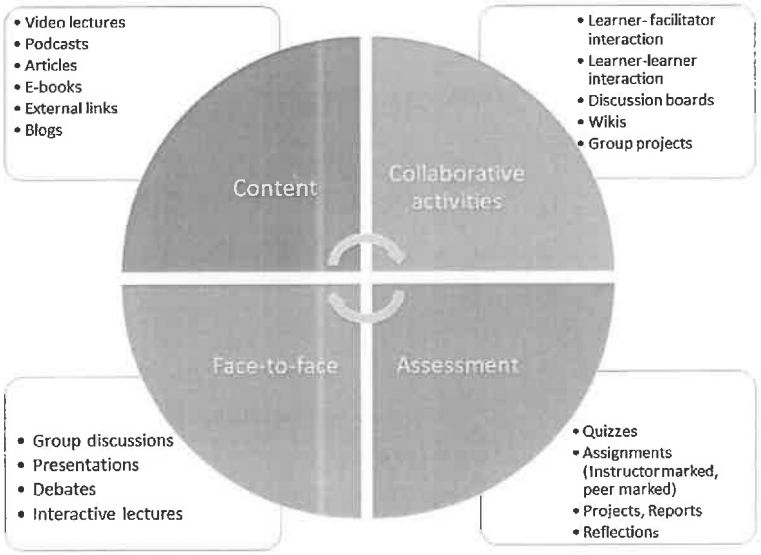
Fig. 5: Main components of the blended learning environment



Designing a blended learning session

The process of blended learning goes through the following steps in a cyclical manner: planning, designing, implementing, reviewing and improving. Fig. 6 shows some of the activities that can be incorporated into blended learning sessions:

Fig. 6: Examples of activities which can be included in blended learning



Questions to be asked while designing online activities

1. How will the learning activity support the intended learning outcomes?
2. What will motivate the learners to engage in online activities?
3. How can the facilitator motivate the learners and encourage to support one another in online learning?
4. Can a learner's activities and tasks be incorporated into continuous assessment, so that the learning activities can conform to the principles of student-centred learning?

EXAMPLE

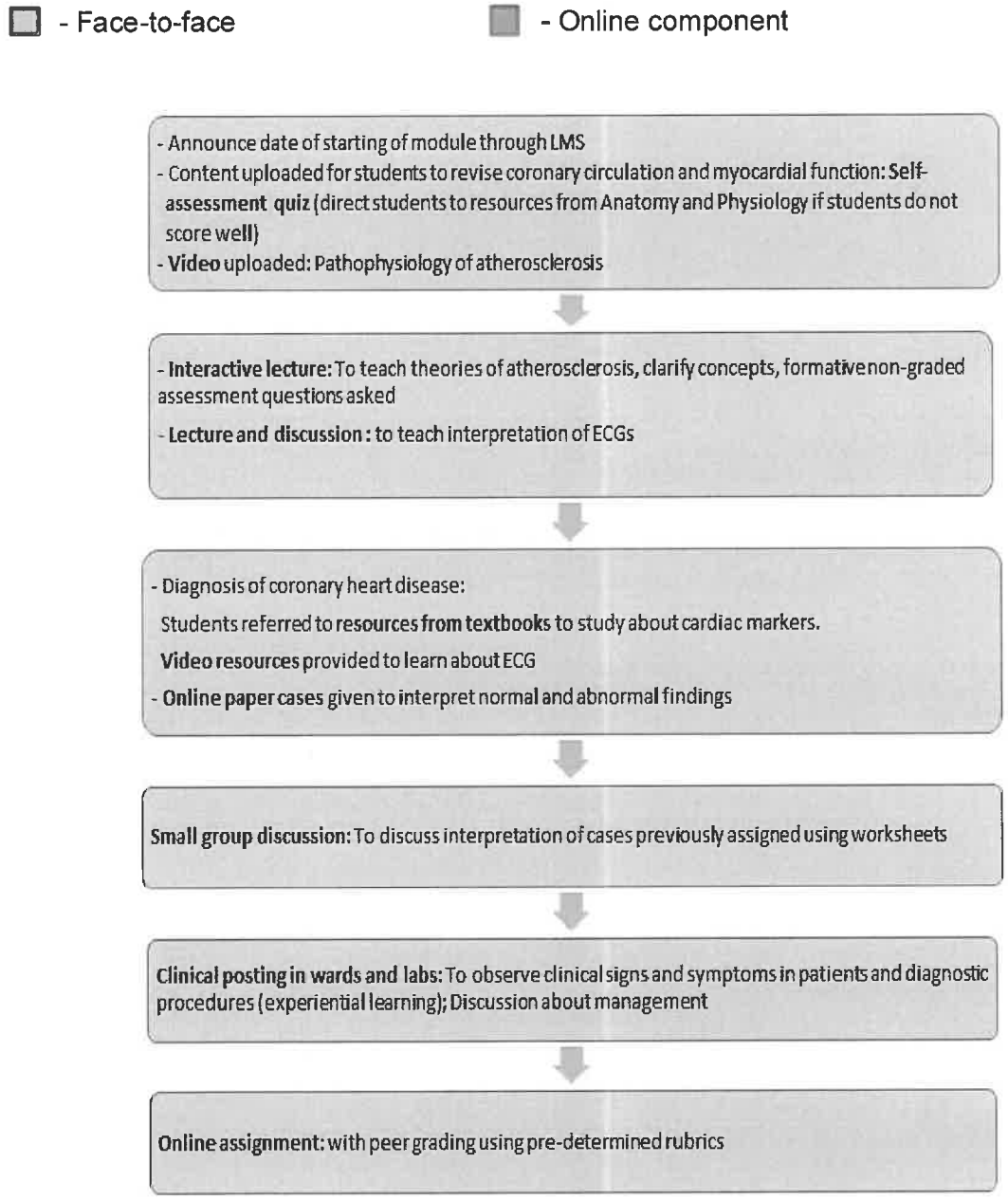
Here is an example of a blended learning module for undergraduate students of final MBBS (Part II):

BLENDED LEARNING MODULE ON CORONARY ARTERY DISEASE

Learning objectives:
On the completion of this module, the learner should be able to:

- Describe the etiopathogenesis of coronary artery disease
- Choose the correct approach to diagnose coronary artery disease
- Apply the right medical and surgical approaches to manage a case of coronary artery disease

Fig. 6: Online and face-to-face components of a blended learning module on coronary artery disease



Advantages of Blended Learning

1. Improved content access to the learners,
2. Learner-centered teaching,
3. Improves communication, creativity, collaboration and critical thinking among learners,
4. Inculcate life-long learning skills,
5. Provides greater flexibility to the learners.

Challenges:

1. Creating infrastructure to deliver online contents,
2. Training faculty members in the process,
3. Providing accessibility to the learners,
4. Organizational culture and support.

Blended learning is an effective method which is student centric and provides flexibility to learners. It must be adapted to meet the needs of the new digitally savvy learners.

EPILOGUE

The concept of triage

During the Covid- 19 pandemic, most faculty have been involved in clinical care, and learners had to be off campus due to safety concerns. Medical education had to take a back seat. Clinical teaching, specially, has been disrupted in these unprecedented circumstances. At a time like this, we will have to take some difficult decisions to cater to our immediate needs and mitigate the long-term negative consequences. We will have to evaluate the feasibility of what can be done and triage our resources. At all levels, we will have to determine: (a) what activities can be continued, (b) what activities should be postponed, (c) what activities can be adapted to another format and what remedial action/s need to be taken, (d) what activities should be dropped, and (e) what new activities need to be added.[61] For example, if clinical teaching cannot be conducted during the pandemic, one has to assess which parts can be converted into video or online teaching, and what needs to be postponed for later. Batches of students who have missed certain competencies must be taught and assessed on those competencies, once the campus is safe for on-site classes. If Covid- 19 related competencies were not being taught earlier, they have to be added to the curriculum. This kind of mapping of competencies where sacrifices and difficult choices to be made are charted out, is useful in a crisis. These kinds of negotiations must be made reflecting on the ultimate impact on medical education in the future.

Sharing resources

Since most institutes face a resource crunch, it is advisable to share resources such as instructional videos and skills laboratories between institutes. Preparing instructional videos is time consuming and needs trained resource faculty. Once these instructional videos are prepared, they can be reused, and a library of such videos can be developed as collaborative project between the institutions or Universities for common use. Colleges of one region can collaborate and create electronic question banks using the concept of consortia. All participating institutes will need to contribute good quality questions which are validated to the question bank. Administrative costs of maintaining the question bank can be shared between all participating institutes.

References

1. Saiyad S, Virk A, Mahajan R, Singh T. Online teaching in medical training: Establishing good online teaching practices from cumulative experience. *Int J App Basic Med Res*. 2020; 10:149-155.
2. Anshu, Bansal P, Mennin S, Burdick, W, Singh T. Online faculty development for medical educators: Experiences from a south-Asian program. *Educ Health*. 2008; 20:1-8.
3. Mahajan R, Badyal D, Singh T. Online faculty development program for medical teachers in resource poor settings: behind the scenes. *J Res Med Educ Ethics.* 2017; 7:163-168.
4. Ally M. Foundations of educational theory for online learning. In: Anderson T (Ed.), *Theory and practice of online learning*. 2008. Edmonton: AU Press, pp. 15-44.
5. Anohina A. Analysis of the terminology used in the field of virtual learning. *Educational Technol Soc*. 2005; 8(3): 91-102.
6. Moore JL, Dickson-Deane C, Galyen K. E-Learning, online learning, and distance learning environments: Are they the same? *Internet and Higher Education*. 2011; 14(2): 129-135.
7. Moore MG & Kearsley G. *Distance education: A systems view of online learning.* 3rd edition, 2011: Belmont CA: Wadsworth, Cengage Learning.
8. Means B, Toyama Y, Murphy R, Baki M. The effectiveness of online and blended learning: A meta-analysis of the empirical literature. *Teachers College Record*. 2013; 115(3): 1- 47.
9. Coldeway D. Distance education revisited: An introduction to the issue. In: Simonson M, Smaldino S & Zvacek S (Eds.), *Teaching and Learning at a Distance*. 1995. New Jersey, NJ: Prentice-Hall Inc. pp. 7.
10. Pei L & Wu H. Does online learning work better than offline learning in undergraduate medical education? A systematic review and meta-analysis. *Med Educ Online*. 2019; 24(1):1666538. doi:10.1080/10872981.2019.1666538.
11. Palloff RM & Pratt K. *Lessons from the virtual classroom: The realities of online teaching*. 2nd edn, 2013. Oxford: Jossey Bass.
12. Bailey CJ & Card KA. Effective pedagogical practices for online teaching: Perception of experienced instructors. *Internet and Higher Education*. 2009; 12(3):152-55.
13. Albrahim FA. Online teaching skills and competencies. *Turkish Online J Educ Technol*. 2020; 19(1): 9-20.
14. Bell BS & Federman JE. E-learning in postsecondary education. *The Future of Children*. 2013; 23(1):165-185.
15. Medical Council of India. Competency based undergraduate curriculum for the Indian Medical Graduate (Vol. 1-3). 2018. New Delhi. Retrieved from https://www.nmc.org.in/wp-content/uploads/2020/01/UG-Curriculum-Vol-I.pdf.

16. Stauffer B. What are 21st century skills? *Applied Educational Systems*. 2018. Retrieved from https://www.aeseducation.com/careercenter21/what-are-21st-century-skills.
17. Green NC, Edwards H, Wolodko B, Stewart C, Brooks M, Littledyke R. Reconceptualising higher education pedagogy in online learning. *Distance Education*. 2010; 31(3):257-273.
18. Garrison DR, Anderson T, Archer W. Critical inquiry in a text-based environment: Computer conferencing in higher education. *Internet and Higher Education*. 2000; 2(2-3):87-105.
19. Pelz B. (My) Three principles of effective online pedagogy. *J Asynchronous Learning Networks*. 2010; 14:103-116.
20. Chickering AW & Gamson ZF. *New Directions for Teaching and Learning: Applying the Seven Principles for Good Practice in Undergraduate Education*. San Francisco: Jossey-Bass Publishers; 1991.
21. Anderson J & McCormick R. Ten pedagogic principles of e-learning. In: McCluskey A (Ed.) *Policy and Innovation in Education. Quality criteria*. Brussels: European Schoolnet, pp 10-15
22. Goodyear P, Salmon G, Spector JM, Steeples C, Tickner S. Competences for online teaching: A special report. *Educational Technology Research and Development*. 2001; 49(1): 65-72.
23. Salmon G. *E-moderating: The key to teaching and learning online*. 2011. 3rd edn. New York: Routledge
24. Keengwe J, Schnellert GL, Kungu K (Eds.). *Cross-cultural Online Learning in Higher Education and Corporate Training*. 2014. Hershey PA: IGI Global.
25. SHARE (nd). Five skills teachers need for online teaching. 2020. Retrieved from https://resilienteducator.com/classroom-resources/5-skills-online-teachers-need-for-classroom-instruction/
26. Moore GE. Cramming more components onto integrated circuits. *Electronics*. 1965;38(8). Retrieved from https://newsroom.intel.com/wp-content/uploads/sites/11/2018/05/moores-law-electronics.pdf
27. Tustin R. Selecting learning technologies for online teaching. *Study.com*, 29 June 2016. Retrieved from study.com/academy/lesson/selecting-learning-technologies-for-online-teaching.html
28. Brenton S. E-learning: An introduction. In: Fry H, Ketteridge S, Marshal S (eds). *Handbook for Teaching & Learning in Higher Education: Enhancing Academic Practice*. 2009.3rd ed. London: Routledge; pp. 85-97.
29. Weller M. A pedagogy of abundance. *Spanish J Pedagogy*. 2011; 249: 223-36.
30. Wang F & Hannafin MJ. Design-based research and technology-enhanced learning environments. *Educational Technology Research and Development*. 2005; 53 (4): 5-23.

31. Hanover Research Council. Best practices in online teaching strategies. 2009. Retrieved from https://www.etsu.edu/cas/litlang/composition/documents/best-practices-in-online-teaching-strategies-membership.pdf
32. Gao F, Zhang T, Franklin T. Designing asynchronous online discussion environments: Recent progress and possible future directions. *British J Educ Technol.* 2013:44(3):469-83.
33. Palenque SM & DeCosta M. The art and science of successful online discussions. In: *Ten principles of effective online teaching.* Faculty Focus Special Report on Online Learning strategies. 2019. Wisconsin: Magna Publications, pp.16-18
34. Fitts PM & Posner MI. *Human performance*. Belmont, CA: Brooks/Cole, 1967.
35. Reznick RK, & MacRae H. Teaching surgical skills: Changes in the wind. *N Engl J Med* 2006; 355:2664-9
36. Walker M & Peyton J. Teaching in the theatre. In: JWR Peyton (Ed.), *Teaching and learning in medical practice*. Rickmansworth: Manticore Publishers Europe Ltd., 1998. pp. 171-80.
37. Srinivasa K, Chen Y, Henning MA. The role of online videos in teaching procedural skills to post-graduate medical learners: A systematic narrative review. *Medical Teacher.* 2020; 42(6):689-697.
38. Ahmet A, Gamze K, Rustem M, Sezen KA. Is video-based education an effective method in surgical education? A systematic review. *J Surg Educ.* 2018; 75(5):1150–1158.
39. McMahon GT, Ingelfinger JR, Campion EW. Videos in clinical medicine: A new journal feature. *N Eng J Med.* 2006; 354(15):1635.
40. Mayer RE. Applying the science of learning to medical education. *Med Educ* 2010; 44(6):543–549.
41. Jang HW & Kim K-J. Use of online clinical videos for clinical skills training for medical students: benefits and challenges. *BMC Medical Education.* 2014; 14:56. https://doi.org/10.1186/1472-6920-14-56
42. Medical Council of India. *Attitudes, ethics and communications (AETCOM) competencies for the Indian Medical Graduate*. New Delhi, 2018. Retrieved from https://www.nmc.org.in/wp-content/uploads/2020/01/AETCOM_book.pdf.
43. Angelo TA & Cross P. Classroom assessment techniques: A handbook for college Teachers. 2nd edn. 1993, Philadelphia: Wiley.
44. Anshu. Assessment in online settings: Underlying concepts. In: Singh T, Anshu (eds). Principles of assessment in medical education. 2nd edn, 2020, New Delhi: Jaypee Brothers.
45. Joshi A, Virk A, Saiyad S, Mahajan R, Singh T. Online assessments: concept and application. *J Res Med Educ Ethics.* 2020 (In press)
46. Guagnano MT, Merlitti D, Manigrasso MR, Pace-Palitti V, Sensi S. New medical licensing examination using computer-based case simulations and standardized patients. *Acad Med.*2002; 77:87–90.
47. Cantillon P, Irish B, Sales D. Using computers for assessment in medicine. *BMJ.* 2004; 329:606-609.

48. McGaghie WC. Simulation in professional competence assessment: basic considerations. In: A Tekian, CH McGuire & WC McGaghie (Eds), *Innovative Simulations for Assessing Professional Competence: From Paper-and-Pencil to Virtual Reality*, 1999. Chicago; Department of Medical Education, University of Illinois at Chicago.
49. Humphris GM & Kaney S. The objective structured video exam for assessment of communication skills. *Med Educ*. 2000; 34(11): 939-945.
50. Holmboe E. Faculty and the observation of trainees' clinical skills: problems and opportunities. *Acad Med*. 2004; 79:16–22.
51. Wadi M, Abdalla M, Khalafalla H, Taha M. The assessment clock: A model to prioritize the principles of the utility of assessment formula in emergency situations, such as the COVID-19 pandemic. *MedEdPublish*. 2020. https://doi.org/10.15694/mep.2020.000086.1
52. van der Vleuten CPM. The assessment of professional competence: developments, research and practical implications. *Adv Health Sci Educ*.1996;1(1):41–67
53. Dennick R, Wilkinson S, Purcell N. Online e-assessment: AMEE guide no. 39. *Medical Teacher*. 2009; 31(3):192-206.
54. Orsmond P, Merry S, Reiling K. The use of exemplars and formative feedback when using student-derived marking criteria in peer and self-assessment. *Assessment and Evaluation in Higher Education*. 2002; 27(4):309-323.
55. Walsh K. Online assessment in medical education - Current trends and future directions. *Malawi Med J*. 2015; 27 (2): 71-72
56. APEC Quality assurance of online learning toolkit. 2017. Asia-Pacific Economic Cooperation (APEC), Australian Government Department of Education and Training, Developed by University of Melbourne.
57. Asian Association of Open Universities (AAOU). *Quality assurance framework.* Retrieved from https://www.aaou.org/quality-assurance-framework/
58. McNaught C. Quality assurance for online courses: from policy to process to improvement? Meeting at the crossroads. Proceedings of the 18th Annual Australian Society for Computers in Learning in Tertiary Education 2001 Conference (pp. 435–42). University of Melbourne. Retrieved from: http://www.ascilite.org.au/conferences/melbourne01/pdf/papers/mcnaughtc.pdf
59. Garrison DR & Kanuka H. Blended learning: uncovering its transformative potential in higher education. *Internet and Higher Education*. 2004;7(2): 95–105.
60. Bath D & Bourke J. *Getting started with blended learning*. Griffith Institute of Higher Education, 2010.
61. Tolsgaard MG, Cleland J, Wilkinson T, Ellaway RH. How we make choices and sacrifices in medical education during the COVID-19 pandemic. *Medical Teacher*. 2020; 42:7: 741-743.

CUSTOMER AGREEMENT

This **CUSTOMER AGREEMENT** ("**Agreement**") is entered into on the 29th day of March 2025 ("**Effective Date**") valid up to 28th March 2026.

1. BY AND BETWEEN:

a) **MedLern PRIVATE LIMITED,** a company incorporated under the Companies Act, 1956, having its registered address at: Survey No. 192, Tower A, IWF Campus, Whitefield Main Rd, Bengaluru, Karnataka 560016, India ("**MedLern**", which term includes its parent company, subsidiaries, and affiliate companies); and

b) **Rohilkhand Educational Charitable Trust,** a premier institution registered under the laws of India having its registered address at Rohilkhand Medical College Campus, Pilibhit Bypass, Bareilly, UP – 243006.

MedLern and the Customer shall individually be referred to as a "**Party**" and collectively as "**Parties**". The Parties agree that all Schedules annexed to this Agreement form an integral part of this Agreement.

2. PLATFORM: MedLern, a platform that provides customers with a complete learning and skill development platform with access to medical and healthcare content ("**Platform**"). The Customer seeks to use the Platform for its internal business and informational purposes. Subject to Clause 3, MedLern has agreed to provide the Customer with access to the Platform in accordance with the terms and conditions of this Agreement.

3. TERMS AND CONDITIONS:

a) The Parties agree that the use of and access to the Platform shall be governed by MedLern's terms and conditions, available at www.medlern.com /terms ("**Terms**"). In the event of a discrepancy between the Terms and this Agreement, the terms of this Agreement shall prevail.
b) MedLern reserves the right to modify the Terms from time to time, and such updated Terms shall apply to the Customer. The Customer agrees that its continued use of the Platform shall be deemed to be an acceptance of the updated or revised Terms.

4. SUBSCRIPTION PLAN: The Customer has agreed to subscribe to the subscription plan detailed in **Schedule 1** and pay the applicable subscription fees detailed in **Schedule 2**.

5. PAYMENT TERMS:

a) MedLern shall invoice the Customer for the Platform Fees payable in respect of the Term; and (ii) subject to Clause b, at least 30 (thirty) days prior to each anniversary of the Payment Commencement Date for the Platform Fees payable in respect of the next Renewal Period, and the Customer shall pay each invoice within 30 (thirty) days after the date of such invoice.
b) If MedLern has not received payment within 30 (thirty) days after the due date of the invoice, and without prejudice to any other rights and remedies of MedLern, MedLern may, without liability to the Customer, disable the Customer's password, account, and access to all or part of the Platform. MedLern shall be under no obligation to provide the Customer with access to the Platform while the invoice(s) concerned remain unpaid.
c) Any delay in payments by the Customer shall attract an interest rate of 1.5% per month for each month of delay.
d) If any invoice remains unpaid for more than 30 (Thirty) days, MedLern reserves the right to terminate the Agreement immediately in accordance with Clause 8(a)(ii).

e) All amounts and fees stated or referred to in this Agreement are (i)non-cancellable and non-refundable and (ii) are exclusive of goods and services tax and other applicable taxes, which shall be added to MedLern's invoice(s) at the appropriate rate.

6. ADDITIONAL LEARNING PRODUCTS AND SERVICES: The Customer may, at any time during the validity of this Agreement, agree to purchase additional subscription to content, courseware, training programs etc. available through MedLern which will be governed by the terms and conditions of this Agreement unless specified to the contrary in the specific Addendum for the respective product or service.

7. PROPRIETARY MATERIALS

a) The content offerings on MedLern platform contains copyrighted materials, trademarks, proprietary and confidential information, and intellectual property of MedLern and licensors/content partners of MedLern (collectively, "Proprietary Materials"), including without limitation source code, video, text, software, photos, graphics, images, music, and sound. You agree not to modify, publish, transmit, participate in the transfer or sale of, create derivative works of, or in any way exploit, in whole or in part, any Proprietary Materials. The right to access the Platform does not grant you any right to download or store any Proprietary Materials in any medium.

b) Reservation of Rights. MedLern reserves all intellectual property rights to the Proprietary Materials, other than as specifically granted under the applicable license granted you under these Terms. No posting, plagiarism, copying, transmission, retransmission, distribution, redistribution, publication, republication, decomplication, disassembling, reverse engineering, or otherwise reproducing, storing, transmitting, modifying, or commercially exploiting any Proprietary Materials in any form or by any means, for any purpose, is permitted without our express written permission.

c) MedLern Copyright and Marks. The entire Platform and its content therein are protected by copyright. Complying with all applicable copyright laws is your responsibility.

d) Third-Party Marks. Other trademarks, service marks and logos used on the Site are the trademarks, service marks or logos of their respective owners. MedLern is using these third-party trademarks, service marks or logos with the permission of the trademark owner or for identification purposes only.

e) You acknowledge and agree that we may stop (permanently or temporarily) providing the online Content and Courses (or any part of the Online Content and Courses) to you or to Learners generally for whatever reason, at our sole discretion, without prior notice to you.

f) You agree that you are solely responsible for (and that we have no responsibility to you or to any third party for) any breach of your obligations under the Terms and for the consequences of that breach (including, but not limited to, any loss or damage which we or any third party may suffer).

g) We cannot guarantee the completion or certification once the subscription access ends. Hence it is the user's responsibility to complete the course within the stipulated time.

8. LIABILITY

The content contained within the courses on the MedLern platform is provided without any guarantees, conditions or warranties as to its accuracy. MedLern does not represent that information contained on or available via the platform is accurate or complete and accordingly it should not be relied on as such.

9. POLICY

We value and respect other intellectual property and expect our users to do the same. The entire contents of the site are protected by copyright and trademark laws. The owner of the copyrights and trademarks are MedLern, its affiliates, or other third-party licensors. The material on the site, including text, graphics, code and/or software is copyrighted and belongs to MedLern, therefore you may not duplicate, modify, publish, or reproduce the content in any manner. The third party holds the intellectual property rights for their respective content and other rights in the licensed content.

MedLern has all the rights to disable or prohibit access to the users who do not respect and are involved in the infringement of its intellectual property. You are not allowed to use any of the digital images or logos from the website.

10. THIRD PARTY CONTENT

The content made available by MedLern may contain links to third-party content. You understand that third party content is the responsibility of the third party that created or provided it and MedLern excludes all warranties and liabilities pertaining to such third-party content available on the platform through such links. You acknowledge that the use of such third-party content through such links is solely at your own risk.

Under no situations or circumstances, will MedLern be liable for any change in the content which it provides on the platform through its products and services, including but not limited to any errors, omissions, loss, or damage experienced in connection with the use of exposure, any content made available via our products, services, or various resources such as email, blog etc.

All intellectual property rights in and to third party content are the property of the respective third parties. MedLern does not control, endorse, sponsor, or adopt any third parties' references on the platform, and makes no representations or warranties of any kind regarding such third-party content, including without limitation, its accuracy or completeness.

11. INDEMNIFICATION

You agree to defend, indemnify and hold harmless MedLern, its directors, employees, licensors, independent contractors, providers, subsidiaries, and affiliates, and its and their respective officers, directors, employees, contractors, agents, licensors, suppliers, successors and assigns from and against any claims, liabilities, damages, judgments, awards, losses, costs, expenses or fees (including reasonable attorneys' fees) (hereinafter, "Claims") arising out of or relating to : (i) your violation of these Terms; (ii) your violation of any law or the rights of a third party (iii) any information you post to the Platform; (iv) any use by you of the Platform's material, content, services, or products other than as expressly authorized in these Terms.

12. TERM

This Agreement will come into effect on the Effective Date and shall remain in effect for a period of 1 (one) year from the Payment Commencement Date ("**Term**"). The Agreement shall automatically renew at the end of each Term (each successive term shall be referred to as "**Renewal Period**") unless terminated by either Party in accordance with the provisions of Clause 5.

13. NON-SOLICITATION:

The Customer shall not, directly or indirectly, during the Term of the Agreement and for a period of 1 (one) year thereafter employ, engage, or attempt to employ or engage or assist anyone else to employ or engage any person who is, or was in the employment or engagement of the Company in the 1 (one) year preceding the Effective Date.

14. TERMINATION

a) This Agreement may be terminated (i) by either Party at will, with or without cause, upon not less than 30 (Thirty) days' prior written notice to the other Party or (ii) by MedLern immediately upon the occurrence of any of the following events:

b) A breach by the Customer of its obligations under this Agreement or the Terms. If the breach is curable, MedLern shall provide a 15 (fifteen) days' period (**"Cure Period"**) for the Customer to cure the breach; however, if the breach remains uncured, MedLern may terminate the Agreement immediately upon the expiry of this Cure Period.

c) Inappropriate use of the Platform by the Customer or users authorized by the Customer, as determined by MedLern at its sole discretion; or

d) The Customer ceases to function as a going concern or an initiation against the Customer or the issuance of an order against the Customer for voluntary or involuntary bankruptcy or winding up proceedings, suspension of payments, creditors arrangement, attachment of any of its assets, appointment of any trustee, receiver, liquidator, judicial manager, administrator or similar official taking over any assets or such similar proceedings.

e) Upon the termination of the Agreement for any reason, the Platform will "time out", i.e., the Customer shall cease to have any access to the Platform and the Content (as defined in the Terms).

f) All outstanding payments receivable by MedLern from the Customer, including without limitation payments for any work undertaken pursuant to the Customer's instructions or any ongoing matters, shall become immediately due and payable on the date of expiration or termination of this Agreement and shall be paid by the Customer within 30 (thirty) days thereof.

g) Provisions that expressly or are intended to survive termination or expiry of the Agreement shall continue to remain in effect post the termination or expiry of the Agreement, as the case may be.

SCHEDULE 1 (Annual Subscription details)

Annual Subscription includes the offerings below:

Learning Management System	Hosting, Infra & Maintenance
1. Comprehensive learning & content management system 2. Content uploader 3. Course builder 4. Assessment & appraisal tool 5. Training scheduler 6. Mobile apps 7. Offline access 8. Reminder and notifications 9. Dashboard and insightful reporting 10. Leaderboard, Credits features and Certificate downloads	11. 99% uptime & 24/5 customer support 12. Bandwidth for data storage and transfer 13. Unlimited Users & assignment per facility 14. Third-party system integration available at an additional cost 15. Nominal increments in the annual maintenance charges for long term relationship

Bandwidth for Data storage and transfer to be 500 GB / Month for the entire subscription period

IN WITNESS WHEREOF, the Parties execute this Agreement intending to be legally bound.

For and on behalf of **MedLern Pvt Ltd**	For and on behalf of **Rohilkhand Educational Charitable Trust**
	Lata Agrawal
Name: Mr. Deepak Sharma	**Name:** Dr. Lata Agrawal
Designation: CEO, MedLern	**Designation:** Chairman

BASIC LIFE SUPPORT

HeartCode® Complete BLS Provider

American Heart Association

Dr RAJ LAKSHMI CHAUDHARY

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date
05/12/2023

HeartCode Complete Location
MedLern

The HeartCode Program is provided by:
American Heart Association
ROIQuestions@heart.org

Renew By
05/31/2025

eCard Code
[redacted]

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to: https://certificate.cpr1stop.com/certificate/verify_certificate

© 2023 American Heart Association, All rights reserved. [redacted]

IVF file

IVF MAIN POINT REPORT

1. Fees for providing service to be mutually decided by both IVF RI and RMCH.
2. Procedure to perform by RI are listed below.

   I. Basic Infertility Work Up

   II. Cryo – Preservation

   a. Sperm b. Egg c. Embryo

   III. Male Infertility Treatments Techniques (ART)

   a. IUI, AID (Artificial Insemination Donor)

   b. IVF & ICSI, also with donor eggs

   c. PESA, TESA & TESE

   d. Surrogacy

   e. Any other procedure

3. Staff to be provided by RI.

   Personnel's on RI Payroll

   a) IVF Specialists
   b) Embryologists
   c) IVF Counselors

4. Drugs and consumable for infertility to be provided by RI.
5. RI will run training course in discussion with RMCH.
6. RMCH will provide space, equipment, OT, infrastructure.
7. RI will do all marketing activities.
8. Revenue sharing 35% RMCH and 65% RI

Scanned with CamScanner

MEMORANDUM OF UNDERSTANDING (COLLABORATION AGREEMENT)

This Memorandum of Understanding (MoU) (hereinafter referred to as the "AGREEMENT") is deemed to execute on 1st July 2021 (01/07/2021) ("Effective Date") by and between

Rohilkhand Medical college and hospital (RMCH) managed by _____ a company incorporated under the laws of India and having its registered office and hospital address at - _____ managed by _____ having PAN No. _____ designated as (Owner Designation) (which expression unless repugnant to the context shall include its assigns, successors and representatives etc.,) of the one part.

AND

RISAA IVF (RI) managed by Int Fertility Centre Pvt Ltd, a company incorporated under the laws of India and having its registered office at H-3, Green Park Main, New Delhi, India through, Saarthak Bakshi, PAN No. – AKXPB3654Q designated as CEO (which expression unless repugnant to the context shall include its assigns, successors and representatives etc.,) of the other part.

RMCH and RI are collectively referred to as the "Parties" and individually a 'Party'.

Whereas RI is a center which deals in providing medical services in the field of 'Infertility' of international standards.

And whereas RMCH is a hospital claiming excellence in providing services in the field of health care and endeavors to provide treatment in the field of Infertility to the people of its state and the one who visits RMCH for the same.

And whereas RMCH and RI are interested to collaborate in order to bring the excellence in medical services in the field of infertility and whereas RMCH hereby accepts such appointment on the terms and conditions set forth in this agreement.

NOW, THEREFORE, IN CONSIDERATION OF THE PREMISES AND MUTUAL COVENANTS HEREIN CONTAINED, AND EACH INTENDING TO BE LEGALLY BOUND THE PARTIES HERETO AGREE AS FOLLOWS:

1. SCOPE OF AGREEMENT

1.1. RI will provide services to run the infertility centre at The hospital (RMCH).

1.2. The fees proposed to be charged to the patients for providing the services at the infertility centre at the hospital will be mutually decided and as per agreed tariff of the hospital. The fees so agreed upon for different procedures and the consultation charges shall become the integral part of this agreement. The fees

For INT FERTILITY CENTRE PRIVATE LIMITED

Director / Auth. Signatory

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Scanned with CamScanner

so decided shall be reviewed between the parties after a fixed interval of every year and the revised fee structure shall then become the integral part of the agreement.

1.3. It is explicitly agreed and understood that RI has no right in the hospital, land and premises and the entire space, premises and precincts remain in the ownership, possession, control, administration and supervision of the company. However, during the subsistence of the agreement RI shall have the right (leave and license) of peaceful use of the premises so designated and required for the purpose of infertility treatment. RMCH shall ensure that there is no obstruction for RI and its staff to enter into the hospital and use the premises.

2. ROLES AND RESPONSIBILITIES OF RI

2.1. RI will contribute its specialized knowledge and technical expertise regarding establishing and operating a comprehensive infertility treatment centre. All the procedures to be performed at the infertility centre have been mentioned in Annexure B.

2.2. RI would provide the skilled and qualified professionals (As per Annexure C)

2.3. RI will procure and provide all the drugs & consumables necessary for the treatment of infertility patient's. RI would order, dispense & sell all the drugs & consumables at its discretion.

2.4. RI after discussion with RMCH will be allowed to run training courses for IVF, stem cells, cosmetic gynecology and any other subjects that are not already taught at RMCH. The course content, duration and all the other modalities would be taken care by RI.

2.5. RI will procure and provide at its own cost, all the media, consumables and any other tertiary medical goods that would be used to treat the infertility patient's.

2.6. RI shall be responsible for billing and collection of amounts due from the patients who have availed the Services and after deducting and retaining the Management Fee, shall remit the remaining amounts ("**Revenue share / Service Fee**") to RMCH within 30 (Thirty) days.

2.7. RI shall maintain all relevant patient records as per applicable laws in respect of consultation, investigation, diagnosis, and treatment.

2.8. RI at its own discretion will be allowed to run and establish IVF centres at other hospitals and healthcare centres in the non-competing zones of RMCH.

2.9. The overall revenue share is as detailed in Annexure D

3. ROLES AND RESPONSIBILITIES OF RMCH

For INT FERTILITY CENTRE PRIVATE LIMITED

Director / Auth. Signatory

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Scanned with CamScanner

3.1. RMCH must provide the space required for the development of the infertility centre. RMCH would carry out the required renovation including construction and interiors at its own cost. The maintenance of the space would be done by RMCH. (Details mentioned in Annexure A)

3.2. RMCH would provide all the specific equipment necessary for the setting up and operations of the infertility centre as well as specialized instruments required for all infertility procedures. RMCH would ensure that the equipment is of best qualitative standards and that all equipment is installed, checked and serviced according to manufacturer's instructions, current best practice guidelines and applicable laws.

3.3. RMCH would also provide the operation theatre facility with anesthesia machine, ultrasound machine, and all the other tertiary requirements in setting up a full-fledged OT. As part of the IVF package, there would be 3-4 ultrasound scans that would be done

3.4. RMCH shall provide nurses, OT technicians and other OT consumables for the purposes of IVF & gynecological procedures / surgeries required to be conducted for all infertility procedures. The IVF procedures would be done in batches and the above staff would not be required more than once or twice a month. The approximate cost of OT consumables being used in an IVF procedure will not be more than Rs 5000 per case which will be shared by both the party equally as per actuals.

3.5. RMCH ensures the responsibility to get all the licenses for PNDT and related to the ultrasound machine. Any scans done for the IVF procedure through the ultrasound machine would be a part of the RMCH (**"Revenue share / Service Fee"**). No extra charge would be levied or paid by RI.

3.6. RMCH would also provide the infrastructure support viz. utilities like electricity, water, furniture's, fixtures, general engineering, maintenance services and housekeeping. RMCH would provide all the hard furniture and fixtures for setting up of the IVF centre.

3.7. RMCH shall ensure availability of power back up at all times in the designated premises including an online UPS for the IVF lab and OT.

3.8. RMCH shall ensure that there is no inconvenience to RI and its staff in utilizing the services and area so designated in terms of this agreement. In the event of an inconvenience, which is apparent or brought to the notice of RMCH as the case may be, RMCH shall take immediate steps to resolve the same.

3.9. RMCH agrees not to appoint any other person, firm or company who is engaged in the business of operating infertility treatment centers in their premises till the contract is in effect.

4. <u>SIGNAGE</u>

For INT FERTILITY CENTRE PRIVATE LIMITED

Director / Auth. Signatory

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Scanned with CamScanner

4.1. RMCH needs to ensure that the signage or the new entity is visible at the exterior and the main and the front face of RMCH the board size should cover the maximum area based on the available space

4.2. The interiors of the infertility centre would have all the pictures and text according to the central theme of RI. The walls at the reception would carry out the message containing the vision and mission of RI to build families.

4.3. All signage / frontage of RI shall be in line with overall theme of RMCH in this regard and shall be pre-approved by RMCH consultants / architects.

5. BRANDING / CO- BRANDING / MARKETING

5.1. The marketing expenses will be borne by RI for all marketing activities.

5.2. RI would take the marketing initiative to promote all infertility procedures which may incur costs in the form of advertisements and referral fees.

5.3. RI shall co-ordinate on behalf of the joint entity to prepare the promotional material for sales and marketing. All online, social media and web-based marketing include e-mailers. SMS marketing etc. would be taken care by RI.

6. TERM & RENEWAL

6.1. The term of this Agreement shall commence on the date of signing of this Agreement (the "Effective Date") and shall continue for a period of three (3) years (the "Term"), unless earlier terminated in accordance with its terms.

6.2. This Agreement may be further renewed on the expiry of the term or prior to expiry on such terms and conditions as may be mutually agreed. It is agreed that three month's (90 days) prior to the expiry of the term, the parties shall mutually discuss the possibility of extending / renewing the term of this agreement and shall enter into good faith negotiations to determine the terms and conditions that may apply to any renewal of this Agreement However, RI holds the first right of renewal and only in the event of refusal by RI to continue this agreement, RMCH can look at other options for infertility treatment providers.

6.3. Incase no such renewal notice is given by either party or after giving of such notice, the terms and conditions for renewal of the agreement could not be agreed upon between the parties, the agreement shall terminate on expiry of the term and the clauses related to termination hereinafter shall apply.

7. TERMINATION OF THE AGREEMENT

7.1. This agreement may be terminated before the expiry of its term:

7.1.1. By either party giving a ninety (90) days' notice in case the other party has failed or is unable to provide the services continuously for more than ninety (90) days or in case of any deficiency / negligence in providing any services to the patients or users which is proved with substantial evidence.

For INT FERTILITY CENTRE PRIVATE LIMITED

Director / Auth. Signatory

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Scanned with CamScanner

7.1.2. By either party in case the other party fails to make payments due to each other within ninety (90) days' of generating a bill as per Annexure D

7.1.3. By either party in case the other party has committed a material breach of the terms of this Agreement and fails to cure such breach within ninety (90) days' of the receipt by the defaulting party of a notice of breach from the non-defaulting party.

7.2. By either Party for any or no reason upon serving a termination notice of ninety (90) days' in writing to the other party.

8. CONFIDENTIALITY

8.1. Any technical, commercial, financial, patient information communicated between the parties which the communicating party has indicated to be confidential or which is otherwise of a confidential nature will not be disclosed by the receiving party, without prior written consent from the disclosing party.

8.2. Each party shall impose upon any employees having access to the confidential information they need to treat such information as secret and to not use it for their own purposes nor make them accessible to third parties. The employees' secrecy obligation will also extend beyond their period of employment.

8.3. Notwithstanding the other provisions of this Agreement, Confidential or proprietary information from either Party will not include information that: (i) has been published or is otherwise available or becomes available to the public, other than by a breach of this Agreement; (ii) has been rightfully and lawfully received by the receiving Party from a third party, without limitations or restrictions on its use or disclosure; (iii) was known by the receiving Party prior to its first receipt from disclosing Party and such knowledge can be substantiated by reasonable documentation; or (iv) is required to be disclosed to any governmental agency or court of competent jurisdiction pursuant to a written order, subpoena or by operation of law.

9. GOOD FAITH CLAUSE

Notwithstanding anything incorporated in the present agreement the concerned parties have a good faith obligation to provide mutual assistance. Parties shall provide mutual assistance as set forth in this agreement to the maximum extent possible. Decisions about providing mutual assistance pursuant to this agreement shall be made by:

a. Objectively assessing whether and which resources can be feasibly shared
b. Clearly conveying capacity for mutual assistance to other parties; and
c. Striving to ensure transparency, honesty, and fairness in all phases of mutual assistance.

Parties shall confirm receipt of verbal or written requests for mutual assistance and provide responses within reasonable time.

Administrative Officer
Rohilkhand [illegible] Hospital

Scanned with CamScanner

10. RELATIONSHIP BETWEEN THE PARTIES

Nothing contained in this agreement and no action taken by the parties pursuant to this agreement will be deemed to constitute a relationship between the parties of partnership, joint venture principal and agent or employer and employee. Neither party has nor may it represent that it has any authority to act or make any commitments on the other party's behalf unless specifically authorized. The parties are business associates who entered into this collaboration to share the profits/revenue whereas the losses and liabilities of their acts and omissions shall belong to the respective party

11. INDEMNIFICATION

Each party agrees to indemnify and/or keep the other indemnified against its acts / omissions, which may result into losses / actions / injuries / damages.

12. ENTIRE AGREEMENT / RELIANCE ON REPRESENTATIONS

This agreement and other documents referred into the schedules contain all the terms which the parties have agreed in relation to the subject matter of this agreement and those documents and supersedes any prior written or oral agreements, representations (excluding any fraudulent misrepresentation) or understandings between the parties in relation to such subject matter.

13. VARIATIONS

No variation of this agreement shall be valid unless it is in writing and signed by or on behalf of each of the parties by a director or other duly authorized officer of each of the parties.

14. WAIVER

Any failure on the part of any party hereto to comply with any of its obligations, agreements or conditions hereunder may be waived in writing by the other party to whom such compliance is owed. No failure by either party to this agreement to enforce any rights hereunder shall be construed as a waiver of such right(s). The waiver by a party of a breach or a default of any provision of this Agreement by the other Party shall not be construed as a waiver of any succeeding breach of the same or any other provision, nor shall any delay or omission on the part of a party to exercise or avail itself of any right, power or privilege that it has or may have hereunder operate as a waiver of any right, power or privilege by such party.

15. GOVERNING LAW, DISPUTE RESOLUTION & JURISDICTION:

15.1. This Agreement shall be governed by and interpreted and construed in accordance with the laws of India.

15.2. All disputes or differences between the parties under or in connection with this Agreement or any breach thereof shall be settled by amicable mutual negotiations.

For INT FERTILITY CENTRE PRIVATE LIMITED

Director / Auth. Signatory

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Scanned with CamScanner

Annexure B

Details of procedure to be done at RMCH

1) Basic Infertility Work Up

2) Cryo-Preservation

   a. Sperm b. Egg c. Embryo

3) Male Infertility Treatments

4) Assisted Reproductive Techniques (ART)

   a. IUI, AID (Artificial Insemination Donor)

   b. IVF & ICSI, also with donor eggs

   c. PESA, TESA & TESE

   d. Surrogacy

   e. Any other procedure

Annexure C

Personnel's on RI Payroll

1) IVF Specialists

2) Embryologists

3) IVF Counselors

Annexure D

Revenue sharing between RMCH and RI

1) For all procedures performed including IUI, IVF etc. as mentioned in Annexure B, the gross revenue sharing will be 65% to RI and 35% to RMCH.

2) The revenue is excluding the cost of third party assisted reproduction services such as egg donor and surrogate mother compensation.

3) All the receipts and revenue would be collected and shared by RI. RMCH would get its share of the revenue at the end of each month

4) In addition to the above revenue share, RMCH would also get revenue from
   a. Ultrasound Fees other than follicular monitoring
   b. Other Procedures such as Hysteroscopy, Laparoscopy, HSG etc
   c. Pre and Post Gynecological and Obstetrics needs of the patient

For INT FERTILITY CENTRE PRIVATE LIMITED

Director / Auth. Signatory

Administrative Officer
Rohilkhand Medical College & Hospital

Scanned with CamScanner

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

In Vitro Fertilization Laboratory facility at Rohilkhand Medical College & Hospital, Bareilly (U.P.)





Dreams delivered, love multiplied, Our IVF miracle in our arms

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in





Precision, teamwork and care-bringing new life safely in to the world. OT in action.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in









BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in





1.3.1 ***Institution integrates crosscutting issues relevant to Gender, Environment and Sustainability, Human Values, Health Determinants, Right to Health Issues, Emerging demographic changes and Professional Ethics in the curricula.***

Response:

Bareilly International University: Fostering Holistic Development

Bareilly International University (BIU) is dedicated to the comprehensive development of its students. By incorporating various crosscutting issues into its curriculum and extracurricular activities, BIU creates an environment that promotes academic, social, and ethical growth. The university prioritizes outreach initiatives, awareness programs, and essential topics such as gender equality, environmental sustainability, human values, and professional ethics.

Gender Sensitization

At BIU, gender-related issues are a key focus in both academic and extracurricular settings. The curriculum for undergraduate and postgraduate programs includes topics on gender and sexuality, supplemented by workshops, essay competitions, skits, role-plays, and open discussions aimed at raising awareness. Each year, the university organizes interactive sessions on women's empowerment to celebrate International Women's Day. Additionally, a value-added course on *Gender Sensitization* is offered, encouraging students to engage thoughtfully with gender equity issues.

Human Values

The integration of human values into teaching and practical experiences is central to BIU's approach. Students assigned to Rural Health Training Centers (RHTCs) work directly with families to provide healthcare and maintain family health records. This hands-on experience enhances their understanding of the socio-economic, environmental, and cultural aspects of healthcare. Topics such as Gandhian values, professionalism, and the doctor-patient relationship are also included in the curriculum, helping students cultivate strong ethical principles.

Health Determinants

BIU's curriculum addresses various health determinants, including biological, physical, behavioral, socio-cultural, and environmental factors. These aspects are explored in depth within Community Medicine, Pediatrics, and General Medicine programs. The university emphasizes the significance of socio-economic conditions and access to health services in understanding health outcomes.

Right to Health

Promoting health equity and the right to health is a fundamental commitment at BIU. This principle is reinforced during clinical postings and internships, where students encounter real-world healthcare challenges. The curriculum includes the Hippocratic Oath, white coat ceremonies, and cadaveric oaths, ensuring students recognize "Health for All" as a national goal and understand their role in achieving it.

Emerging Demographic Changes

BIU also addresses emerging demographic trends, including the importance of sex ratio, the Pre- Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, and the aging population. Courses in Community Medicine and General Medicine cover population dynamics, and a value-added course on *Introduction to Population Health Survey* helps students understand these changes and their health implications.

Through these diverse initiatives, BIU prepares students to excel academically while becoming socially conscious and ethically responsible professionals.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)

Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA

Phone: 0581-2526011-12, Fax: 0581 - 2303345

Email: info@biu.edu.in Website: www.biu.edu.in

1.2.1 Gender/Hu

Programme Name - MBBS

List of courses relevant to Gender, Human Value, Environmental & Sustainability, Professional Ethics - 2022 -23

SR No	Name of course	Course code	Gender	Human Value	Environmental & Sustainability	Professional Ethics
1	Anatomy	1111	√	√	√	√
2	Physiology	1122	√	√	√	√
3	Biochemistry	1113	√	√	√	√
4	Pathology	1120	√	√	√	√
5	Microbiology	1118	√	√	√	√
6	Pharmacology	1121	√	√	√	√
7	Community Medicine	1115	√	√	√	√
8	General Medicine	1117	√	√	√	√
9	Psychiatry	1123	√	√	√	√
10	Skin and VD	1116	√	√	√	√
11	Chest and TB	1114	√	√	√	√
12	Pediatrics	1119	√	√	√	√
13	Radio diagnosis	1124	√	√	√	√
14	General Surgery	1126	√	√	√	√
15	Orthopedics	1129	√	√	√	√
16	ENT	1125	√	√	√	√
17	Ophthalmology	1128	√	√	√	√
18	OBST and Gynae	1127	√	√	√	√
19	Anesthesia	1112	√	√	√	√

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Programme Name - MBBS

List of courses relevant to Gender, Human Value, Environmental & Sustainability, Professional Ethics - 2023 -24

SR No	Name of course	Course code	Gender	Human Value	Environmental & Sustainability	Professional Ethics
1	Anatomy	1111	√	√	√	√
2	Physiology	1122	√	√	√	√
3	Biochemistry	1113	√	√	√	√
4	Pathology	1120	√	√	√	√
5	Microbiology	1118	√	√	√	√
6	Pharmacology	1121	√	√	√	√
7	Community Medicine	1115	√	√	√	√
8	General Medicine	1117	√	√	√	√
9	Psychiatry	1123	√	√	√	√
10	Skin and VD	1116	√	√	√	√
11	Chest and TB	1114	√	√	√	√
12	Pediatrics	1119	√	√	√	√
13	Radio diagnosis	1124	√	√	√	√
14	General Surgery	1126	√	√	√	√
15	Orthopedics	1129	√	√	√	√
16	ENT	1125	√	√	√	√
17	Ophthalmology	1128	√	√	√	√
18	OBST and Gynae	1127	√	√	√	√
19	Anesthesia	1112	√	√	√	√

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)

Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA

Phone: 0581-2526011-12, Fax: 0581 - 2303345

Email: info@biu.edu.in Website: www.biu.edu.in

Programme Name - MBBS

List of courses relevant to Gender, Human Value, Environmental & Sustainability, Professional Ethics - 2024 -25

SR No	Name of course	Course code	Gender	Human Value	Environmental & Sustainability	Professional Ethics
1	Anatomy	1111	√	√	√	√
2	Physiology	1122	√	√	√	√
3	Biochemistry	1113	√	√	√	√
4	Pathology	1120	√	√	√	√
5	Microbiology	1118	√	√	√	√
6	Pharmacology	1121	√	√	√	√
7	Community Medicine	1115	√	√	√	√
8	General Medicine	1117	√	√	√	√
9	Psychiatry	1123	√	√	√	√
10	Skin and VD	1116	√	√	√	√
11	Chest and TB	1114	√	√	√	√
12	Pediatrics	1119	√	√	√	√
13	Radio diagnosis	1124	√	√	√	√
14	General Surgery	1126	√	√	√	√
15	Orthopedics	1129	√	√	√	√
16	ENT	1125	√	√	√	√
17	Ophthalmology	1128	√	√	√	√
18	OBST and Gynae	1127	√	√	√	√
19	Anesthesia	1112	√	√	√	√

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)

Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA

Phone: 0581-2526011-12, Fax: 0581 - 2303345

Email: info@biu.edu.in Website: www.biu.edu.in

Programme Name – MD/MS/MSc

List of courses relevant to Gender, Human Value, Environmental & Sustainability, Professional Ethics - 2022 -23

SR No	Name of course	Course code	Gender	Human Value	Environmental & Sustainability	Professional Ethics
1	MD Anatomy	1111	√	√	√	√
2	MD Physiology	1122	√	√	√	√
3	MD Biochemistry	1113	√	√	√	√
4	MD Pathology	1120	√	√	√	√
5	MD Microbiology	1118	√	√	√	√
6	MD Pharmacology	1121	√	√	√	√
7	MD Community Medicine	1115	√	√	√	√
8	MD General Medicine	1117	√	√	√	√
9	MD Psychiatry	1123	√	√	√	√
10	MD Skin and VD	1116	√	√	√	√
11	MD Chest and TB	1114	√	√	√	√
12	MD Pediatrics	1119	√	√	√	√
13	MD Radio diagnosis	1124	√	√	√	√
14	MS General Surgery	1126	√	√	√	√
15	MS Orthopedics	1129	√	√	√	√
16	MS ENT	1125	√	√	√	√
17	MS Ophthalmology	1128	√	√	√	√
18	MS OBST and Gynae	1127	√	√	√	√
19	MD Anesthesia	1112	√	√	√	√
20	MSc Medical Anatomy	1161	√	√	√	√
21	MSc Medical Biochemistry	1162	√	√	√	√
22	MSc Medical Physiology	1163	√	√	√	√

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)

Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA

Phone: 0581-2526011-12, Fax: 0581 - 2303345

Email: info@biu.edu.in Website: www.biu.edu.in

Programme Name – MD/MS/MSc

List of courses relevant to Gender, Human Value, Environmental & Sustainability, Professional Ethics - 2024 -25

SR No	Name of course	Course code	Gender	Human Value	Environmental & Sustainability	Professional Ethics
1	MD Anatomy	1111	√	√	√	√
2	MD Physiology	1122	√	√	√	√
3	MD Biochemistry	1113	√	√	√	√
4	MD Pathology	1120	√	√	√	√
5	MD Microbiology	1118	√	√	√	√
6	MD Pharmacology	1121	√	√	√	√
7	MD Community Medicine	1115	√	√	√	√
8	MD General Medicine	1117	√	√	√	√
9	MD Psychiatry	1123	√	√	√	√
10	MD Skin and VD	1116	√	√	√	√
11	MD Chest and TB	1114	√	√	√	√
12	MD Pediatrics	1119	√	√	√	√
13	MD Radio diagnosis	1124	√	√	√	√
14	MS General Surgery	1126	√	√	√	√
15	MS Orthopedics	1129	√	√	√	√
16	MS ENT	1125	√	√	√	√
17	MS Ophthalmology	1128	√	√	√	√
18	MS OBST and Gynae	1127	√	√	√	√
19	MD Anesthesia	1112	√	√	√	√
20	MSc Medical Anatomy	1161	√	√	√	√
21	MSc Medical Biochemistry	1162	√	√	√	√
22	MSc Medical Physiology	1163	√	√	√	√

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)

Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA

Phone: 0581-2526011-12, Fax: 0581 - 2303345

Email: info@biu.edu.in Website: www.biu.edu.in

Programme Name – MD/MS/MSc

List of courses relevant to Gender, Human Value, Environmental & Sustainability, Professional Ethics - 2023 -24

SR No	Name of course	Course code	Gender	Human Value	Environmental & Sustainability	Professional Ethics
1	MD Anatomy	1111	√	√	√	√
2	MD Physiology	1122	√	√	√	√
	MD Biochemistry	1113	√	√	√	√
4	MD Pathology	1120	√	√	√	√
5	MD Microbiology	1118	√	√	√	√
6	MD Pharmacology	1121	√	√	√	√
7	MD Community Medicine	1115	√	√	√	√
8	MD General Medicine	1117	√	√	√	√
9	MD Psychiatry	1123	√	√	√	√
10	MD Skin and VD	1116	√	√	√	√
11	MD Chest and TB	1114	√	√	√	√
12	MD Pediatrics	1119	√	√	√	√
13	MD Radio diagnosis	1124	√	√	√	√
14	MS General Surgery	1126	√	√	√	√
15	MS Orthopedics	1129	√	√	√	√
16	MS ENT	1125	√	√	√	√
17	MS Ophthalmology	1128	√	√	√	√
18	MS OBST and Gynae	1127	√	√	√	√
19	MD Anesthesia	1112	√	√	√	√
20	MSc Medical Anatomy	1161	√	√	√	√
21	MSc Medical Biochemistry	1162	√	√	√	√
22	MSc Medical Physiology	1163	√	√	√	√

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581-2303345
Email: info@biu.edu.in Website:www.biu.edu.in

COURSE FILE

MD-Pharmacology

(SESSION 2024-2025)

FACULTY NAME: Dr. MHRK Guptha Bayya

(Associate Professor)

DEPARTMENT: PHARMACOLOGY

ROHILKHAND MEDICAL COLLEGE & HOSPITAL

BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY.

UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581-2303345
Email: info@biu.edu.in Website:www.biu.edu.in

COURSE FILE

MD-Pharmacology

(SESSION 2024-2025)

FACULTY NAME: Dr. Iram Shaifali (Professor)

DEPARTMENT: PHARMACOLOGY

ROHILKHAND MEDICAL COLLEGE & HOSPITAL

BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY.

UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581-2303345
Email: info@biu.edu.in Website:www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Sujata Singh (Professor)

DEPARTMENT: PHARMACOLOGY

ROHILKHAND MEDICAL COLLEGE & HOSPITAL

BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY.

UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581-2303345
Email: info@biu.edu.in Website:www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Pooja Agrawal (Associate Professor)

DEPARTMENT: PHARMACOLOGY

ROHILKHAND MEDICAL COLLEGE & HOSPITAL

BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY.

UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD PATHOLOGY

(SESSION 2023-2024)

FACULTY NAME: Dr. CHEENA GARG (PROFESSOR)

DEPARTMENT: PATHOLOGY

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

PHASE II - PATHOLOGY

(SESSION 2023-2024)

FACULTY NAME: Dr. CHEENA GARG (PROFESSOR)

DEPARTMENT: PATHOLOGY

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD PATHOLOGY

(SESSION 2023-2024)

FACULTY NAME: Dr. SAGAR C. MHETRE (PROFESSOR)

DEPARTMENT: PATHOLOGY

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

PHASE II - PATHOLOGY

(SESSION 2023-2024)

FACULTY NAME: Dr. SAGAR C. MHETRE (PROFESSOR)

DEPARTMENT: PATHOLOGY

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD COMMUNITY MEDICINE

(SESSION 2024-2025)

FACULTY NAME: Dr. Gauri Saraswat (Assistant Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD COMMUNITY MEDICINE

(SESSION 2024-2025)

FACULTY NAME: Dr. Piyush Gupta (Associate Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD COMMUNITY MEDICINE

(SESSION 2024-2025)

FACULTY NAME: Dr. Ghos Ahmed (Associate Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD COMMUNITY MEDICINE

(SESSION 2024-2025)

FACULTY NAME: Dr. Deepak Upadhyay (Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD COMMUNITY MEDICINE

(SESSION 2024-2025)

FACULTY NAME: Dr. Medhavi Agarwal (Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD COMMUNITY MEDICINE

(SESSION 2024-2025)

FACULTY NAME: Dr. Ajay K. Agarwal (Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD COMMUNITY MEDICINE

(SESSION 2024-2025)

FACULTY NAME: Dr. Swati Khan (Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Swati Khan (Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Ajay K. Agarwal (Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Medhavi Agarwal (Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Deepak Upadhyay (Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Ghos Ahmed (Associate Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Piyush Gupta (Associate Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS

(SESSION 2024-2025)

FACULTY NAME: Dr. Gauri Saraswat(Assistant Professor)

DEPARTMENT: COMMUNITY MEDICINE

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS PHASE III (Part – II) PEDIATRICS

(SESSION 2024-2025)

FACULTY NAME: DR. VEDIKA ANILKUMAR BHAT

(ASSOCIATE PROFESSOR)

DEPARTMENT: PEDIATRICS

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD PEDIATRICS

(SESSION 2024-2025)

FACULTY NAME: DR. VEDIKA ANILKUMAR BHAT

(ASSOCIATE PROFESSOR)

DEPARTMENT: PEDIATRICS

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MD PEDIATRICS

(SESSION 2024-2025)

FACULTY NAME: DR. ANITA KUMARI (PROFESSOR)

DEPARTMENT: PEDIATRICS

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

COURSE FILE

MBBS PHASE III (Part – II) PEDIATRICS

(SESSION 2024-2025)

FACULTY NAME: DR. ANITA KUMARI (PROFESSOR)

DEPARTMENT: PEDIATRICS

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
UTTAR PRADESH

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

List of Activities that Integrates Crosscutting Issues for Year 2024-2025

Sr. No.	Name of the activity	Organised by	Date of the activity
1.	Workshop on Professional Ethics in Mental Health Practice	Physiology	22.10.2024
2.	Seminar on Ethical Dilemmas in Rural Healthcare	Biochemistry	03.11.2024
3.	Workshop on Ethics in Organ Donation and Transplantation	Pathology	09.12.2024
4.	Seminar on Ethical Frameworks for Artificial Intelligence in Health	Pharmacology	06.12.2024
5.	Workshop on Building a Culture of Ethical Excellence	Microbiology	27.11.2024
6.	Workshop on Educational Demographics and Health Literacy	Community Medicine	22.11.2024
7.	Seminar on Demographic Shifts and Health Infrastructure	Community Medicine	02.12.2024
8	Workshop on Disability in	Physiology	23.11.2024

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

	Changing Population Profiles		
9	Seminar on Trends in Adolescent Health Risk Behavior	Medicine	10.12.2024
10	Workshop on Pandemic Preparedness and Demographic Analysis	Community Medicine	04.11.2024
11	Workshop on Ensuring Quality in Public Health Systems	Community Medicine	06.11.2024
12	Seminar on Data Privacy and Right to Health	Surgery	24.11.2024
13	Workshop on Ethical Dilemmas in Right to Die and Live	Medicine	28.10.2024
14	Seminar on Indigenous Rights and Health Services	Obstetrics & Gynecology	11.04.2025
15	Workshop on Strengthening Legal Literacy on Health Rights	Pediatrics	18.12.2024
16	Workshop on Respecting Patient Autonomy and Beliefs	Pharmacology	15.10.2024

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

17	Seminar on Technology as a Health Determinant	Community Medicine	11.02.2025
18	Seminar on Value-Driven Health Policies	Medicine	18.02.2025
19	Workshop on Values Education for Medical Students	Surgery	27.04.2025
20	Seminar on Value-Driven Health Policies	Medicine	11.12.2024
21	Seminar on Family Structure and Health Support Systems	Community Medicine	21.02.2025
22	Seminar on Truthfulness in Health Communication 2023	Pediatrics	29.11.2024
23	Workshop on Legal Determinants of Health	Surgery	25.03.2025
24	Workshop on Cultural Sensitivity in Health Services	Community Medicine	03.02.2025
25	Seminar on Ethics and	Pathology	19.03.2025

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

	Compassion in Medical Practice		
26	Workshop on Environmental Laws and Medical Accountability	Community Medicine	05.03.2025
27	Seminar on Air Quality and Respiratory Health	Community Medicine	20.02.2025
28	Workshop on Eco-Conscious Medical Practices	Community Medicine	15.04.2025
29	Seminar on Environmental Determinants of Non-Communicable Diseases	Medicine	17.03.2025
30	Workshop on Rebuilding Post-Disaster Health Infrastructure Sustainably	Community Medicine	05.03.2025
31	Workshop on Combating Workplace Harassment in Health Sector	Community Medicine	11.03.2025
32	Seminar on Gender and Access to Public Health Services	Community Medicine	02.01.2025
33	Workshop on Gender	Obstetrics & Gynecology	01.04.2025

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

	Responsive Health Systems		
34	Seminar on Gendered Perspectives in Nutrition and Wellness	Community Medicine	15.01.2025
35	Workshop on Integrating Gender in Public Health Curriculum	Community Medicine	22.01.2025

BAREILLY INTERNATIONAL UNIVERSIT

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) IN
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 23.10.2024

Title of the Activity

Workshop on Professional Ethics in Mental Health Practice

Date & Venue

- **Date**:October 22, 2024
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- **Understand the Core Ethical Principles in Mental Health Care**
  - Explore key ethical principles such as autonomy, beneficence, non-maleficence, justice, and confidentiality, and their application in mental health practice.
- **Recognize Ethical Challenges Specific to Mental Health Settings**
  - Identify common ethical dilemmas in mental health practice, including issues related to involuntary treatment, dual relationships, client autonomy, and confidentiality.
- **Navigate the Boundaries of Professional Conduct in Mental Health**
  - Learn how to establish and maintain clear professional boundaries with clients to ensure ethical and effective therapeutic relationships.
- **Explore the Ethical Dimensions of Informed Consent in Mental Health**
  - Understand the complexities of obtaining informed consent from clients, particularly in situations involving minors, vulnerable populations, or individuals with diminished capacity.
- **Address Confidentiality and Its Limits in Mental Health Practice**

- Discuss the ethical and legal considerations surrounding confidentiality, including situations when confidentiality may need to be breached (e.g., harm to self or others).

- **Understand the Role of Cultural Competence in Ethical Mental Health Practice**
  - Examine how cultural, social, and demographic factors influence ethical decision-making in mental health and how to provide culturally competent care.

- **Apply Ethical Decision-Making Models to Complex Scenarios**
  - Utilize structured decision-making models to analyze and resolve ethical issues encountered in mental health practice.

- **Examine the Ethical Implications of Treatment Modalities and Interventions**
  - Discuss the ethical considerations related to various therapeutic interventions and modalities, such as psychotherapy, medication, and community-based treatments.

- **Manage Dual Relationships and Conflicts of Interest**
  - Recognize potential conflicts of interest and dual relationships in mental health care and learn strategies for managing these ethically and professionally.

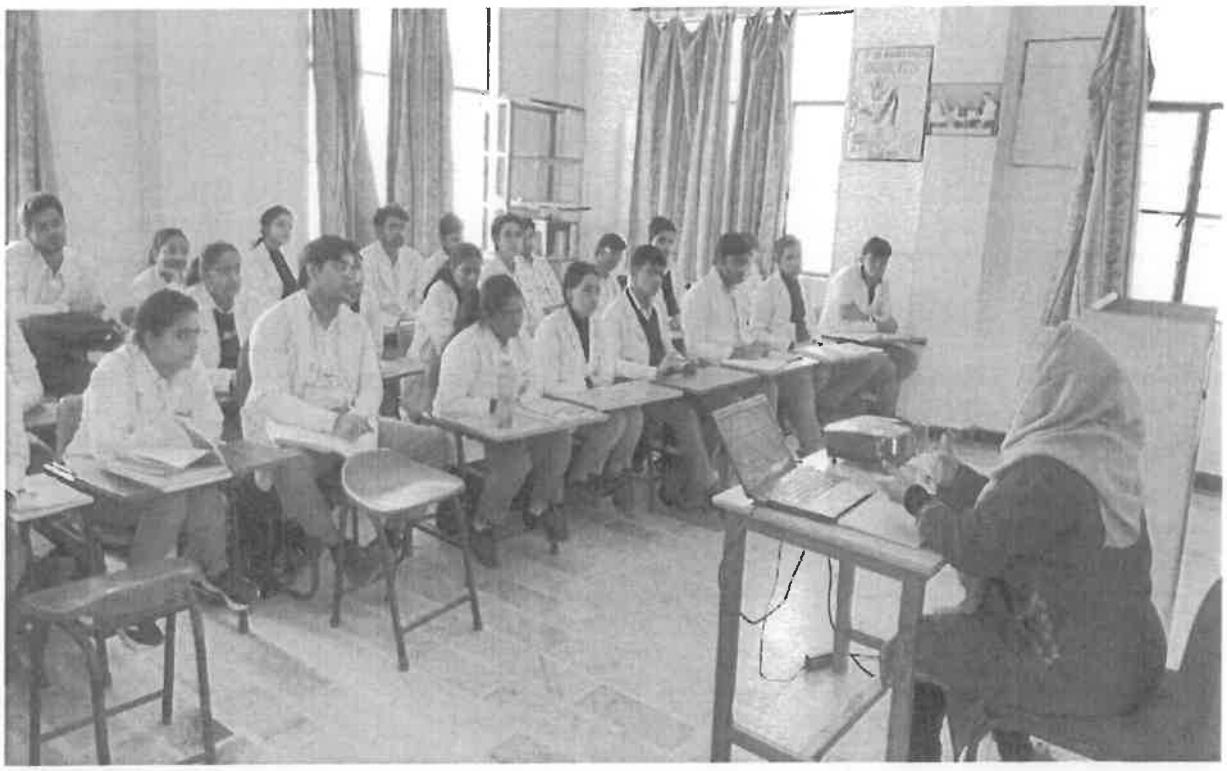
- **Promote Ethical Advocacy and Responsibility in Mental Health Practice**
  - Learn how to advocate for clients' rights and ethical practice within the broader healthcare system, including addressing systemic ethical issues in mental health policy and care delivery.

Resource Person(s)

1) **Dr. SK Verma**
2) **Dr. Ankit Gupta**
3) **Dr. JT Laxmi**

BAREILLY INTERNATIONAL UNIVERSIT

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) IN
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Description

- Mental health professionals play a critical role in the lives of their clients, often dealing with sensitive, vulnerable, and sometimes challenging situations. The ethical dilemmas that arise

in mental health practice require a deep understanding of professional ethical principles and the ability to apply them effectively in clinical decision-making. This workshop aims to enhance participants' knowledge and skills in navigating ethical challenges specific to the mental health field, ultimately fostering ethical practice and improving client care.

- During this workshop, participants will explore core ethical principles such as **autonomy**, **beneficence**, **non-maleficence**, **justice**, and **confidentiality**, and how these principles influence decision-making in mental health care. These principles form the foundation for ethically sound clinical practice, ensuring that mental health professionals respect client rights, promote well-being, and navigate complex issues like consent and confidentiality.
- A key focus of the workshop will be on **recognizing and managing ethical dilemmas** commonly faced in mental health settings. Participants will learn to address challenges like involuntary treatment, conflicts between client autonomy and professional judgment, dual relationships, and maintaining appropriate boundaries. Through discussions and case studies, participants will examine the ethical implications of real-world scenarios and develop the skills needed to make informed, ethical decisions under pressure.
- **Informed consent** in mental health practice is a nuanced and often difficult area. The workshop will provide a thorough understanding of the ethical and legal requirements involved in obtaining consent from clients, particularly vulnerable individuals such as minors or those with cognitive impairments. Participants will explore how to approach these situations and ensure that clients' rights are protected while also addressing their needs for care.
- Confidentiality is one of the most fundamental aspects of mental health practice, but there are times when it may be ethically necessary to break confidentiality, such as when there is a risk of harm to the client or others. This workshop will delve into the complexities surrounding **confidentiality and its limits**, helping professionals balance ethical obligations with legal and clinical considerations.
- The workshop will also explore **cultural competence** and how cultural, social, and demographic factors influence ethical decision-making in mental health practice. Participants will learn strategies for providing culturally competent care while respecting diverse values and beliefs, ensuring that ethical considerations are sensitive to clients' backgrounds.
- An important aspect of this training will be to equip participants with practical **ethical decision-making models**. These models will help them navigate difficult ethical situations systematically, taking into account the complexities of mental health care, client autonomy, and professional judgment. By using structured frameworks, professionals can make decisions that are both ethically sound and clinically effective.
- The workshop will also address the issue of **dual relationships**—a common concern in mental health practice. When a professional has multiple roles in relation to a client, such as being both a therapist and a family friend, it can complicate the therapeutic process. Participants will learn how to manage such relationships while safeguarding the integrity of the client-professional relationship.

- Finally, participants will explore how to be ethical advocates for mental health care and the clients they serve. The workshop will emphasize the importance of **ethical advocacy** within the healthcare system and discuss how to address systemic issues that may affect the delivery of ethical mental health care, such as policies that impact access to care and resources.

Key Topics Covered:

1. **Core Ethical Principles in Mental Health Care**
   - Understanding the application of autonomy, beneficence, non-maleficence, justice, and confidentiality in mental health practice.
2. **Ethical Challenges in Mental Health Settings**
   - Identifying and resolving common ethical dilemmas, such as involuntary treatment, dual relationships, and conflicts between autonomy and professional responsibility.
3. **Informed Consent in Mental Health**
   - The complexities of obtaining informed consent, particularly in cases involving minors, individuals with mental impairments, and other vulnerable groups.
4. **Confidentiality and Its Limits**
   - Exploring the ethical and legal considerations around confidentiality and when it might be necessary to breach it, such as in cases of harm to self or others.
5. **Cultural Competence and Ethics in Mental Health Practice**
   - Learning how cultural, social, and demographic factors influence ethical decision-making, and how to incorporate cultural competence into ethical practice.
6. **Ethical Decision-Making Models**
   - Applying structured decision-making frameworks to analyze complex ethical dilemmas in mental health practice.
7. **Maintaining Professional Boundaries**
   - Understanding and managing the boundaries between mental health professionals and clients, and preventing dual relationships that could compromise clinical effectiveness.
8. **Ethical Implications of Mental Health Treatment Modalities**
   - Discussing the ethical considerations related to various treatment modalities and interventions used in mental health care.
9. **Ethical Advocacy in Mental Health**
   - Promoting ethical advocacy for clients' rights and well-being within the mental health system, including addressing broader systemic issues in mental health care.

Outcome

- **Understand and Apply Core Ethical Principles**

- Demonstrate a comprehensive understanding of core ethical principles (autonomy, beneficence, non-maleficence, justice, and confidentiality) and how to apply them effectively in mental health practice.

- **Navigate Ethical Dilemmas in Mental Health Settings**
  - Recognize common ethical challenges in mental health practice, such as involuntary treatment, dual relationships, and conflicts between client autonomy and professional responsibilities, and apply strategies to resolve these dilemmas.

- **Ensure Informed Consent in Complex Situations**
  - Apply ethical and legal standards to ensure informed consent is obtained appropriately, especially in cases involving vulnerable populations like minors, individuals with cognitive impairments, or those in crisis.

- **Maintain Confidentiality and Understand Its Limits**
  - Demonstrate an understanding of confidentiality and its limitations, making informed decisions about when and how to breach confidentiality in situations where there is a risk of harm to self or others.

- **Apply Cultural Competence to Ethical Decision-Making**
  - Recognize the influence of cultural, social, and demographic factors on ethical decision-making and apply culturally competent practices to ensure respectful and ethical care for diverse clients.

- **Utilize Ethical Decision-Making Models**
  - Use structured ethical decision-making models to analyze and resolve complex ethical issues encountered in mental health practice.

- **Establish and Maintain Professional Boundaries**
  - Develop and apply strategies to establish and maintain appropriate professional boundaries, preventing conflicts of interest and dual relationships that could compromise therapeutic effectiveness.

- **Evaluate the Ethical Implications of Mental Health Interventions**

BAREILLY INTERNATIONAL UNIVERSIT

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) IN
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Critically assess the ethical considerations associated with various mental health treatment modalities and interventions, ensuring that they are implemented in an ethically responsible manner.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 04.11.2024

Title of the Activity

Workshop on ethical dilemmas in rural healthcare

Date & Venue

- **Date**: November 03, 2024
- **Venue**: Auditorium, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- **Identify Key Ethical Challenges in Rural Healthcare Settings**
  - Recognize the ethical dilemmas unique to rural healthcare, such as limited resources, access to care, and the role of community relationships in healthcare delivery.
- **Examine Issues of Access to Care and Healthcare Equity**
  - Understand the ethical implications of healthcare access disparities in rural areas, and explore strategies to ensure that healthcare is provided equitably to rural populations.
- **Navigate Confidentiality and Privacy Concerns in Small Communities**
  - Explore how confidentiality and privacy issues are particularly complex in tight-knit rural communities and learn strategies for maintaining ethical standards in this context.
- **Address Resource Allocation Challenges in Rural Healthcare**
  - Understand how scarcity of resources, including medical personnel, equipment, and infrastructure, creates ethical dilemmas in rural healthcare, and develop frameworks for addressing these challenges responsibly.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

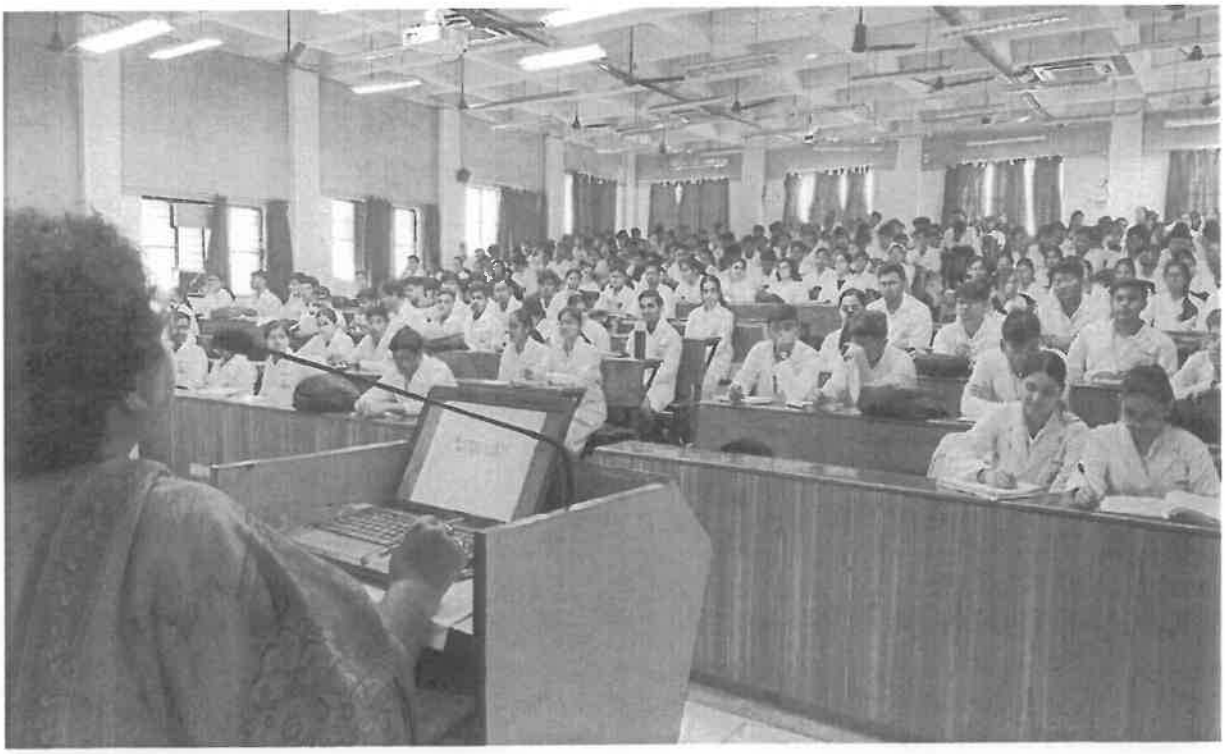
- **Examine Ethical Issues Surrounding Cultural Competence and Sensitivity**
    - Learn about the cultural norms, values, and practices that influence healthcare delivery in rural communities, and discuss how healthcare professionals can provide culturally competent care while navigating ethical challenges.
- **Understand the Role of Relationships and Dual Roles in Rural Healthcare**
    - Discuss how healthcare professionals in rural areas often have dual roles (e.g., treating family members or friends), and identify strategies for maintaining professional boundaries while fostering trust and community ties.
- **Explore Ethical Decision-Making Models in Rural Healthcare Contexts**
    - Introduce decision-making models that help professionals navigate ethical dilemmas in rural healthcare settings, balancing individual needs with community priorities.
- **Address Ethical Issues Related to Telemedicine and Remote Care**
    - Examine the rise of telemedicine in rural areas and the ethical issues it raises, including informed consent, privacy concerns, and the challenges of providing equitable care through remote platforms.
- **Promote Advocacy for Rural Healthcare Needs**
    - Equip participants with strategies for advocating for ethical and improved healthcare policies and resources for rural communities, ensuring their unique needs are addressed at the local and national levels.
- **Foster Ethical Professionalism in Challenging Rural Healthcare Environments**
    - Encourage healthcare professionals to reflect on their ethical responsibilities in rural healthcare settings and empower them to uphold high standards of ethical practice despite the unique challenges they face.

Resource Person(s)

1) **Dr. Sumeru Samanta**
2) **Dr. Itika Saxena**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Description

- Healthcare professionals working in rural settings often face a unique set of challenges that differ significantly from those encountered in urban or suburban healthcare environments. In rural communities, limited access to healthcare services, resource constraints, and the close-knit nature of these communities can create complex ethical dilemmas that require thoughtful, context-specific solutions. This workshop is designed to explore these ethical challenges and provide healthcare professionals with the tools and frameworks they need to navigate them while maintaining the highest standards of care.
- The workshop will begin by examining the core ethical issues that arise in rural healthcare, particularly those surrounding access to care. Due to the geographic isolation of rural areas, many patients face barriers to obtaining timely and adequate medical attention. Healthcare professionals will explore how to address these disparities in a way that ensures ethical treatment for all, regardless of their geographic location. Participants will discuss the ethical principles of **justice** and **fairness**, particularly when resources are scarce or healthcare services are limited.
- A critical issue in rural healthcare is the challenge of maintaining **confidentiality** and **privacy**. In small communities, healthcare providers often treat family members or close acquaintances, which can create tension between the need for professional confidentiality and the personal

nature of these relationships. The workshop will delve into how healthcare professionals can manage this delicate balance and maintain ethical boundaries while still delivering compassionate care.

- In rural settings, **resource allocation** becomes another ethical concern. Rural hospitals and clinics often struggle with staffing shortages, limited medical equipment, and budget constraints. The workshop will address how healthcare professionals can make ethical decisions regarding the allocation of these scarce resources, ensuring that they prioritize patient well-being while also addressing the needs of the community as a whole. Participants will learn strategies for making these difficult decisions fairly, using ethical frameworks that consider both individual and collective needs.
- **Cultural competence** is another critical area of focus. Rural communities are often home to populations with distinct cultural norms, values, and traditions. Healthcare providers must be able to navigate these cultural differences while ensuring they provide equitable care. The workshop will explore how healthcare professionals can learn about and respect cultural practices while still adhering to ethical standards of practice.
- One of the most distinctive features of rural healthcare is the prevalence of **dual relationships**. In small communities, healthcare professionals frequently interact with patients outside of the clinical setting, creating potential conflicts of interest and complicating the therapeutic relationship. The workshop will examine these dual relationships and provide strategies for maintaining professional boundaries while fostering trust and positive relationships with the community.
- As rural healthcare settings evolve with technological advancements, **telemedicine** and remote healthcare delivery have become essential tools for increasing access to care. However, these advancements also raise new ethical concerns related to patient privacy, informed consent, and the equitable provision of care. The workshop will explore the ethical implications of telemedicine in rural areas, focusing on how to ensure high-quality, ethical care is delivered through these remote platforms.
- Finally, the workshop will encourage healthcare professionals to become advocates for improved healthcare infrastructure and policy in rural areas. Participants will discuss how they can work at both the local and national levels to promote better healthcare resources, policies, and systems that address the unique needs of rural populations.
- Throughout the workshop, participants will engage in case studies, group discussions, and role-playing exercises designed to deepen their understanding of ethical challenges in rural healthcare. They will gain practical tools for addressing these challenges in their own practice and learn strategies for advocating for rural healthcare needs in their communities.

Key Topics Covered:

1. **Ethical Principles in Rural Healthcare**

- Exploring the core ethical principles of justice, fairness, and equity in the context of rural healthcare access.

2. **Confidentiality and Privacy in Small Communities**
   - Addressing the unique challenges of maintaining confidentiality when treating family members or community members.
3. **Resource Allocation in Rural Healthcare**
   - Navigating the ethical challenges associated with scarce resources, staffing shortages, and limited healthcare infrastructure.
4. **Cultural Competence and Ethical Sensitivity**
   - Providing culturally competent care while adhering to ethical standards, especially in diverse rural communities.
5. **Managing Dual Relationships in Rural Settings**
   - Understanding the challenges of dual relationships and how to maintain professional boundaries while fostering trust within a small community.
6. **Ethical Issues in Telemedicine and Remote Care**
   - Discussing the ethical implications of using telemedicine in rural healthcare, including informed consent, privacy, and equitable access.
7. **Advocacy for Rural Healthcare Needs**
   - Strategies for advocating for better healthcare policies, resources, and infrastructure for rural populations.
8. **Ethical Decision-Making Models for Rural Healthcare**
   - Applying decision-making frameworks to analyze and address ethical dilemmas commonly faced in rural healthcare practice.

Outcome

1. **Identify and Address Ethical Challenges in Rural Healthcare**
   - Recognize key ethical dilemmas that arise in rural healthcare settings, including limited resources, access to care, confidentiality issues, and dual relationships.
2. **Apply Ethical Principles to Resource Allocation**
   - Use ethical frameworks to guide decision-making around the allocation of scarce resources, ensuring that both individual and community needs are balanced equitably.
3. **Navigate Confidentiality and Privacy Challenges**
   - Develop strategies to maintain patient confidentiality in tight-knit rural communities where professional and personal boundaries may overlap.
4. **Understand the Impact of Cultural Competence on Ethical Care**
   - Demonstrate cultural competence by respecting and incorporating the diverse cultural values and practices of rural populations while providing ethical care.
5. **Manage Dual Relationships and Professional Boundaries**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Identify the ethical risks of dual relationships in rural healthcare and apply strategies to maintain professional boundaries while fostering trust in small community settings.

6. **Utilize Ethical Decision-Making Models in Complex Rural Healthcare Scenarios**
   - Apply structured decision-making models to analyze and resolve complex ethical dilemmas faced by healthcare professionals in rural areas.
7. **Address the Ethical Implications of Telemedicine**
   - Evaluate the ethical considerations of using telemedicine in rural healthcare, including privacy concerns, informed consent, and equitable access to care.
8. **Advocate for Improved Rural Healthcare Resources and Policies**
   - Promote ethical advocacy for better healthcare policies and resource allocation to meet the unique healthcare needs of rural populations.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 10.12.2024

Title of the Activity

Workshop on Ethics in Organ donation and Transplantation

Date & Venue

- **Date**: 09.12.2024
- **Venue**: Auditorium, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

1. **Understand the Ethical Principles in Organ Donation and Transplantation**
   - Explore the core ethical principles such as autonomy, beneficence, non-maleficence, and justice, and how they apply to organ donation and transplantation practices.
2. **Examine the Ethical Issues Surrounding Organ Procurement**
   - Discuss the ethical challenges in the process of organ donation, including obtaining consent from donors or their families, and navigating consent for deceased versus living organ donation.
3. **Address Ethical Considerations in Living Donor Transplants**
   - Investigate the ethical implications of living donor transplants, including potential risks to the donor, informed consent, and coercion concerns.
4. **Analyze the Ethical Dimensions of Organ Allocation**
   - Understand the ethical challenges involved in organ allocation, including fairness, equity, and prioritization of recipients, and the role of medical criteria versus social factors in allocation decisions.
5. **Explore Ethical Dilemmas Related to Organ Marketization**
   - Delve into the ethical concerns surrounding the potential commercialization of organ donation, including the risks of exploitation and the moral implications of paying for organs.
6. **Navigate Cultural and Religious Considerations in Organ Donation**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Examine how cultural, religious, and personal beliefs influence attitudes toward organ donation, and learn strategies to navigate these sensitivities in clinical practice.

7. **Discuss Ethical Challenges in Transplant Tourism and Global Organ Trade**
   - Analyze the ethical issues arising from transplant tourism, where patients travel to other countries for organs, and the global trade of organs, including the exploitation of vulnerable populations.
8. **Understand the Role of Consent and Autonomy in Organ Donation**
   - Explore the nuances of informed consent in both living and deceased organ donation, including the concept of presumed consent and its ethical implications.
9. **Promote Public Awareness and Ethical Advocacy for Organ Donation**
   - Discuss strategies to raise public awareness about organ donation and transplantation, and how healthcare professionals can advocate for ethical, equitable practices in organ donation programs.
10. **Implement Ethical Decision-Making in Complex Transplant Scenarios**
    - Apply ethical decision-making models to address complex situations involving organ donation and transplantation, ensuring that decisions are made in an ethically sound and patient-centered manner.

Resource Person(s)

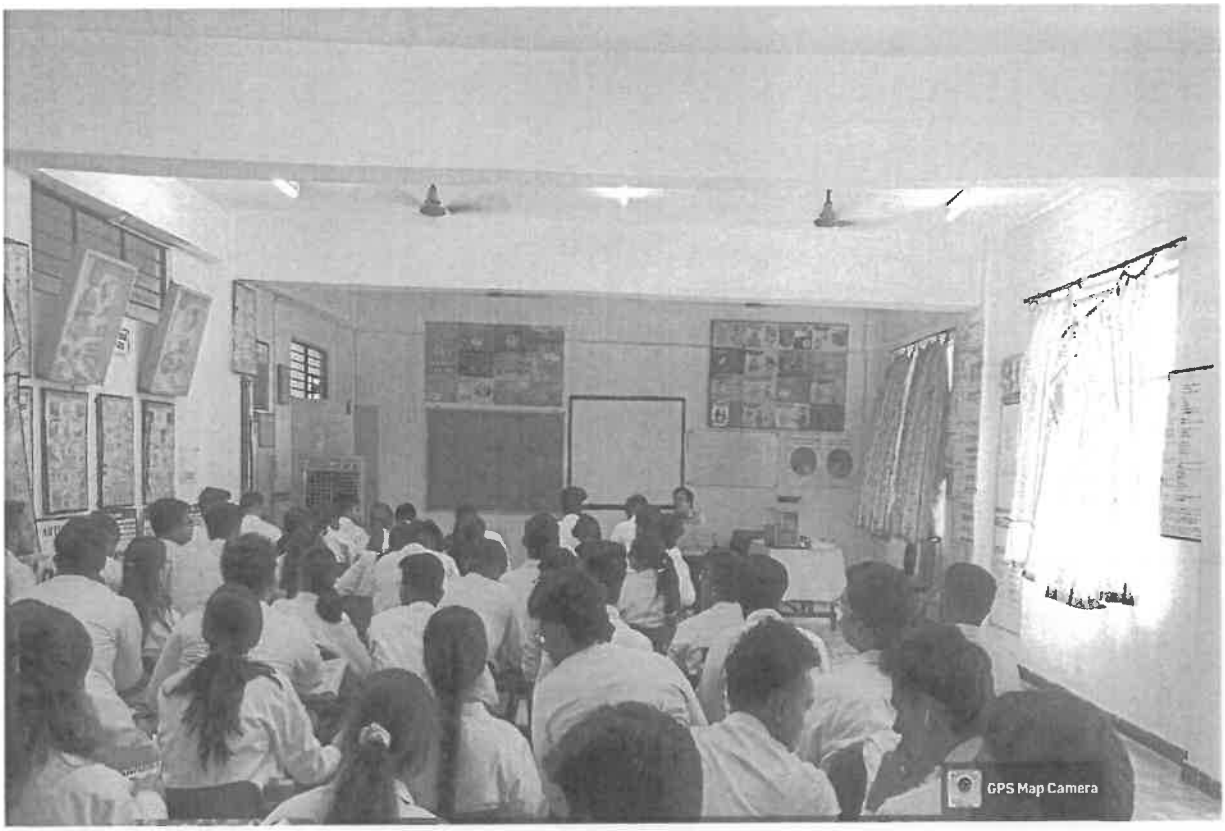
1) **Dr. Nitesh Mohan**
2) **Dr. Mithila Bisht**
3) **Dr. Anjana Arya**

Description

- Organ donation and transplantation are among the most profound and life-saving interventions in modern medicine. However, the process of organ donation, allocation, and transplantation involves a range of complex ethical issues that healthcare professionals, policymakers, and society must navigate. The ethical dilemmas associated with organ donation and transplantation are multifaceted and often involve balancing conflicting interests, such as patient autonomy, justice, equity, and beneficence.
- This workshop is designed to provide healthcare professionals, ethicists, and policymakers with a comprehensive understanding of the ethical challenges in organ donation and transplantation. Through case studies, discussions, and expert insights, participants will explore key ethical issues in organ procurement, living donation, organ allocation, and the commercialization of organ trade. The workshop will also focus on the cultural, religious, and personal beliefs that shape people's attitudes toward organ donation, helping healthcare professionals navigate these sensitive topics with compassion and respect.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Key Focus Areas:

1. **Ethical Principles in Organ Donation and Transplantation:**
   - The workshop will begin by examining the fundamental ethical principles in the context of organ donation and transplantation. We will explore how principles such as autonomy, beneficence, non-maleficence, and justice play a critical role in decision-making related to both organ donation and transplant surgeries. Participants will gain insight into how to apply these principles in real-world scenarios to ensure ethical practice.
2. **Organ Procurement and Informed Consent:**
   - One of the most ethically challenging aspects of organ transplantation is the procurement of organs, particularly in cases involving deceased donors. The workshop will delve into the process of obtaining informed consent from living and deceased donors, including the ethical dilemmas surrounding the consent process. This includes issues such as presumed consent, family consent for deceased donors, and ensuring that all parties involved are fully informed and have given their consent voluntarily.
3. **Living Donor Transplants:**

- The ethical implications of living donor transplants are complex and multifaceted. This session will explore the risks involved for living donors, the potential for coercion or exploitation, and the necessity of obtaining informed consent. Participants will also examine whether living donation is morally justifiable, given the potential harm to the donor and the complex motivations behind voluntary organ donation.

4. **Organ Allocation and Fairness:**
   - One of the most ethically debated issues in organ transplantation is how organs should be allocated fairly and justly. The workshop will cover the ethical challenges in deciding how organs are prioritized, focusing on factors such as medical need, urgency, and fairness in organ distribution. Participants will discuss ethical frameworks for decision-making in organ allocation and examine how to ensure that vulnerable populations are not unfairly excluded from access to life-saving transplants.
5. **Organ Marketization and Exploitation:**
   - The possibility of commercializing organ donation has raised significant ethical concerns about exploitation, commodification, and inequality. In this session, participants will explore the moral implications of paying for organs, the risks of creating black markets, and the ethical considerations around commercial organ trade. The session will encourage participants to critically assess the potential dangers of organ marketization and the role of healthcare professionals in advocating for ethical organ donation systems.
6. **Cultural and Religious Considerations:**
   - Cultural and religious beliefs strongly influence individuals' views on organ donation and transplantation. This session will explore how various belief systems impact decisions regarding organ donation, from rejection to enthusiastic support. Participants will learn how to engage with patients, families, and communities respectfully and sensitively while adhering to ethical standards, ensuring that organ donation practices are culturally competent and inclusive.
7. **Transplant Tourism and Global Organ Trade:**
   - Transplant tourism, where patients travel across borders to access organs from countries with fewer regulations, has become a major ethical concern in global healthcare. This session will address the ethical dilemmas associated with transplant tourism and the international organ trade, such as exploitation, inequality, and harm to vulnerable populations. Participants will discuss the role of healthcare professionals and policymakers in addressing these practices and ensuring that organ transplantation remains ethical on a global scale.
8. **Public Awareness and Ethical Advocacy:**
   - Effective public education and advocacy are essential for improving organ donation rates and ensuring that organ donation systems operate ethically. This session will focus on how healthcare professionals and advocacy groups can work

to raise awareness about the importance of organ donation, dispel myths, and promote an ethical approach to organ procurement. Participants will also explore how to advocate for policy changes that address disparities in organ donation and transplantation.

9. **Ethical Decision-Making Models in Organ Donation:**
   - The workshop will conclude by introducing structured ethical decision-making models that can help healthcare professionals navigate complex situations involving organ donation and transplantation. Participants will engage in practical exercises, applying these models to real-world scenarios to ensure they are equipped to handle ethical dilemmas when they arise in clinical practice.

Outcome

1. **Apply Ethical Principles to Organ Donation and Transplantation**
   - Understand and apply core ethical principles, including autonomy, beneficence, non-maleficence, and justice, to real-world scenarios in organ donation and transplantation.
2. **Navigate Ethical Challenges in Organ Procurement**
   - Address the ethical complexities in obtaining consent for organ donation, including differences between living and deceased donors, and apply ethical decision-making frameworks in these situations.
3. **Assess Ethical Issues in Living Donor Transplants**
   - Evaluate the ethical concerns of living donor transplants, such as informed consent, potential risks, and the prevention of coercion, to ensure ethical practices in these sensitive procedures.
4. **Analyze Organ Allocation and Fairness**
   - Develop a clear understanding of the ethical dilemmas in organ allocation, including prioritization and fairness, and use ethical frameworks to guide decisions about how organs are distributed.
5. **Evaluate the Ethical Implications of Organ Marketization**
   - Critically examine the ethical concerns surrounding the commercialization of organ donation, such as exploitation, inequality, and the potential risks of creating black markets for organs.
6. **Integrate Cultural and Religious Sensitivity in Organ Donation**
   - Learn how cultural and religious beliefs influence attitudes toward organ donation and develop strategies for engaging with patients and families in a respectful, culturally sensitive manner.
7. **Address Ethical Dilemmas in Transplant Tourism and Global Organ Trade**
   - Discuss the ethical implications of transplant tourism and the global organ trade, including issues related to exploitation, inequality, and the role of healthcare professionals in preventing unethical practices.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

8. **Advocate for Ethical Public Awareness and Organ Donation Programs**
   - Formulate strategies to raise public awareness about the ethical importance of organ donation and advocate for policies that promote fairness and equity in organ donation systems.
9. **Utilize Ethical Decision-Making Models**
   - Apply ethical decision-making models to complex situations in organ donation and transplantation, ensuring that patient well-being, fairness, and justice are prioritized in difficult decisions.
10. **Promote Ethical Professionalism in Organ Donation and Transplantation**
    - Foster a commitment to ethical professionalism and reflective practice, ensuring high standards of care and ethical decision-making in the organ donation and transplantation process.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 07.12.2024

Title of the Activity

Workshop on Ethical Frameworks for Artificial Intelligence in Health

Date & Venue

- **Date**: December,06 2024
- **Venue**: LT10, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- **Introduce Ethical Principles in AI for Healthcare**
  - Explore the fundamental ethical principles (autonomy, beneficence, non-maleficence, and justice) and their relevance in the development, deployment, and use of AI technologies in healthcare settings.
- **Examine the Role of Bias and Fairness in AI Algorithms**
  - Understand the ethical concerns related to bias and fairness in AI algorithms, including how data collection, design, and implementation can unintentionally reinforce existing biases or inequalities in healthcare.
- **Analyze Transparency and Accountability in AI Systems**
  - Discuss the ethical importance of transparency in AI decision-making processes, focusing on how healthcare professionals and patients can understand and trust AI tools. Explore accountability structures for AI-driven healthcare decisions.
- **Assess Patient Privacy and Data Protection in AI Applications**

- Evaluate ethical considerations surrounding patient privacy, informed consent, and data protection when using AI in healthcare, especially when handling sensitive medical data and ensuring compliance with laws such as GDPR or HIPAA.

- **Discuss Human Oversight in AI Decision-Making**
  - Address the ethical need for human oversight in AI-driven healthcare decisions. Explore how AI can assist but should not replace human judgment, ensuring that healthcare professionals remain in control of final decision-making.

- **Explore the Ethical Implications of AI in Clinical Practice**
  - Investigate the ethical challenges specific to clinical practice, such as using AI for diagnostics, treatment recommendations, or patient monitoring, and the implications these technologies have on the doctor-patient relationship.

- **Evaluate the Impact of AI on Healthcare Accessibility and Equity**
  - Consider how AI in healthcare can either promote or hinder equitable access to care. Discuss the ethical responsibility to ensure AI technologies are accessible to all populations, especially underserved and vulnerable groups.

- **Examine Ethical Concerns in AI for Drug Development and Research**
  - Analyze the ethical implications of using AI in drug discovery, clinical trials, and medical research, including issues around informed consent, patient selection, and the integrity of research processes.

- **Develop Ethical Guidelines for Implementing AI in Healthcare Settings**
  - Provide participants with the tools to develop and apply ethical guidelines for implementing AI technologies within healthcare systems, ensuring that they are deployed responsibly and ethically.

- **Foster Critical Thinking on the Future of AI Ethics in Healthcare**
  - Encourage participants to critically assess the evolving role of AI in healthcare and its long-term implications for medical practice, patient care, and healthcare policy. Prepare them to engage in ongoing discussions about AI ethics in the healthcare landscape.

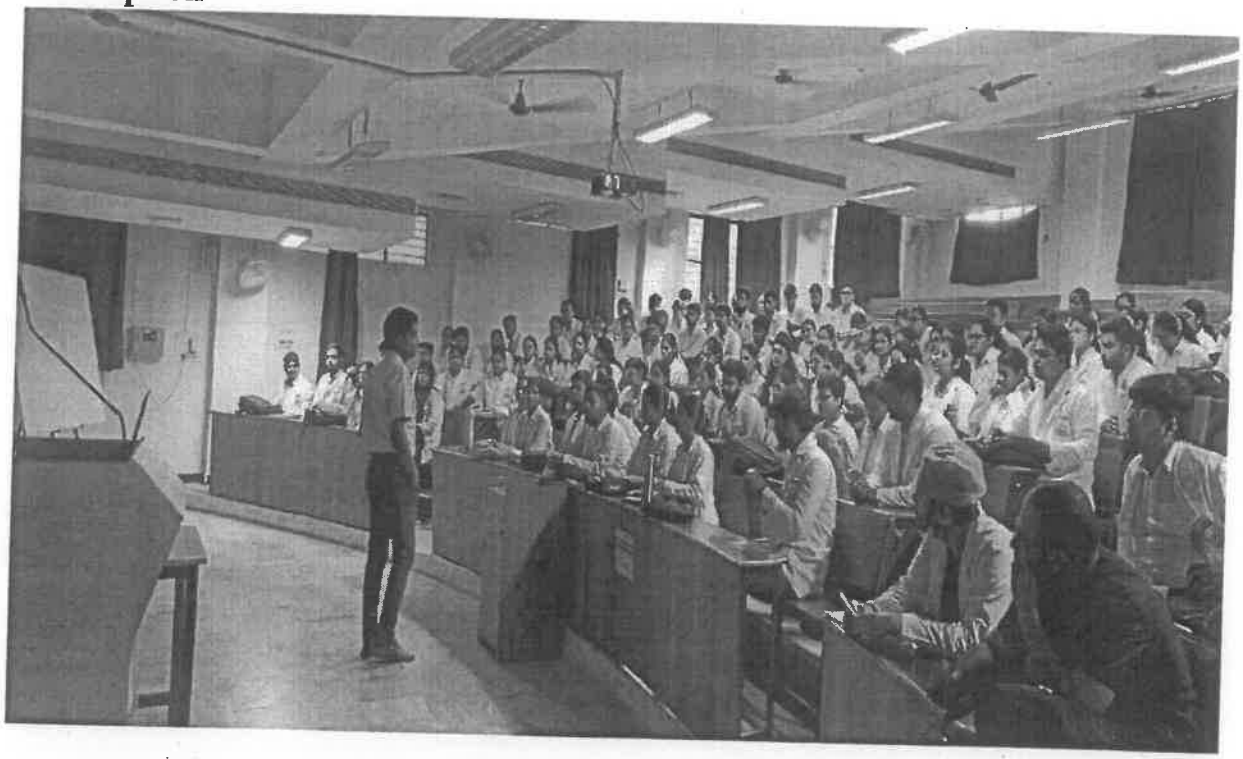
BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006.(U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Person(s)

1) **Dr. Shalini Chandra**
2) **Dr. Iram**
3) **Dr. Anju Saxena**

Description



- The integration of **Artificial Intelligence (AI)** into healthcare holds tremendous potential to transform the way medical professionals diagnose, treat, and manage patient care. From enhancing diagnostic accuracy and streamlining administrative tasks to advancing precision medicine and drug development, AI is becoming an indispensable tool in modern healthcare. However, as AI technologies rapidly evolve and find their way into clinical environments, they bring about complex **ethical challenges** that must be addressed to ensure they are used responsibly, equitably, and in alignment with core healthcare values.
- This workshop will explore the ethical implications of AI in health, focusing on the key ethical frameworks, challenges, and guidelines needed to guide AI's development and deployment in healthcare settings. Participants will critically assess both the potential benefits and risks associated with AI technologies, with an emphasis on protecting patient rights, promoting fairness, and ensuring transparency in AI systems. Additionally, the workshop will examine

how AI can be ethically designed, monitored, and applied across different areas of healthcare practice, from diagnosis and treatment to research and policy-making.

Key Themes and Areas of Focus:

1. **Ethical Principles in AI for Healthcare:**
   - The workshop will introduce participants to key **ethical principles**—such as autonomy, beneficence, non-maleficence, and justice—that are central to ensuring AI technologies are used in healthcare in an ethically sound manner. Participants will explore how these principles should be applied to AI systems, focusing on the balance between innovation and maintaining ethical standards.
2. **Bias, Fairness, and Equity in AI Algorithms:**
   - One of the most significant challenges facing AI in healthcare is the risk of **bias** in algorithmic decision-making, often arising from unrepresentative data, historical inequities, or flawed model development. Participants will delve into how bias can affect AI outcomes and patient care, particularly when AI systems are deployed in underserved or vulnerable populations. The workshop will focus on identifying methods for ensuring AI fairness and promoting equitable access to AI-driven healthcare innovations.
3. **Transparency, Accountability, and Trust in AI Systems:**
   - **Transparency** is a cornerstone of ethical AI use. The workshop will examine how AI systems can be made more transparent and how stakeholders—patients, doctors, and healthcare administrators—can understand AI decision-making processes. Additionally, participants will discuss the role of **accountability** in AI decisions and how to address concerns about responsibility when AI-driven decisions lead to medical errors or adverse outcomes.
4. **Patient Privacy, Data Protection, and Informed Consent:**
   - The use of AI in healthcare often requires access to vast amounts of sensitive **patient data**, which raises important ethical concerns around **privacy** and **data protection**. This session will address ethical considerations related to data security, patient consent, and compliance with laws such as **HIPAA** (Health Insurance Portability and Accountability Act) and **GDPR** (General Data Protection Regulation). Participants will also explore the evolving concept of **informed consent** in the context of AI, especially when AI systems are used for medical decision-making.
5. **Human Oversight in AI-Driven Healthcare Decisions:**
   - AI has the potential to automate many healthcare processes, but **human oversight** remains crucial. This session will explore how human judgment should complement AI technologies, ensuring that healthcare professionals retain ultimate responsibility for decisions that impact patient health. Participants will

analyze ethical scenarios where AI can assist but should not replace human intervention, particularly in high-stakes clinical environments.

6. **AI's Impact on Healthcare Accessibility and Equity:**
   - The increasing use of AI in healthcare raises important questions about **accessibility** and **equity**. Will AI exacerbate existing healthcare disparities, or can it be used to reduce them? Participants will explore the potential for AI to both improve and hinder access to care, particularly in rural or underserved areas, and how ethical frameworks can ensure AI serves all populations equitably.
7. **Ethical Considerations in AI for Clinical Practice:**
   - This session will focus on the specific ethical challenges associated with applying AI in clinical practice, such as AI for diagnostics, decision support systems, robotic surgery, and personalized medicine. How can healthcare providers ensure that AI recommendations are **evidence-based**, **safe**, and **beneficial** to patients? Discussions will cover the ethics of integrating AI with human clinical decision-making, and the importance of maintaining the **doctor-patient relationship** in an AI-driven world.
8. **AI in Drug Development, Research, and Innovation:**
   - The workshop will also explore the ethical issues surrounding the use of AI in **drug development**, **clinical trials**, and **medical research**. This includes the use of AI to identify potential treatments, predict patient responses, and design personalized therapies. Participants will consider the ethical challenges in ensuring AI's use in research remains transparent, unbiased, and respects participants' rights, especially in areas like **informed consent** and **research integrity**.
9. **Designing Ethical AI: Best Practices and Guidelines:**
   - In this session, participants will learn about best practices and ethical guidelines for the **design and deployment** of AI technologies in healthcare. The workshop will cover **ethical audits**, continuous monitoring, **model interpretability**, and **risk management** to ensure that AI systems evolve in ways that align with ethical principles.
10. **Critical Thinking on the Future of AI Ethics in Healthcare:**
    - Finally, participants will engage in discussions about the future of AI ethics in healthcare. The session will encourage forward-thinking, with a focus on how to prepare for the challenges AI may bring in the future, such as **autonomous AI decision-making**, the **rise of AI in health policy**, and its implications on **healthcare delivery** at a global scale. Participants will be encouraged to consider their role in shaping AI policies that ensure ethical and human-centered healthcare practices.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Outcome

1. **Apply Core Ethical Principles to AI in Healthcare**
   - Understand and apply fundamental ethical principles, such as autonomy, beneficence, non-maleficence, and justice, in the context of AI deployment and use in healthcare.
2. **Identify and Address Bias and Fairness Issues in AI Algorithms**
   - Recognize potential biases in AI algorithms and explore methods to mitigate bias, ensuring AI technologies contribute to fair and equitable healthcare practices.
3. **Promote Transparency and Accountability in AI Systems**
   - Understand the importance of transparency in AI decision-making processes and explore strategies for ensuring accountability when AI systems are used in clinical and healthcare environments.
4. **Navigate Patient Privacy and Data Protection Challenges**
   - Address ethical concerns related to patient privacy, informed consent, and data protection when using AI in healthcare, ensuring compliance with legal frameworks such as HIPAA and GDPR.
5. **Incorporate Human Oversight in AI-Driven Healthcare Decisions**
   - Understand the need for human oversight in AI-driven decisions, ensuring that healthcare professionals retain ultimate control over critical decisions that affect patient health.
6. **Evaluate AI's Impact on Healthcare Accessibility and Equity**
   - Assess how AI technologies can impact healthcare accessibility and equity, identifying strategies to ensure that AI systems benefit all populations, particularly underserved and vulnerable groups.
7. **Ensure Ethical Integration of AI into Clinical Practice**
   - Identify the ethical challenges specific to integrating AI into clinical practice, including diagnosis, treatment recommendations, and patient monitoring, while maintaining patient-centered care.
8. **Navigate Ethical Challenges in AI for Drug Development and Research**
   - Evaluate the ethical implications of using AI in drug discovery, clinical trials, and medical research, ensuring that AI supports ethical, responsible, and transparent research practices.
9. **Develop Ethical Guidelines for AI in Healthcare**
   - Develop and apply ethical guidelines for the design, implementation, and monitoring of AI systems in healthcare, ensuring their responsible and ethical use throughout their lifecycle.
10. **Engage with Emerging Ethical Issues in AI's Future in Healthcare**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Critically assess emerging trends and challenges in the future of AI in healthcare, preparing to address new ethical issues as AI technologies evolve in the field of medicine.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 28.11.2024

Title of the Activity

Workshop on Building a culture of Ethical Excellence

Date & Venue

- **Date**: November 27, 2024
- **Venue**: LT10, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

1. **Define Ethical Excellence in Healthcare and Other Sectors**
   - Establish a clear understanding of what constitutes **ethical excellence** in the workplace, especially in healthcare and other sectors, highlighting the importance of ethical decision-making, integrity, and professionalism.
2. **Examine the Role of Leadership in Promoting Ethical Culture**
   - Understand the critical role that leaders play in fostering an ethical culture, and explore strategies leaders can use to promote ethical behavior, transparency, and accountability across an organization.
3. **Identify Core Values and Principles for Ethical Excellence**
   - Identify the fundamental values (such as honesty, fairness, respect, and responsibility) that should guide organizational behavior and decisions, and learn how to integrate these values into the day-to-day activities of an organization.
4. **Discuss Strategies for Embedding Ethical Practices into Organizational Systems**
   - Explore practical methods for embedding **ethical decision-making** and practices into organizational policies, structures, and workflows, ensuring that ethical considerations are part of all organizational processes.
5. **Understand the Role of Training and Continuous Development in Ethical Excellence**
   - Emphasize the importance of **ongoing ethics training** and **continuous professional development** in maintaining ethical standards across the organization, and explore best practices for developing an effective ethics training program.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

6. **Explore Mechanisms for Encouraging Ethical Behavior and Accountability**
   - Investigate ways to encourage ethical behavior at all levels of the organization, and establish mechanisms for holding individuals accountable for ethical lapses or misconduct, such as ethics committees, reporting systems, and codes of conduct.
7. **Develop Conflict Resolution Skills in Ethical Dilemmas**
   - Equip participants with skills to identify and manage **ethical dilemmas** in the workplace, including how to mediate conflicts and make decisions that align with the organization's ethical framework.
8. **Promote Open Communication and Ethical Reporting Mechanisms**
   - Learn how to foster **open communication** channels within the organization where ethical concerns can be voiced without fear of retaliation, and develop strong, safe mechanisms for reporting unethical behavior.
9. **Cultivate a Shared Sense of Responsibility for Ethical Behavior**
   - Build a culture where everyone, from leadership to staff, takes shared responsibility for maintaining high ethical standards, and understand the importance of collective efforts in promoting ethical excellence across the organization.
10. **Evaluate Organizational Ethics and Measure Progress Toward Ethical Excellence**
    - Explore tools and metrics for assessing the ethical climate of an organization, and develop strategies for **monitoring progress** toward building a culture of **ethical excellence**, ensuring continuous improvement and alignment with ethical goals.

Resource Person(s)

1) **Dr. Ved Prakash**
2) **Dr. Saumya**
3) **Dr. Deepika**

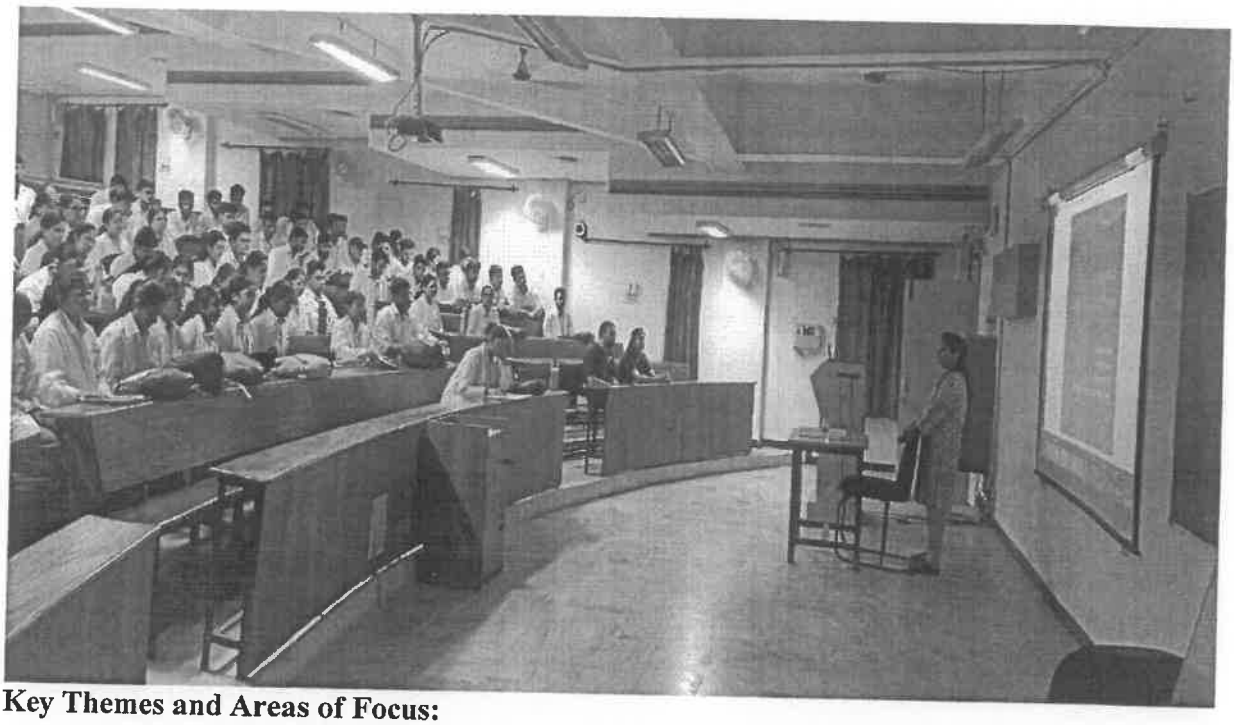
Description

- In today's rapidly evolving professional environments, whether in healthcare, business, or any other sector, the need for organizations to build and sustain a culture of **ethical excellence** has never been more important. A strong ethical culture not only protects an organization's reputation but also fosters a **trustworthy environment** that enhances employee morale, improves decision-making, and ultimately leads to better outcomes for both the organization and its stakeholders.
- This workshop is designed to provide participants with a comprehensive understanding of how to create and maintain a culture where ethical principles are not only taught but lived. We will explore the practical steps required to **embed ethical values** into the core practices and decision-making processes of an organization, ensuring that ethical considerations are integral to the organizational culture, not just a set of rules on paper.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Participants will gain insights into the **role of leadership** in setting the tone for ethical behavior, as well as how every level of the organization can contribute to the creation of an ethical environment. Through case studies, interactive discussions, and practical exercises, the workshop will focus on how to overcome challenges in fostering an ethical culture, resolve conflicts arising from ethical dilemmas, and establish systems to encourage transparency, accountability, and trust.



Key Themes and Areas of Focus:

- **Understanding Ethical Excellence:**
  - At the heart of this workshop is defining what **ethical excellence** truly means. It's not just about adhering to a set of rules or codes of conduct—it's about creating an environment where **ethics is ingrained in every decision**, whether big or small. We will explore real-world examples from both healthcare and other sectors to highlight what ethical excellence looks like in practice and how it drives organizational success.
- **The Role of Leadership in Ethical Culture:**
  - Ethical leadership is paramount to the establishment of an ethical culture. In this session, we will discuss how leaders—whether in healthcare, business, or education—set the ethical tone for the organization. We will explore actionable strategies leaders can use to **model ethical behavior**, create transparency, and promote integrity within their teams, ensuring that ethical conduct is prioritized at all levels of the organization.
- **Core Values and Principles of Ethical Excellence:**

- Ethical excellence is built on a foundation of **core values** such as honesty, respect, fairness, and accountability. During the workshop, participants will identify and discuss the core values that should define their organization's culture and learn how to translate these values into everyday actions and decisions.

- **Embedding Ethics into Organizational Systems:**
  - Ethics must be embedded into the very fabric of an organization's systems and processes. This session will focus on practical tools for ensuring that ethical decision-making is part of all operational activities—from hiring and performance evaluations to patient care (in healthcare) or business decision-making (in business settings). Participants will work through case studies to develop practical strategies for making ethics an integral part of organizational systems.
- **Training and Development for Ethical Excellence:**
  - Continuous ethics training and professional development are essential to maintaining an ethical culture. This session will explore the importance of **ongoing ethics education** and the role of leadership in supporting and encouraging professional growth in ethical decision-making. We will discuss how to design and implement effective **ethics training programs** that foster an environment of continuous learning and improvement.
- **Ethical Behavior and Accountability:**
  - Ethical lapses and misconduct can have serious consequences for an organization's reputation and trustworthiness. In this session, participants will learn how to build a culture where **accountability** is a cornerstone. We will explore mechanisms for encouraging ethical behavior and holding individuals accountable for ethical lapses, such as through ethics committees, reporting systems, or comprehensive codes of conduct.
- **Conflict Resolution in Ethical Dilemmas:**
  - Ethical dilemmas are an inevitable part of any workplace, especially when the decision is not clear-cut. This session will equip participants with the tools to **navigate ethical conflicts** effectively. We will discuss **decision-making frameworks** that help resolve ethical dilemmas and explore techniques for **conflict resolution**, ensuring that decisions made are in line with the organization's ethical values and standards.
- **Promoting Open Communication and Ethical Reporting:**
  - A culture of ethical excellence requires open lines of communication where employees feel safe voicing concerns without fear of retaliation. In this session, participants will explore the importance of fostering an environment where **ethical concerns can be raised** openly and where **ethical reporting systems** are in place to protect whistleblowers and address unethical behavior.
- **Shared Responsibility for Ethical Behavior:**
  - Ethical excellence is not the responsibility of one individual but of the entire organization. We will discuss how to promote a **shared responsibility** for ethical conduct, ensuring that all employees, from top leadership to front-line workers,

understand their role in maintaining ethical standards. This session will highlight how a collective approach fosters accountability and supports a cohesive ethical culture.

- **Measuring Progress Toward Ethical Excellence:**
  - Building a culture of ethical excellence is a continuous process. In this session, participants will learn how to assess their organization's current ethical climate and **measure progress** toward achieving ethical goals. We will discuss metrics, feedback systems, and assessment tools that can help gauge the effectiveness of ethics programs, and guide the organization's ongoing commitment to ethical excellence.

Outcome

1. **Understand Ethical Excellence:**
   - Define and understand what constitutes **ethical excellence** within an organization, emphasizing the importance of aligning daily practices with core ethical principles.
2. **Recognize the Role of Leadership:**
   - Identify the pivotal role of leadership in creating, maintaining, and nurturing an ethical culture. Participants will learn how to effectively lead by example and set the tone for ethical behavior across all levels of the organization.
3. **Identify Core Ethical Values:**
   - Gain insight into the **core values** such as integrity, respect, fairness, and accountability that should guide ethical decision-making within the organization, and understand how to embed these values into organizational practices and systems.
4. **Embed Ethics into Organizational Systems:**
   - Learn practical strategies for integrating ethical decision-making into the organization's structure, policies, workflows, and day-to-day activities, ensuring ethics are incorporated into all aspects of the organization.
5. **Develop and Implement Ethics Training Programs:**
   - Understand the importance of **continuous ethics education** and develop the skills to implement effective ethics training programs that help foster ethical conduct and support professional development.
6. **Promote Ethical Behavior and Accountability:**
   - Learn how to establish systems and mechanisms that encourage ethical behavior and ensure **accountability** at all levels of the organization, including policies and practices for monitoring ethical conduct and addressing lapses.
7. **Resolve Ethical Dilemmas:**
   - Gain practical tools for identifying, managing, and resolving **ethical dilemmas**, equipping participants with frameworks to make sound ethical decisions in complex situations.
8. **Encourage Open Communication and Ethical Reporting:**

- Understand how to build an environment that encourages open communication about ethical concerns, and learn how to create **safe reporting mechanisms** for ethical issues to be raised without fear of retaliation.

9. **Promote Shared Responsibility for Ethics:**
   - Foster a culture of **shared responsibility** where everyone within the organization takes ownership of ethical conduct, ensuring a collective commitment to upholding ethical standards across all levels.
10. **Measure and Monitor Ethical Culture:**
    - Develop methods for **evaluating the ethical climate** of the organization and learn how to measure progress toward creating and maintaining a culture of ethical excellence, enabling continuous improvement and sustained ethical practices.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 23.11.2024

Title of the Activity

Workshop on educational demographics and health literacy

Date & Venue

- **Date**: 22.11.2024
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

1. Introduction:

The Department of Community Medicine at Rohilkhand Medical College and Hospital organized a one-day workshop on **"Educational Demographics and Health Literacy"** to address the critical role of education levels in shaping public health outcomes. The workshop focused on understanding how varying educational backgrounds affect individuals' capacity to understand and engage with healthcare systems, and the importance of promoting health literacy for better disease prevention, treatment adherence, and health-seeking behavior.

2. Objectives:

- To explore the correlation between educational demographics and levels of health literacy in different populations.
- To understand how low health literacy contributes to poor health outcomes, increased healthcare costs, and health inequities.
- To discuss strategies for improving health communication and education at the community level.
- To promote the integration of health literacy into public health policies and medical practice.

3. Participants:

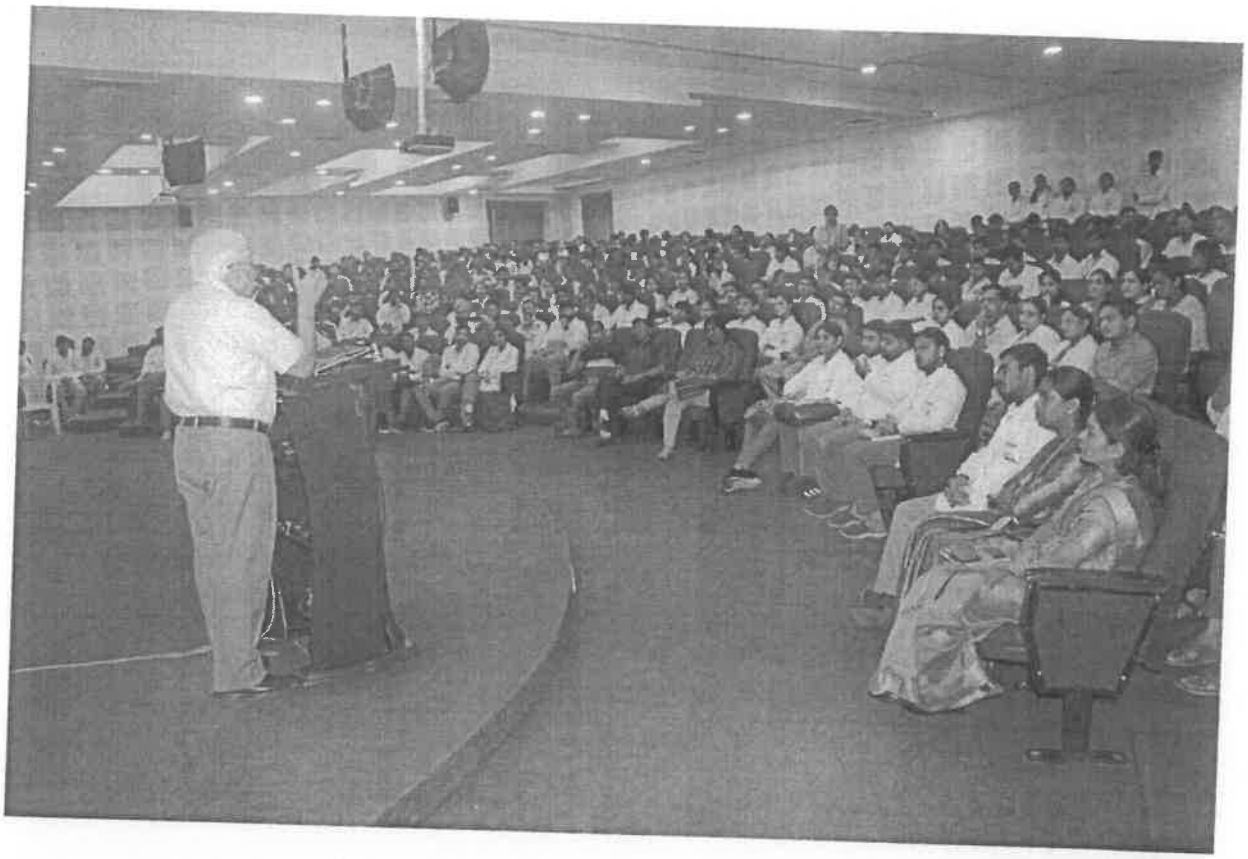
- MBBS and Nursing students
- Postgraduate students in Community Medicine, Public Health, and Preventive and Social Medicine (PSM)
- Faculty members from Community Medicine and allied departments
- Public health educators, social workers, and health communication specialists
- Interns and healthcare outreach workers

4. Key Highlights:

- **Expert Sessions:** Guest speakers and faculty experts presented lectures on topics such as *"The Role of Education in Health Equity"*, *"Assessing Health Literacy in Rural vs. Urban Settings"*, and *"Tools for Effective Health Communication"*.
- **Data Presentation:** National and regional statistics were shared to illustrate disparities in health literacy based on education levels, with a focus on marginalized and low-income populations.
- **Workshop Activities:** Attendees participated in role-playing exercises and group discussions focused on simplifying medical communication for low-literacy patients, interpreting prescription instructions, and creating culturally appropriate health education materials.
- **Interactive Module:** A special module was conducted on designing community outreach programs that promote basic health knowledge in underserved areas, emphasizing the importance of school-based and adult literacy initiatives.
- **Material Distribution:** Participants received toolkits including visual health education materials, sample leaflets in simple language, and multilingual health communication brochures.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



5. Outcomes:

- The workshop was attended by over 100 participants from diverse academic and professional backgrounds.
- Participants expressed a greater understanding of how educational levels influence health outcomes and patient engagement.
- The hands-on activities and real-world examples were particularly appreciated, with many students acknowledging the value of practical communication tools in clinical and community settings.
- Feedback forms indicated a strong interest in continued training on patient communication, especially for low-literacy and non-English speaking populations.
- Attendees suggested organizing follow-up sessions focusing on **digital health literacy** and **using technology for health education.**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 03.12.2024

Title of the Activity

Seminar on demographic shifts and health infrastructure

Date & Venue

- **Date:December 02, 2024**
- **Venue:**Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

1. Introduction:

The Department of Community Medicine at Rohilkhand Medical College and Hospital conducted a seminar titled **"Demographic Shifts and Health Infrastructure"** to explore how changing population dynamics are influencing the planning, development, and sustainability of healthcare systems in India. With rising life expectancy, urban migration, and changes in birth and death rates, the seminar focused on analyzing the readiness and adaptability of current health infrastructure to these evolving trends.

2. Objectives:

- To examine recent demographic changes and their implications for public health systems.
- To analyze how aging populations, urbanization, and population density impact healthcare delivery.
- To identify gaps in existing health infrastructure and propose strategic planning solutions.
- To encourage future healthcare professionals to contribute to data-driven health policy and infrastructure planning.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

3. Participants:

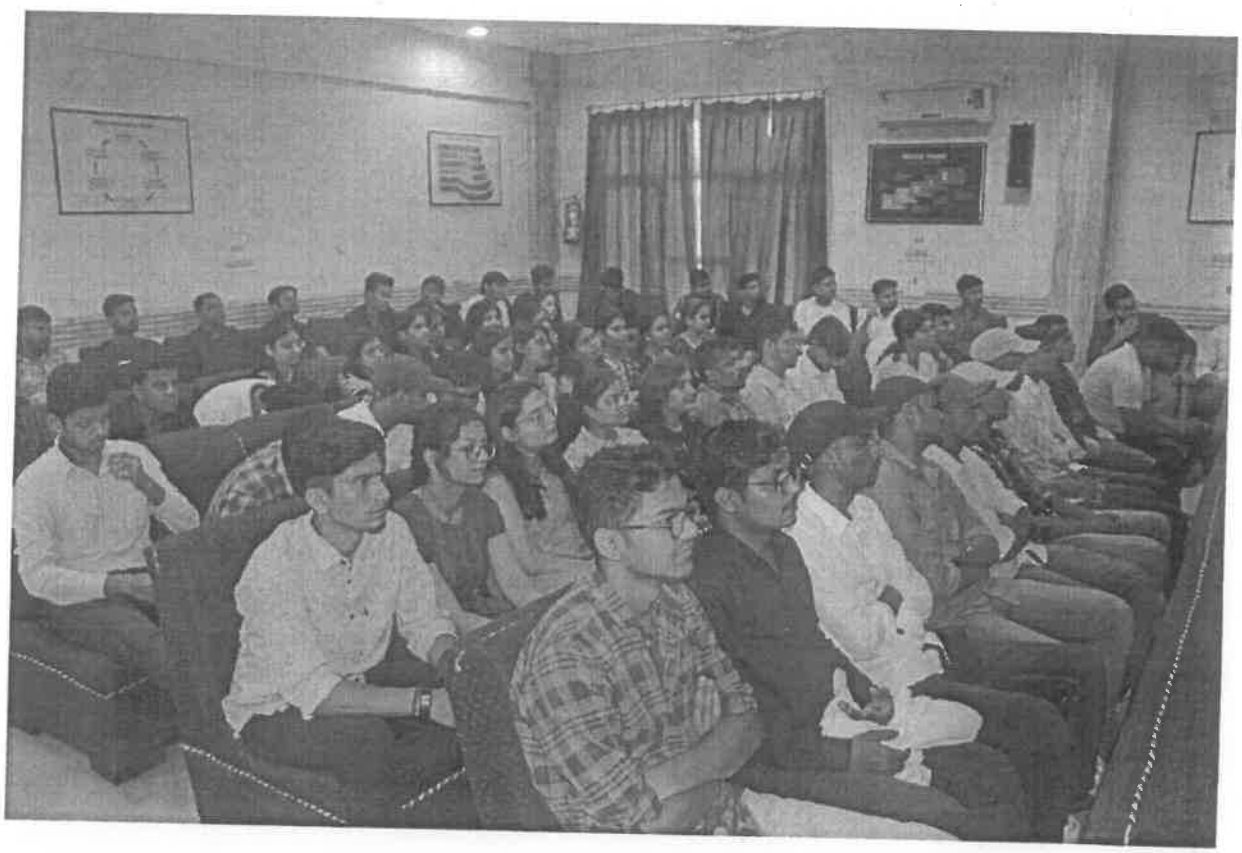
- MBBS and Nursing students
- Postgraduate students in Community Medicine, Public Health, and Hospital Administration
- Faculty members from Community Medicine, Public Health, and Urban Health
- Health planners, policy advisors, and public health engineers
- Medical interns and hospital administration staff

4. Key Highlights:

- **Expert Lectures:** Subject matter experts presented sessions on:
  - *"India's Population Trends: What the Data Shows"*
  - *"Urban Growth and the Strain on Health Services"*
  - *"Designing Age-Friendly Health Infrastructure"*
  - *"Health System Readiness for Migrant and Displaced Populations"*
- **Demographic Data Analysis:** Visual presentations and infographics were used to illustrate recent census and NFHS data showing shifts in age groups, population pyramids, fertility rates, and migration trends.
- **Panel Discussion:** A multidisciplinary panel discussed the responsiveness of India's healthcare system to rapid urbanization and the aging population. Recommendations included integrating geriatric care units, digital health networks in rural areas, and expansion of primary health centers.
- **Interactive Activities:** Participants were divided into working groups to design a model health infrastructure plan for a hypothetical district facing demographic challenges (e.g., rapid aging or youth bulge). Plans were presented and discussed for feasibility.
- **Visual Learning Materials:** Posters and charts on rural-urban health infrastructure distribution, disease burden by age group, and healthcare access inequalities were displayed throughout the venue.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



5. Outcomes and Feedback:

- The seminar saw enthusiastic participation from over 120 attendees from multiple departments and healthcare sectors.
- Participants reported increased awareness of how demographic variables affect resource allocation, health service utilization, and long-term health infrastructure planning.
- The group activities helped develop practical insights into planning for real-world healthcare needs.
- Feedback indicated a desire for further skill-based sessions on **health mapping, population-based health planning**, and **use of demographic data in health budgeting**.
- Attendees suggested forming a student-led research group to study local demographic trends and health service gaps.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date25.11.2024

Title of the Activity

Workshop on disability in changing population profiles

Date & Venue

- **Date**: November 23,2024
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

1. Introduction:

The Department of Physiology at Rohilkhand Medical College and Hospital organized a workshop on **"Disability in Changing Population Profiles"** to address the emerging challenges of disability within the context of demographic transitions. As populations age, chronic diseases rise, and survival rates increase across various medical conditions, the number of people living with disabilities is growing. The workshop explored this trend and emphasized inclusive healthcare approaches, early intervention, and disability-friendly infrastructure.

2. Objectives:

- To explore the changing patterns and causes of disability in the context of shifting population profiles.
- To highlight the relationship between aging, chronic disease, and increased disability burden.
- To promote awareness and understanding of inclusive healthcare practices.
- To discuss strategies for prevention, rehabilitation, and policy integration regarding disability.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

3. Participants:

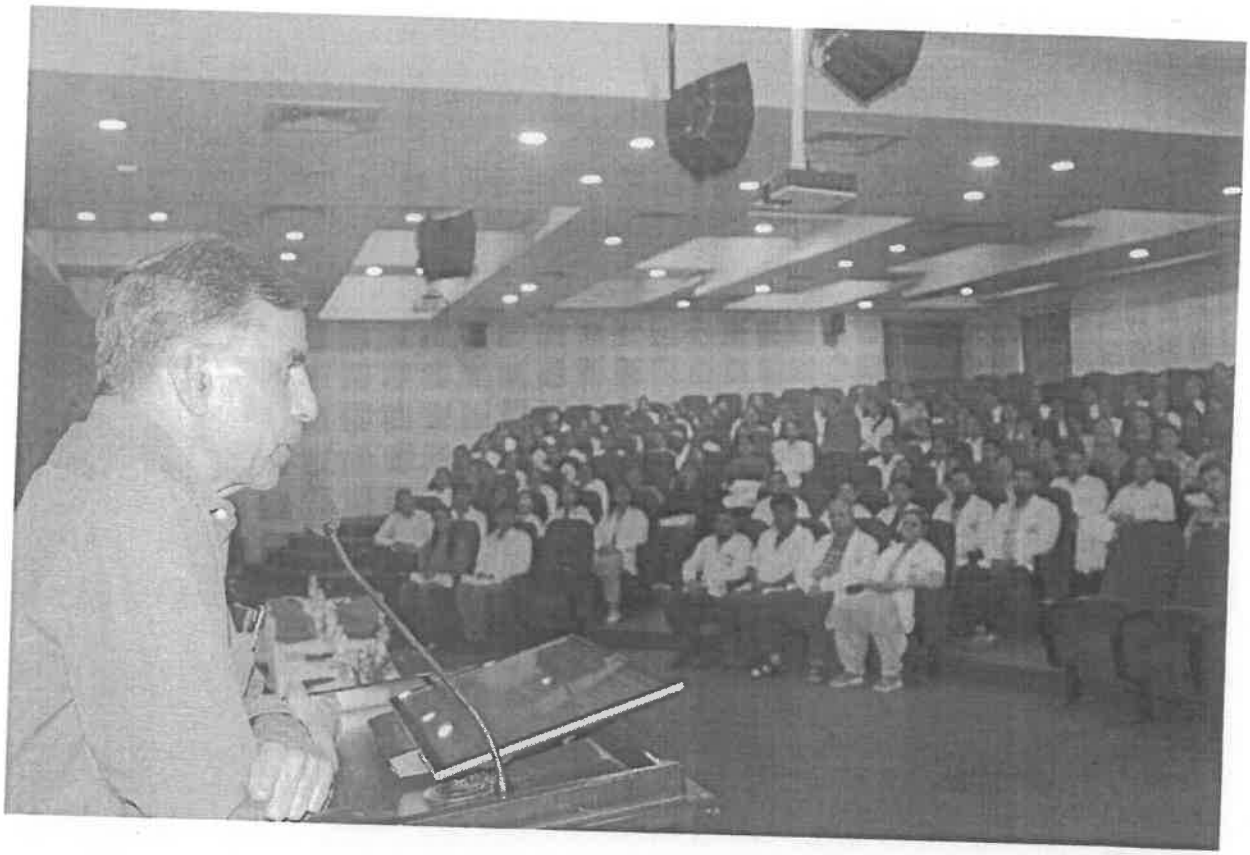
- MBBS and Nursing students
- Postgraduate students in Physiology, Public Health, Orthopedics, and Rehabilitation Medicine
- Faculty from, Physiology ,Physiotherapy, Psychiatry, and Allied Health Sciences
- Rehabilitation therapists, social workers, and disability rights advocates
- Interns and field health workers

4. Key Highlights:

- **Expert Talks:** Sessions were conducted by faculty experts and invited specialists on topics such as:
  - *"Disability in an Aging Population"*
  - *"Post-COVID Disability and Long-Term Rehabilitation"*
  - *"Disability and Inclusive Public Health Policy"*
- **Data Insights:** National and global disability data (WHO and Census reports) were presented, showing increased disability rates in aging populations, higher survival post-trauma, and rising developmental disabilities in children.
- **Group Activities:** Participants were divided into teams to design inclusive health intervention models tailored for specific demographics (e.g., elderly with mobility issues, children with neurodevelopmental disorders, or adults with hearing impairments).
- **Case Presentations:** Real-world examples were discussed involving individuals with disabilities navigating healthcare systems, highlighting both barriers and successful models of care.
- **Assistive Technology Demonstrations:** Hands-on demonstrations were conducted featuring mobility aids, communication tools for non-verbal individuals, and low-cost devices being used in community settings.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



5. Outcomes :

- Over 100 participants attended, actively engaging in discussions and interactive segments.
- Attendees gained a comprehensive understanding of how demographic shifts are altering the landscape of disability in India.
- Many participants expressed increased awareness of the barriers faced by persons with disabilities in accessing health services.
- The workshop encouraged student-led advocacy, inclusive design in clinical practice, and interest in disability-focused public health research.
- Feedback highlighted the usefulness of case-based learning and recommended inclusion of **disability modules in routine medical curriculum** and **community field visits to inclusive centers**.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date11.12.2024

Title of the Activity

Seminar on trends in adolescent health risk behavior

Date & Venue

- **Date**: 10.12.2024
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

1. Introduction:

The Department of Medicine, in collaboration with the Departments of Pediatrics and Psychiatry, organized a seminar on **"Trends in Adolescent Health Risk Behavior"** at Rohilkhand Medical College and Hospital. With adolescence being a critical phase of physical, emotional, and social development, the seminar aimed to highlight the growing health risks in this age group and promote strategies for early intervention and behavior modification.

2. Objectives:

- To identify and discuss the current trends in adolescent health risk behaviors, including substance use, poor nutrition, sedentary lifestyle, and unsafe sexual practices.
- To explore the psychological and environmental factors contributing to these behaviors.
- To understand the role of healthcare professionals in early detection, counseling, and prevention.
- To promote school-based and community interventions for adolescent health promotion.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

3. Participants:

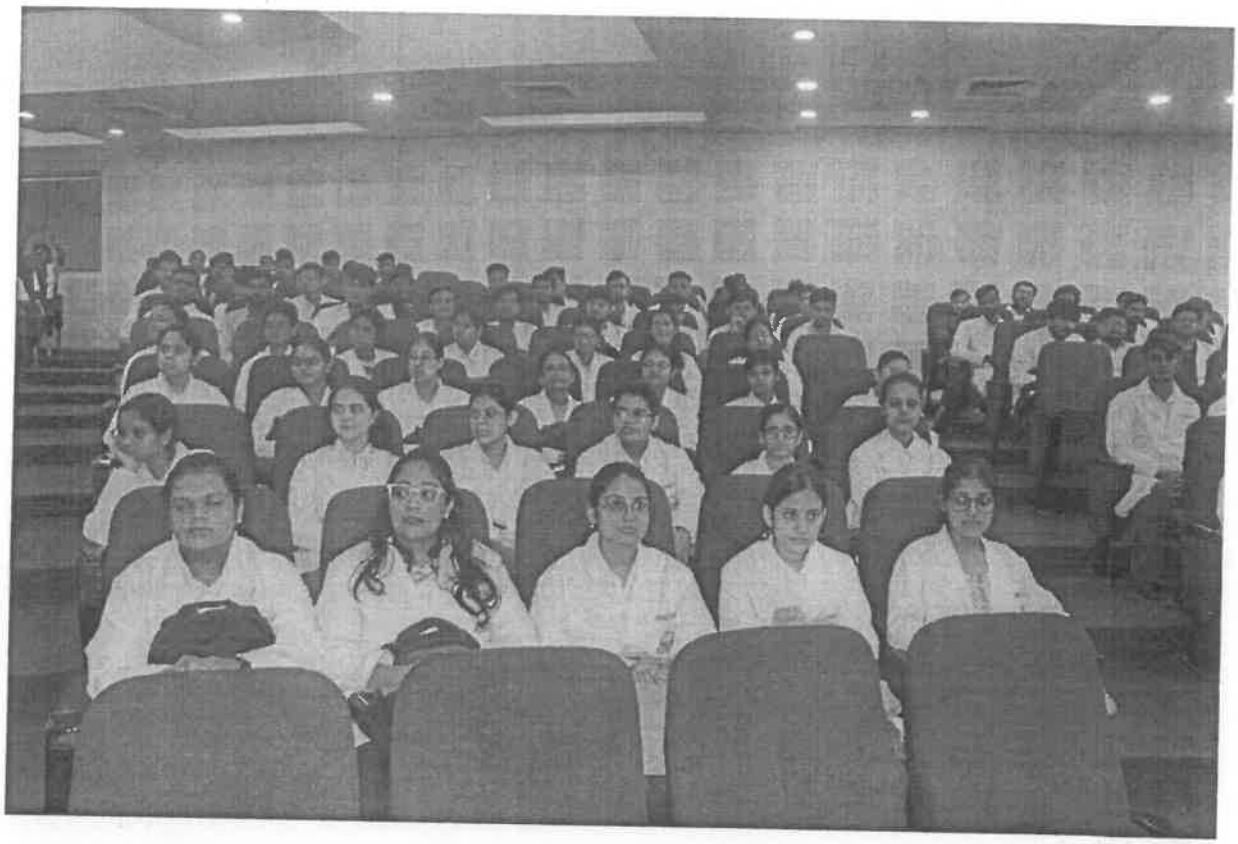
- Undergraduate (MBBS, Nursing) students
- Postgraduate students in Pediatrics, Psychiatry, Medicine
- Faculty members and clinical psychologists
- Public health educators and school health professionals
- Interns and NGO representatives involved in adolescent health programs

4. Key Highlights:

- **Expert Lectures:** Eminent speakers delivered talks on key topics such as:
  - *"Adolescent Brain Development and Risk-Taking Behavior"*
  - *"Substance Abuse Trends Among Teens in India"*
  - *"Digital Exposure and Mental Health in Adolescents"*
  - *"Preventive Strategies in Adolescent Health Care"*
- **Case Discussions:** Case-based presentations were used to illustrate scenarios involving risk behaviors such as early smoking initiation, peer pressure, cyberbullying, and depression linked to social media use.
- **Panel Discussion:** A multi-disciplinary panel including pediatricians, psychiatrists, and school counselors discussed how families, schools, and healthcare systems can work together to reduce risk behaviors.
- **Interactive Session:** Students engaged in a Q&A round and shared observations from clinical postings and rural health camps. Emphasis was placed on real-world challenges in identifying and addressing risk behaviors early.
- **Awareness Materials:** Posters and brochures with adolescent-friendly communication on topics like peer pressure, drug avoidance, healthy lifestyle, and safe internet use were distributed.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



5. Outcomes:

- The seminar was attended by more than 120 participants.
- Participants developed a better understanding of how societal trends, peer influence, and lack of guidance can lead adolescents into high-risk behaviors.
- Attendees appreciated the practical tips on communication strategies for interacting with adolescents, especially around sensitive topics like sexual health and substance use.
- Feedback suggested follow-up sessions on specific risk behaviors, such as **gaming and social media addiction, early intervention in school settings**, and **mental health first aid for teens.**

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date 05.11.2024

Title of the Activity

Workshop on pandemic preparedness and demographic analysis

Date & Venue

- **Date**: 04.11.2024
- **Venue**: Auditorium , Rohilkhand Medical College and Hospital, Bareilly International University

1. Introduction:

The Department of Community Medicine, in collaboration with the Epidemiology Unit, organized a one-day workshop on **"Pandemic Preparedness and Demographic Analysis"** to examine the role of population data in anticipating, planning for, and managing health emergencies. The workshop focused on using demographic insights to strengthen surveillance systems, predict vulnerability, and build resilient healthcare responses to pandemics.

2. Objectives:

- To highlight the significance of demographic data in predicting and managing pandemic outbreaks.
- To analyze the impact of population density, age distribution, migration patterns, and urbanization on pandemic vulnerability.
- To train healthcare professionals and students in tools for demographic mapping and outbreak modeling.
- To strengthen institutional preparedness through cross-sector planning and community-based strategies.

3. Participants:

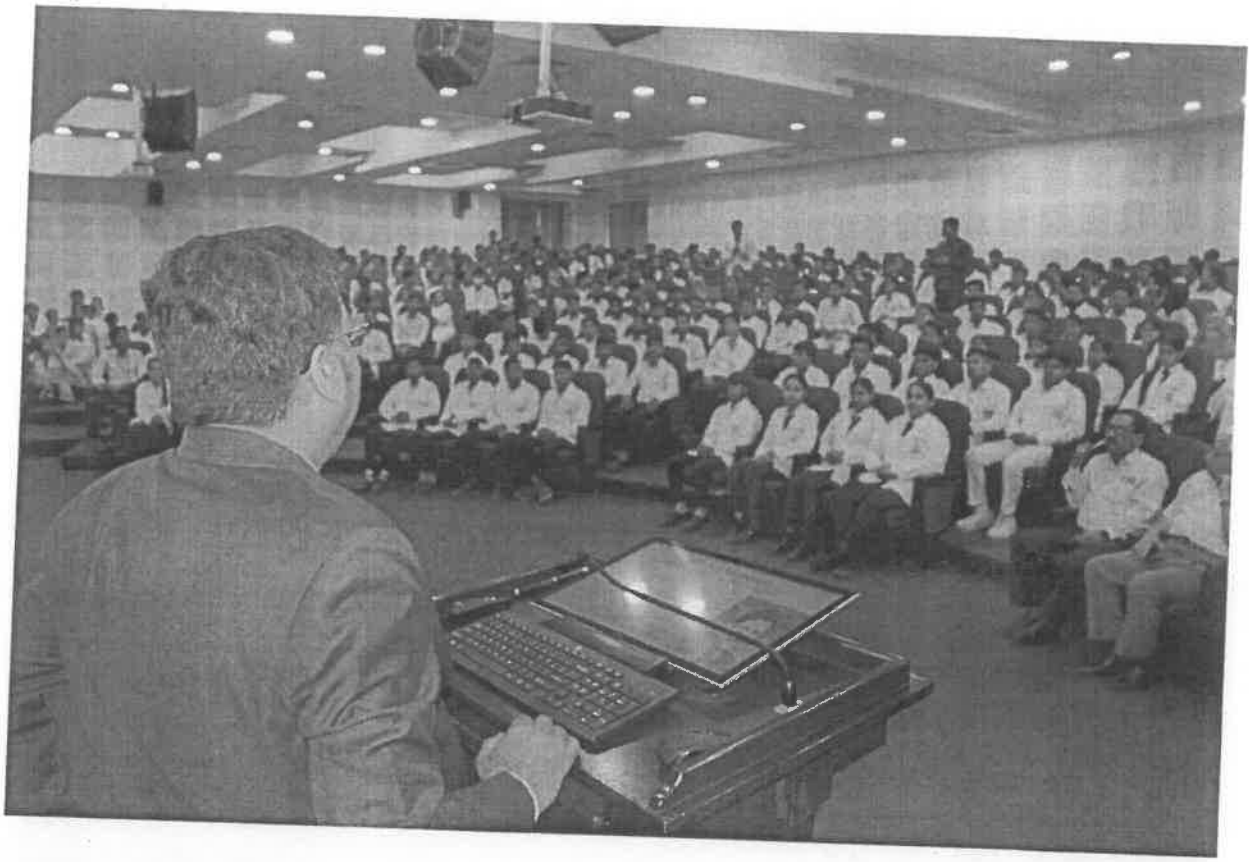
- MBBS and Nursing students
- Postgraduate students in Community Medicine, Public Health, and Epidemiology
- Faculty from departments of Community Medicine, Microbiology, and Internal Medicine
- Public health officers, district surveillance officers, and data analysts
- NGO representatives and health system planners

4. Key Highlights:

- **Expert Sessions:** Subject matter experts delivered focused sessions on:
  - *"Lessons from COVID-19: The Role of Demographics in Disease Spread"*
  - *"Mapping High-Risk Populations Using GIS"*
  - *"Building a Pandemic-Ready Health Workforce"*
  - *"Demographic Determinants of Vaccine Distribution and Uptake"*
- **Demographic Data Workshop:** Participants learned how to analyze and interpret data from census reports, NFHS, SRS, and digital health registries to identify high-risk zones and vulnerable populations.
- **Simulation Activity:** A group exercise simulated a pandemic outbreak in a fictional district, requiring participants to:
  - Assess demographic variables
  - Allocate limited health resources
  - Plan lockdown strategies and communication campaigns
- **Technology Demonstration:** Tools such as GIS mapping, contact tracing apps, and community surveillance dashboards were showcased.
- **Discussion Panel:** A multidisciplinary panel explored policy-level changes required to integrate demographic intelligence into India's epidemic preparedness framework.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



5. Outcomes and Feedback:

- The workshop was attended by over 110 participants from academic, clinical, and administrative backgrounds.
- Attendees reported increased awareness of the importance of using local demographic data in planning health interventions during pandemics.
- The simulation and hands-on data exercises were particularly appreciated for providing practical application experience.
- Feedback indicated demand for follow-up sessions on **risk communication, multi-sectoral coordination during pandemics**, and **use of AI in outbreak modeling.**
- Participants expressed interest in contributing to ongoing community surveillance and preparedness initiatives led by the college.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 07.11.24

Title of the Activity

Workshop on Ensuring Quality in Public Health Systems

Date & Venue

- **Date:** NOVEMBER 6, 2024
- **Venue:** Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives:

1. **Understanding Quality in Public Health Systems:**
   To provide participants with a deep understanding of what constitutes quality in public health systems, including key indicators and frameworks used to assess health service quality.
2. **Improving Healthcare Delivery:**
   To explore strategies for improving healthcare delivery within public health systems, focusing on quality improvement, patient safety, and service efficiency.
3. **Enhancing Accountability and Transparency:**
   To discuss the role of accountability and transparency in ensuring high-quality healthcare services in public health systems, with an emphasis on ethical considerations.
4. **Fostering Collaboration for System Improvement:**
   To foster collaboration between healthcare professionals, policymakers, and public health experts to design solutions for overcoming challenges in the delivery of quality healthcare in public systems.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Persons

1. Dr. Rashmi Katiyal
2. Dr. Medhavi Agarwal
3. Dr. Deepak Upadhyay

Description of the Workshop:

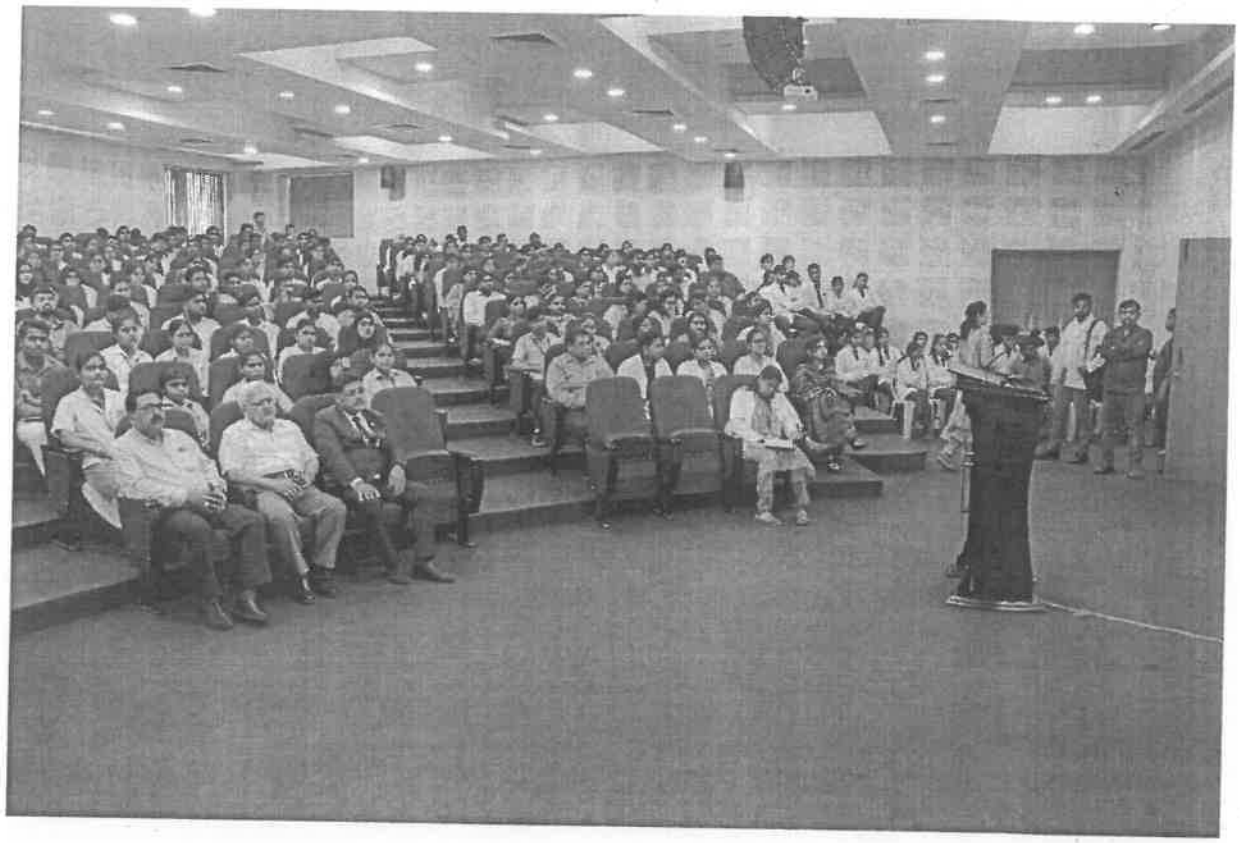
The **Workshop on Ensuring Quality in Public Health Systems** at Rohilkhand Medical College and Hospital aimed to address the critical need for improving the quality of public health services in India. The event brought together healthcare professionals, students, and public health advocates for a series of presentations, discussions, and interactive sessions.

The key components of the workshop included:

- **Keynote Presentations** by experts in the field of public health, focusing on the essential components of quality in healthcare systems, such as **accessibility, affordability, effectiveness, and patient-centered care**.
- **Panel Discussions** where industry leaders, policymakers, and public health professionals explored challenges in the public health system, including resource constraints, workforce shortages, and infrastructure limitations, and their impact on healthcare quality.
- **Case Studies** presenting examples of successful quality improvement programs and initiatives in public health systems, both within India and internationally.
- **Interactive Workshops** that involved small group discussions where participants worked on practical solutions for improving service delivery in public health systems, with a focus on innovation, technology integration, and process optimization.
- **Training Sessions** on key quality management tools, such as **Total Quality Management (TQM), Six Sigma**, and **Lean Management**, and how these tools can be applied to improve healthcare services in public health systems.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcomes:

1. **Increased Awareness of Quality Standards in Healthcare:**
   The workshop helped participants gain a thorough understanding of the various frameworks and standards used to assess and improve quality in healthcare services, such as the **National Accreditation Board for Hospitals and Healthcare Providers (NABH)** and **ISO certification.**
2. **Commitment to Improving Healthcare Delivery:**
   Healthcare professionals and students expressed a strong commitment to applying quality improvement methodologies in their workplaces, aiming to enhance patient care and service delivery in public health systems.
3. **Actionable Strategies for Quality Improvement:**
   Participants developed actionable strategies and solutions for addressing common challenges in public health systems, including ways to optimize resources, improve patient flow, and ensure better healthcare access for underserved populations.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

4. **Strengthened Collaboration:**
   The event successfully encouraged collaboration between healthcare providers, policymakers, and public health experts, creating opportunities for future partnerships aimed at improving the quality of public health services at local, state, and national levels.
5. **Policy Recommendations:**
   The workshop concluded with a set of policy recommendations, which included improving **healthcare infrastructure**, enhancing **staff training** in quality management, adopting **technology-driven solutions** to streamline processes, and ensuring **community involvement** in healthcare delivery.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 25.11.2024

Title of the Activity

Seminar on Data Privacy and Right to Health

Date & Venue

- **Date**: 24.11.2024
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives:

1. **Understanding the Intersection of Data Privacy and Health Rights**:
   To explore how data privacy relates to the **Right to Health**, emphasizing the importance of protecting patient information in healthcare settings while ensuring access to quality healthcare.
2. **Raising Awareness on Legal and Ethical Considerations**:
   To educate participants on the **legal frameworks** and **ethical principles** governing data privacy in healthcare, including compliance with laws like the **Personal Data Protection Bill (PDPB)** and **Health Insurance Portability and Accountability Act (HIPAA)**.
3. **Ensuring Patient Consent and Confidentiality**:
   To discuss the significance of obtaining **informed consent** and ensuring **confidentiality** in handling health data, particularly in the context of digital health records and telemedicine.
4. **Addressing Challenges in Data Security in Healthcare**:
   To highlight the challenges and risks related to data breaches, unauthorized access, and cybersecurity in healthcare systems, and to explore strategies to mitigate these issues.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Persons

1. Dr. Sharad Seth
2. Dr. C.P. Pandey
3. Dr. Sujoy Mukherjee

Description of the Seminar:

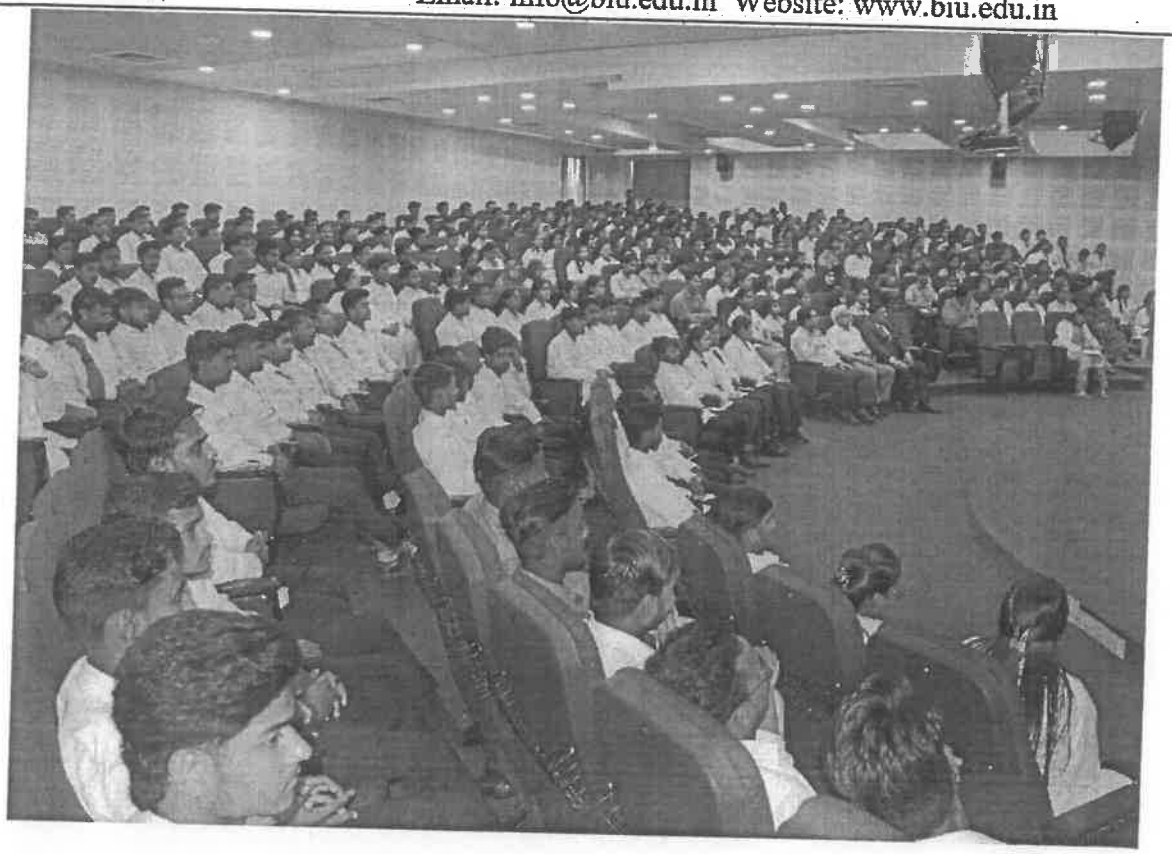
The **Seminar on Data Privacy and Right to Health** at Rohilkhand Medical College and Hospital focused on the critical issue of protecting patient data while ensuring that individuals have access to their **right to health.** The seminar brought together healthcare professionals, data privacy experts, students, and legal advocates to discuss the challenges, opportunities, and implications of managing healthcare data responsibly.

Key aspects of the seminar included:

- **Keynote Presentations** from experts in the field of healthcare data privacy, addressing the **legalities of health data,** patient confidentiality, and the growing importance of **digital health platforms.**
- **Panel Discussions** featuring a diverse group of speakers, including legal experts, healthcare practitioners, and data security professionals. The panel discussed the intersection of healthcare, privacy laws, and technology, including the implications of digitizing health records and adopting telemedicine.
- **Interactive Case Studies** where participants examined real-life examples of **data breaches, misuse of health information,** and **successful privacy protection measures** in healthcare settings.
- **Workshops** focused on **data management practices** in healthcare organizations, including developing robust **security protocols** for handling patient data, **best practices for consent management**, and complying with national and international privacy regulations.
- **Expert Sessions** on emerging technologies in healthcare (such as **AI in healthcare, electronic health records (EHRs)**, and **cloud storage**), with a focus on how these innovations can enhance patient care while maintaining privacy and security.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcomes:

1. **Increased Awareness of Data Privacy Laws:**
   The seminar successfully raised awareness among participants regarding the legal and ethical standards for handling patient data, including **data protection regulations** and the **right to privacy** in healthcare.
2. **Strengthened Understanding of the Right to Health and Data Protection:**
   Attendees gained a deeper understanding of the critical balance between maintaining patient data confidentiality and providing access to healthcare, ensuring that patient privacy does not hinder their right to receive timely medical treatment.
3. **Practical Strategies for Data Security:**
   Healthcare professionals and students learned practical strategies for securing sensitive patient information, including adopting robust cybersecurity measures, conducting regular audits, and implementing strict data access controls.
4. **Commitment to Ethical Data Handling Practices:**
   Participants committed to upholding **ethical practices** regarding patient data privacy, ensuring that they comply with legal requirements such as **informed consent** and transparency when handling health data.
5. **Formation of Collaborative Networks:**
   The seminar facilitated networking among healthcare professionals, legal experts, and

data security specialists, encouraging future collaborations and partnerships to improve healthcare data protection systems.

6. **Policy Recommendations**:
   The seminar concluded with a series of policy recommendations, including the integration of **privacy by design** in healthcare technology, the establishment of stronger **data protection frameworks**, and the creation of **clear guidelines** for handling sensitive health data in both digital and traditional formats.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 29.10.2024

Title of the Activity

Workshop on Ethical Dilemmas in Right to Die and Live

Date & Venue

- **Date**: October 28, 2024
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives:

1. **Exploring Ethical Principles in End-of-Life Decisions**:
   To engage participants in discussions about the ethical complexities surrounding end-of-life decisions, focusing on the **Right to Die** and **Right to Live**, and the balance between patient autonomy, medical ethics, and legal considerations.
2. **Understanding Legal and Cultural Perspectives**:
   To examine the legal frameworks that govern euthanasia, physician-assisted suicide, and the right to refuse treatment, including the role of cultural beliefs and values in shaping these issues.
3. **Promoting Awareness of Palliative Care**:
   To highlight the importance of palliative care and how it can provide ethical and compassionate alternatives to end-of-life decisions such as euthanasia and assisted suicide.
4. **Fostering Open Dialogue on Sensitive Topics**:
   To encourage open, respectful, and informed discussions among healthcare professionals, students, and the public about the ethical dilemmas faced in making decisions around life and death.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Persons

1. **Dr. Seema Seth**
2. **Dr. Natasha Gabryal**
3. **Dr. Nakul Dahiya**

Description of the Workshop:

The **Workshop on Ethical Dilemmas in Right to Die and Live** held at Rohilkhand Medical College and Hospital aimed to tackle the complex ethical, moral, and legal issues associated with end-of-life care. The workshop brought together healthcare professionals, students, and ethics experts to engage in deep discussions, case studies, and debates on topics such as **euthanasia**, **assisted suicide**, and **palliative care**.

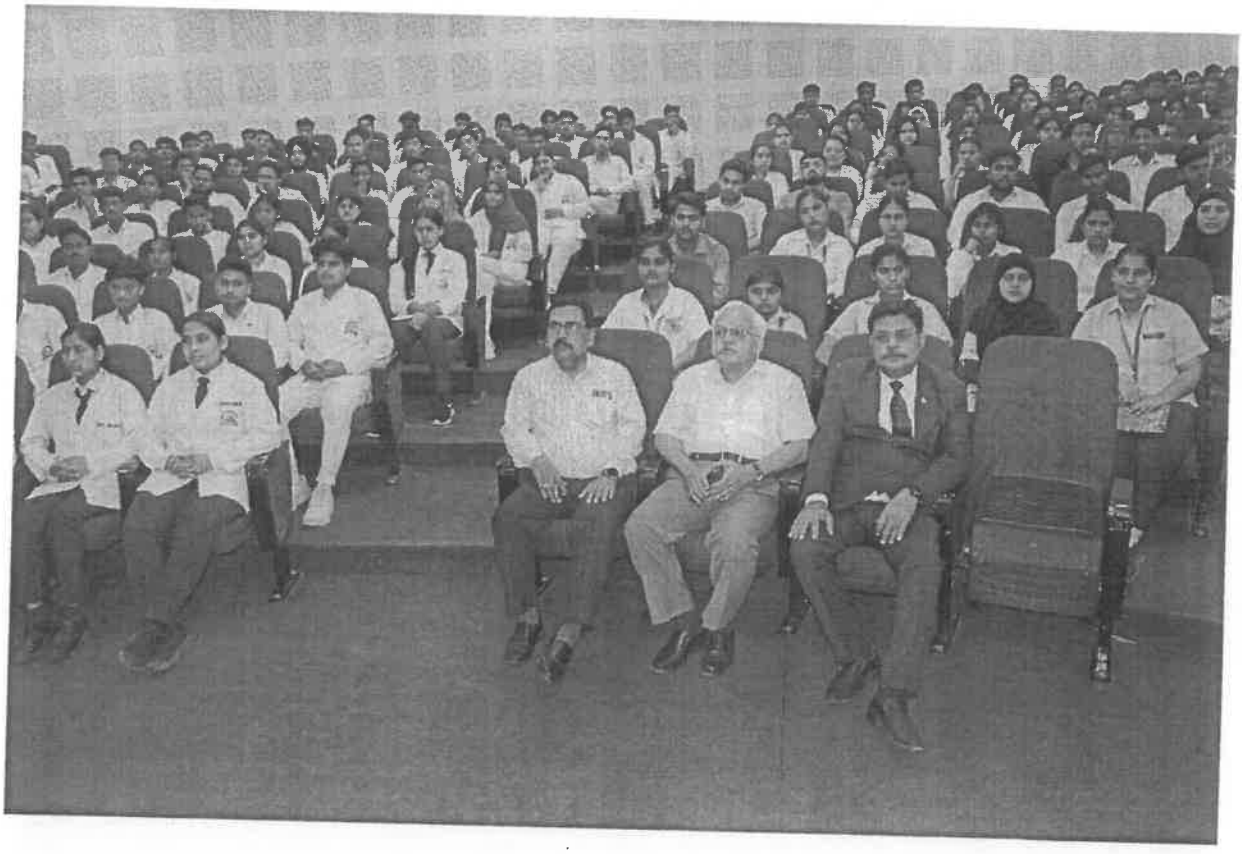
Key components of the workshop included:

- **Keynote Presentations** from renowned bioethicists and legal experts, who provided insight into the **ethical frameworks** surrounding end-of-life decisions, focusing on key concepts such as **patient autonomy**, **informed consent**, and **non-maleficence**.
- **Panel Discussions** featuring a diverse set of speakers, including medical professionals, legal practitioners, ethicists, and social scientists. The panel delved into the **legal status** of euthanasia and assisted suicide in India and other countries, exploring the balance between individual rights and societal values.
- **Interactive Case Studies** where participants analyzed real-life scenarios involving terminally ill patients, exploring the **moral dilemmas** healthcare providers face when patients request euthanasia or wish to refuse life-saving treatment.
- **Debates and Role-Playing Exercises** to help participants better understand the conflicting interests in these ethical dilemmas, as well as the pressures on healthcare providers to act in accordance with both **medical ethics** and **patient desires**.
- **Discussions on Palliative Care** as an alternative to more extreme measures, focusing on how improving access to **palliative care** can alleviate suffering and provide compassionate care for terminally ill patients, without resorting to euthanasia or assisted

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

suicide.



Outcomes:

1. **Enhanced Understanding of Ethical Dilemmas**:
   The workshop successfully provided participants with a nuanced understanding of the ethical dilemmas involved in end-of-life care, particularly with respect to **euthanasia**, **assisted suicide**, and the **Right to Die**.
2. **Deeper Insight into Legal and Cultural Considerations**:
   Attendees gained insights into the legal frameworks surrounding these issues, as well as how cultural, religious, and societal norms influence the decisions surrounding life and death.
3. **Commitment to Compassionate Care**:
   Healthcare professionals and students expressed a stronger commitment to **palliative care** as an ethical and compassionate approach to end-of-life situations, aiming to provide relief and dignity to patients in their final days.
4. **Development of Ethical Decision-Making Frameworks**:
   Participants discussed and developed ethical decision-making frameworks to help guide healthcare providers when faced with difficult end-of-life decisions. These frameworks emphasize respect for patient autonomy, the **principle of beneficence**, and the importance of understanding patient wishes.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

5. **Increased Dialogue and Awareness:**
   The workshop encouraged open and thoughtful dialogue on sensitive topics, with many participants indicating that the event helped them feel more confident in handling these complex ethical situations in their professional practice.
6. **Policy Recommendations:**
   The seminar concluded with a series of policy recommendations aimed at improving the legal, ethical, and practical aspects of end-of-life care, including the **integration of palliative care** into routine healthcare services and **clearer guidelines** for healthcare providers dealing with requests for euthanasia and assisted suicide.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 12.04.2025

Title of the Activity

Seminar on Indigenous Rights and Health Services

Date & Venue

- **Date**: April 11, 2025
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives:

1. **Understanding Indigenous Health Needs**:
   To highlight the unique health challenges faced by indigenous communities and the importance of culturally sensitive healthcare services that respect their traditions and practices.
2. **Exploring Indigenous Rights in Healthcare**:
   To educate participants on the **rights of indigenous peoples**, particularly in relation to **healthcare access**, including the **Right to Health** and the **Right to Self-Determination** as recognized by national and international legal frameworks.
3. **Promoting Culturally Sensitive Healthcare**:
   To discuss the importance of integrating **traditional knowledge** and practices with modern medical care in a way that respects indigenous cultures, while ensuring quality health services are provided.
4. **Fostering Collaboration**:
   To encourage dialogue and collaboration between healthcare providers, indigenous leaders, policymakers, and human rights advocates to ensure better access to healthcare for indigenous populations.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Persons

1. **Dr. Kanchan Dalmia**
2. **Dr. Rashmi Prasad**
3. **Dr. Ritika**

Description of the Seminar:

The **Seminar on Indigenous Rights and Health Services** at Rohilkhand Medical College and Hospital aimed to address the critical issue of healthcare access and delivery to indigenous communities. The seminar brought together healthcare professionals, human rights activists, and experts on indigenous rights to discuss the multifaceted challenges these communities face in accessing quality healthcare services.

The key components of the seminar included:

- **Keynote Presentations** from experts in the fields of indigenous rights and health, who provided insights into the unique healthcare needs of indigenous populations and the ethical principles governing their treatment within healthcare systems.
- **Panel Discussions** involving healthcare professionals, indigenous leaders, and legal experts, exploring the intersection of **indigenous rights** and **healthcare access**. Topics included **cultural barriers**, **legal entitlements**, and the **role of traditional healing practices** in complementing modern healthcare approaches.
- **Case Studies** presented by healthcare providers working in indigenous communities, showcasing real-world examples of how healthcare services can be adapted to better serve indigenous populations while respecting their cultural practices.
- **Workshops** focused on creating **culturally appropriate health interventions**, where participants explored practical ways to integrate indigenous knowledge and healthcare services, ensuring accessibility and equity in healthcare delivery.
- **Interactive Discussions** on the **historical and systemic barriers** that indigenous communities face in accessing healthcare, such as discrimination, geographical isolation, and inadequate infrastructure.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcomes:

1. **Increased Awareness of Indigenous Health Challenges:**
   The seminar successfully raised awareness of the unique healthcare needs and challenges faced by indigenous communities, particularly the barriers to accessing quality healthcare due to cultural, geographical, and systemic factors.
2. **Deeper Understanding of Indigenous Rights in Health:**
   Participants gained a better understanding of the **rights of indigenous peoples** under national and international law, including frameworks such as the **United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)**, which emphasizes healthcare access as a fundamental right.
3. **Commitment to Culturally Sensitive Healthcare:**
   Healthcare professionals and students committed to implementing more **culturally sensitive healthcare practices**. Many expressed interest in learning how to integrate **traditional healing methods** with modern medicine in a way that is respectful of indigenous cultures and improves health outcomes.
4. **Collaborative Networks Established:**
   The seminar facilitated the creation of a collaborative network of healthcare providers, indigenous community representatives, and human rights advocates. This network is set

to work together on developing policies and interventions that ensure better healthcare services for indigenous communities.

5. **Actionable Policy Recommendations**:
   The seminar concluded with a set of actionable recommendations, including the need for **better healthcare infrastructure** in indigenous regions, **training healthcare professionals** in culturally sensitive care, and **advocating for policy reforms** to ensure the health rights of indigenous populations are upheld.
6. **Enhanced Communication and Trust**:
   The event helped foster better communication between healthcare providers and indigenous communities, which is essential for building trust and improving healthcare outcomes. Participants emphasized the need to listen to indigenous leaders when designing health programs that serve their communities.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 16.10.2024

Title of the Activity

Workshop on Respecting Patient Autonomy and Beliefs

Date & Venue

- **Date:** October 15,2024
- **Venue:** Campus ground ,Rohilkhand Medical College and Hospital , Bareilly International University

Organized by

Organized by the Department of Pharmacology, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives

- To highlight the importance of respecting patient autonomy in clinical decision-making.
- To sensitize healthcare professionals to the diverse belief systems and cultural values of patients.
- To promote ethical communication and shared decision-making practices.
- To explore the legal and ethical frameworks guiding patient rights and informed consent.

Resource Person(s)

Dr .Shalini Chandra (Head of department Pharmacology)

Dr. Anju saxena

Dr. Iram Shaifali

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The workshop addressed the foundational role of patient autonomy and belief systems in ethical healthcare. It emphasized respect for individual values, cultural competence, and the integration of patient preferences in care planning.

The session began with a Welcome Address that framed the importance of upholding patient dignity and self-determination in medical practice. The Keynote Presentation offered real-life scenarios demonstrating how respecting patient beliefs fosters trust, improves compliance, and enhances therapeutic relationships.

Interactive segments included case discussions, role-plays, and reflection exercises. These helped participants examine ethical dilemmas, cultural conflicts, and scenarios involving informed refusal or consent. Practical strategies were shared for navigating sensitive conversations, aligning clinical care with patient values, and ensuring culturally safe environments.



Outcome

- Enhanced awareness of patient rights and the ethical imperative of respecting autonomy.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Improved communication skills for engaging with patients from diverse cultural and religious backgrounds.
- Strengthened ability to handle value-based conflicts and informed consent processes.
- Reinforcement of respect, empathy, and shared decision-making as cornerstones of ethical care.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 12.02.2025

Title of the Activity

Seminar on Technology as a Health Determinant

Date & Venue

Date: 11.02.2025

Venue: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

Department of Community Medicine, Rohilkhand Medical College and Hospital Bareilly International University

Objectives

- To examine the influence of technology on health outcomes and healthcare delivery.
- To explore how digital tools, health information systems, and innovations are shaping modern medicine.
- To assess the benefits and challenges of technological integration in promoting health equity and accessibility.

Resource Person(s)

- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Agarwal**
- **Dr. Deepak Upadhyay**

Description

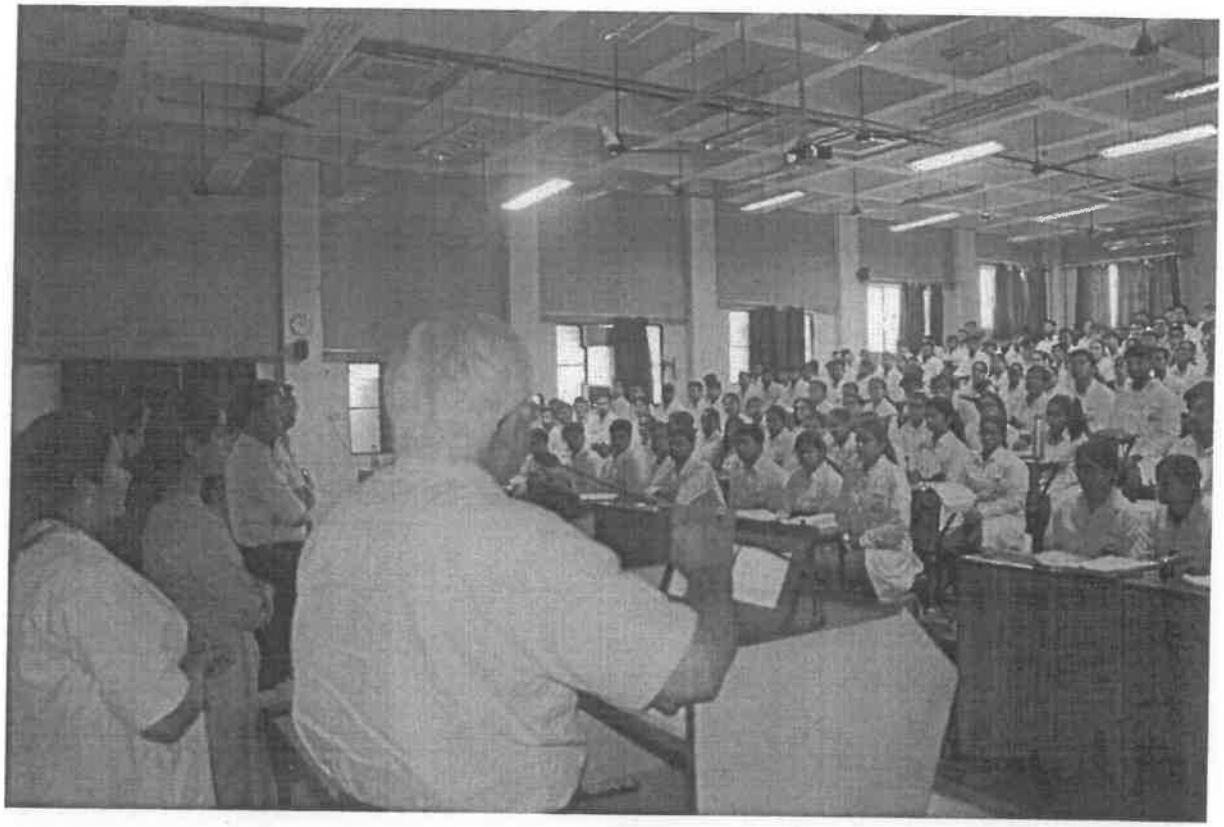
BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The seminar focused on the evolving role of technology in shaping health as a fundamental determinant. It emphasized the transformative impact of innovations such as electronic health records, telemedicine, wearable health monitors, AI-based diagnostics, and mobile health applications.

The event opened with a **Welcome Address** highlighting the necessity of adopting technology-driven approaches to strengthen public health infrastructure and reach underserved populations. Presentations explored both the promises and ethical concerns of digital health, including data privacy, digital literacy, and disparities in tech access.

Participants engaged in interactive discussions about real-world applications, the digital divide, and strategies for equitable technological implementation. Emphasis was placed on integrating technology with existing healthcare systems to optimize outcomes and efficiency.



Outcome

- Increased awareness of technology's role in determining health status and service delivery.
- Strengthened understanding of digital tools in preventive, diagnostic, and therapeutic contexts.

- Encouraged critical thinking on ethical and accessibility issues related to health technologies.

- Promoted interdisciplinary approaches for inclusive, tech-enabled healthcare solutions.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date:

19.12.2024

Title of the Activity

Workshop on Strengthening Legal Literacy on Health Rights

Date & Venue

- **Date**: DECEMBER 18, 2024
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives:

1. **Promoting Awareness of Health Rights**:
   To enhance participants' understanding of the **legal rights related to health**, including the right to access healthcare, patient rights, and entitlements under national and international law.
2. **Exploring Legal Frameworks in Health**:
   To familiarize participants with key **legal frameworks**, such as the **Right to Health**, the **Indian Constitution**, and laws related to **healthcare access** and **medical ethics**, which ensure that individuals are not denied necessary healthcare services.
3. **Strengthening Legal Literacy among Healthcare Providers**:
   To educate healthcare professionals on **legal obligations** and **responsibilities** in delivering healthcare services, focusing on **patient autonomy**, **informed consent**, and the ethical and legal dimensions of treatment.
4. **Advocating for Health Rights Awareness**:
   To empower participants to advocate for better healthcare policies and practices by fostering a deeper understanding of **health rights**, both for healthcare providers and the community

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Persons

1. Dr. Preeti lata Rai
2. Dr. Vedika
3. Dr. Sanjay

Description of the Workshop:

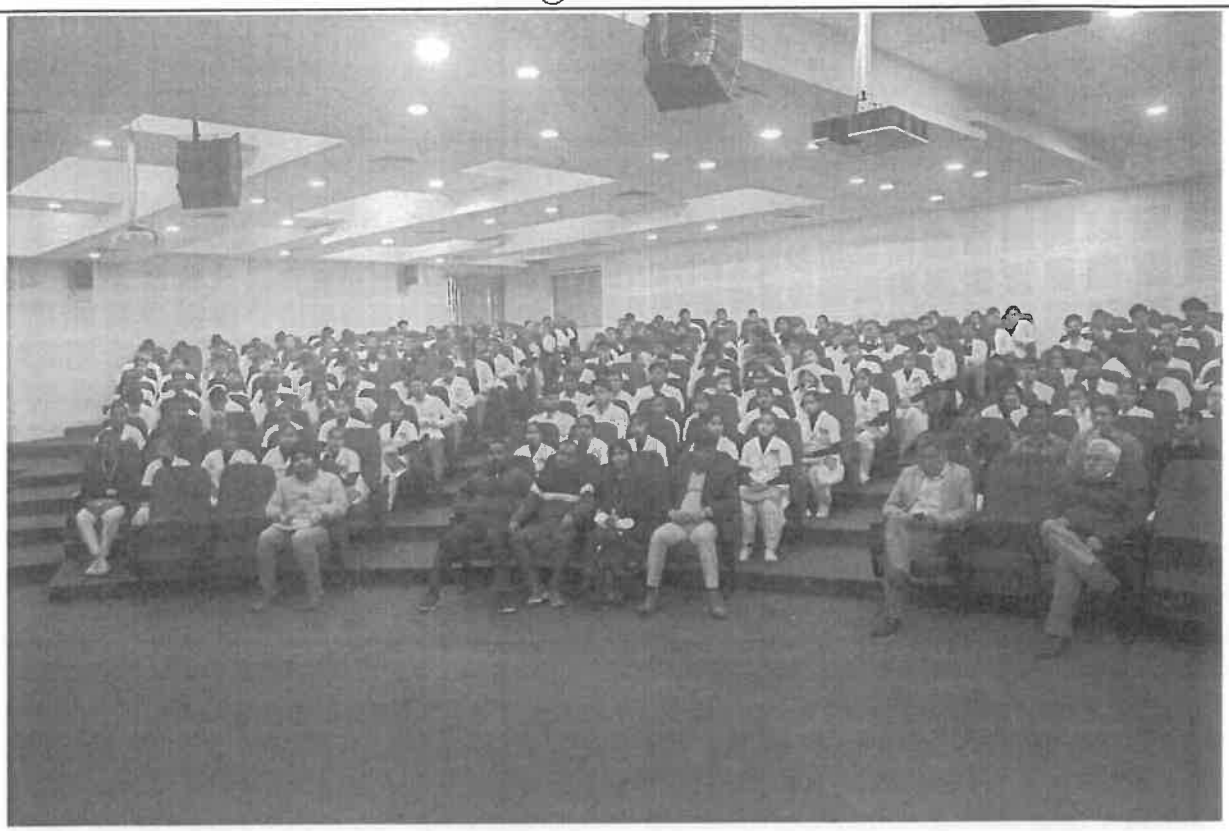
The **Workshop on Strengthening Legal Literacy on Health Rights** held at Rohilkhand Medical College and Hospital aimed to provide healthcare professionals, students, and legal experts with the knowledge and tools to ensure healthcare services are delivered in accordance with established **legal principles** and **human rights** frameworks. The event focused on the intersection of **healthcare law** and **patient rights**, emphasizing the importance of **legal literacy** in the practice of medicine and healthcare management.

The key components of the workshop included:

- **Keynote Presentations** from legal experts and health policy specialists who highlighted the **legal rights** of patients and the **legal responsibilities** of healthcare providers. These presentations covered topics like **informed consent, right to confidentiality, patient autonomy**, and **access to healthcare services** under the **Indian Constitution.**
- **Panel Discussions** with experts in healthcare law, bioethics, and medical practice, focusing on key legal issues in healthcare, such as **medical malpractice, consumer protection in health services**, and **rights of patients under the National Health Policy.**
- **Case Studies** that presented real-life scenarios involving health rights issues, such as disputes over treatment, patient consent, and access to life-saving care. Participants were encouraged to engage in discussions on how healthcare providers can navigate these situations while adhering to legal and ethical standards.
- **Workshops on Legal Documentation**: Participants learned about the importance of **medical records, consent forms**, and **legal documentation** in healthcare. This session focused on practical aspects of ensuring that patient rights are protected through proper documentation and following the law in every step of medical treatment.
- **Interactive Sessions** where healthcare professionals and students could ask questions, share experiences, and discuss legal challenges they may face in their practice, with a focus on finding solutions that align with legal and ethical standards.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcomes:

1. **Increased Legal Awareness among Healthcare Providers**:
   The workshop successfully enhanced the legal literacy of healthcare professionals and students, providing them with a solid understanding of the **legal rights of patients**, the **responsibilities of healthcare providers**, and how to navigate common legal challenges in medical practice.
2. **Better Understanding of Health Rights**:
   Participants gained a clearer understanding of the **Right to Health** as outlined in international human rights instruments, such as the **Universal Declaration of Human Rights (UDHR)** and **World Health Organization (WHO) guidelines**, as well as their implications in the Indian legal context.
3. **Improved Patient Care through Legal Compliance**:
   Healthcare professionals expressed greater confidence in their ability to comply with legal and ethical standards in patient care. The workshop emphasized the importance of **informed consent**, **patient confidentiality**, and **transparency** in treatment, which will likely lead to improved patient trust and care quality.
4. **Promotion of Legal Advocacy for Health Rights**:
   Several participants expressed an intention to advocate for better **healthcare policies** and

legal reforms to improve patient rights and ensure access to healthcare for marginalized populations.

5. **Enhanced Collaborative Efforts**:
   The workshop fostered stronger collaboration between **legal experts**, **healthcare providers**, and **policy advocates**. This networking will help facilitate future initiatives to promote legal literacy and strengthen the legal framework around **health rights** in India.
6. **Development of Practical Legal Tools**:
   Participants left with practical tools to help integrate legal principles into daily healthcare practices, including templates for **consent forms**, **patient information sheets**, and **legal checklists** for healthcare providers.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 12.12.2024

Title of the Activity

Seminar on Value-Driven Health Policies

Date & Venue

- **Date:** December 11,2024
- **Venue:** Demo Room , Rohilkhand Medical College and Hospital, , Bareilly International University

Organized by

- Organized by the Department of General Medicine, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives

- To promote understanding of value-driven health policies and their role in shaping equitable, efficient healthcare systems.
- To discuss the principles of ethical governance, accountability, and transparency in policy-making.
- To empower healthcare professionals and policymakers to advocate for reforms that prioritize patient outcomes and system sustainability.

Resource Person(s)

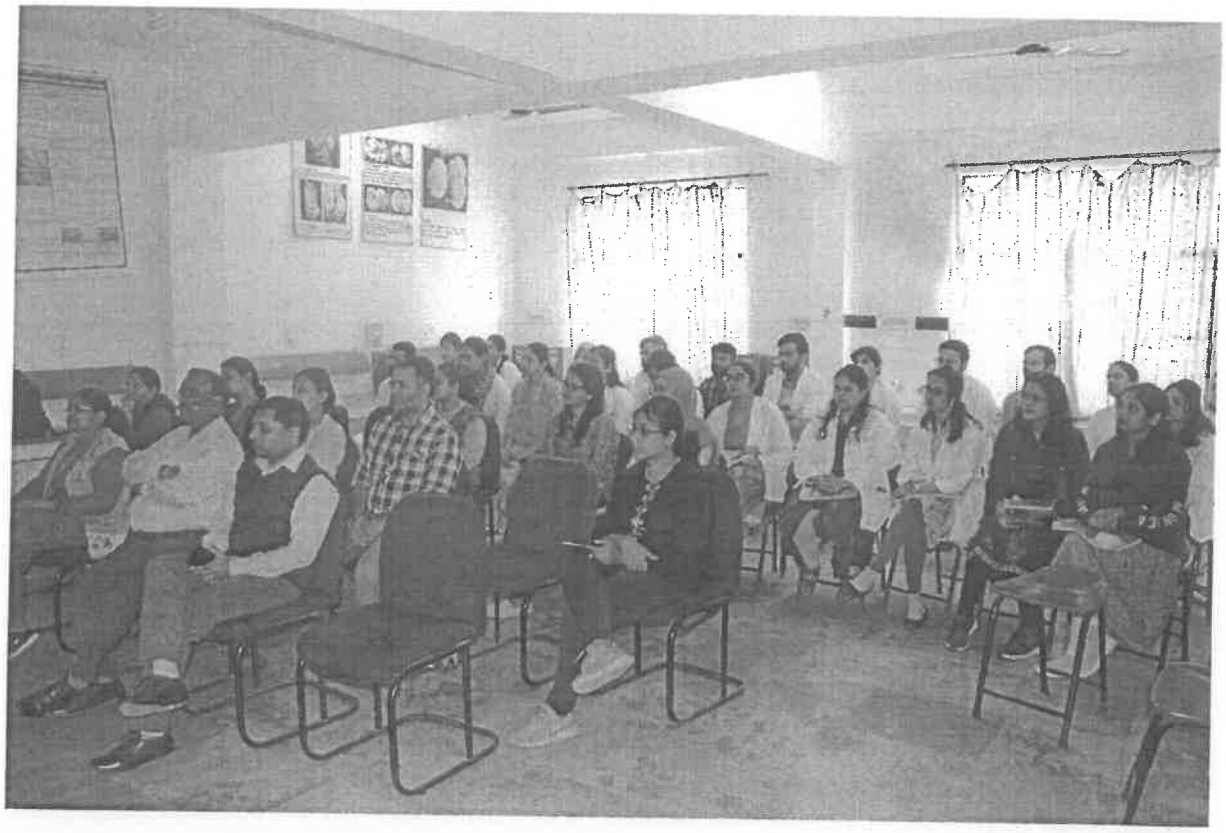
- **Dr. Seema Seth (Head of Department General Medicine)**
- **Dr. Malini**

Description

The seminar emphasized the importance of embedding core values—such as equity, efficiency, accountability, and quality—into health policy design and implementation. Discussions explored how policy frameworks rooted in these values can address systemic inequities, enhance resource utilization, and improve health outcomes.

The event opened with a Welcome Address that underscored the moral imperative of value-based policy reforms. A Keynote Presentation showcased successful international models where value-driven approaches led to measurable improvements in patient care and population health.

Participants engaged in panel discussions and breakout sessions that examined real-world policy challenges, ethical dilemmas, and solutions tailored to the Indian healthcare context. Interactive case studies and scenario-based learning further allowed attendees to apply the principles of value-driven decision-making.



Outcome

- Increased awareness of the significance of values in shaping effective health policies.
- Enhanced understanding of ethical frameworks in policy-making.
- Strengthened advocacy skills for promoting patient-centered and sustainable health reforms.
- Improved collaboration and dialogue between professionals from clinical, academic, and administrative sectors.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Reinforced commitment to transparency, accountability, and continuous improvement in health governance.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 22.02.2025

Title of the Activity:

Seminar on Family Structure and Health Support Systems

Date & Venue

Date: Feburary21, 2025

Venue: Auditorium, Rohilkhand Medical College and Hospital Bareilly International University

Organized by

Department of Community Medicine, Rohilkhand Medical College and Hospital Bareilly International University

Objectives

- To examine the influence of family structure on physical, emotional, and social health outcomes.
- To analyze the role of family-based health support systems in disease prevention and management.
- To highlight the changing dynamics of families and their implications for healthcare delivery.
- To encourage healthcare professionals to adopt a family-centered approach in public health interventions.

Resource Person(s)

- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Agarwal**
- **Dr. Deepak Upadhyay**

BAREILLY INTERNATIONAL UNIVERSITY

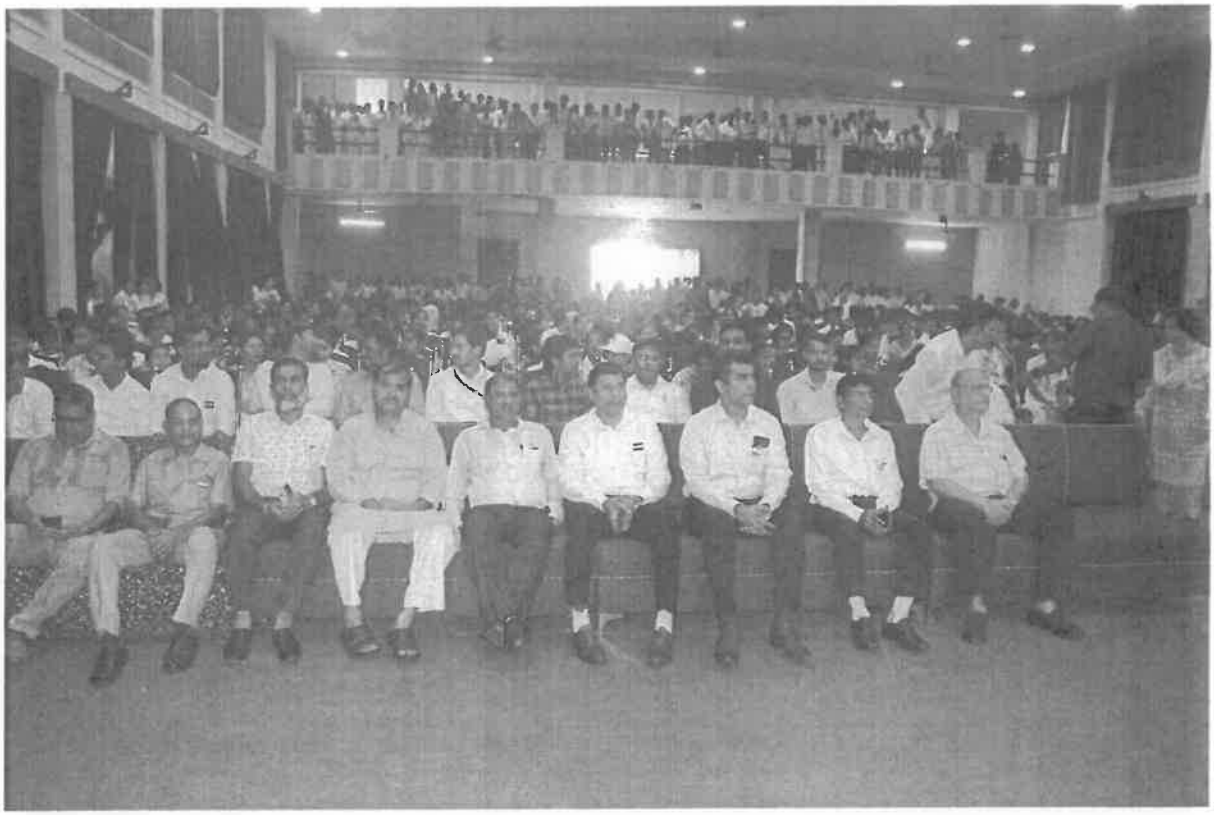
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The seminar focused on the interconnection between family structures and health support systems, particularly in the context of public health. Topics included the role of nuclear vs. joint families in caregiving, the mental health impacts of family breakdown, and how familial support affects chronic disease outcomes.

The event began with a Welcome Address that underscored the significance of family as a fundamental unit of health support. A Keynote Presentation offered insights into epidemiological data reflecting health disparities linked to family environments.

An Interactive Session provided a platform for sharing personal narratives, research findings, and community experiences. Participants also engaged in group discussions to brainstorm strategies for strengthening familial health support networks, especially in underserved communities.



Outcome

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Increased awareness of the impact of family structure on health outcomes.
- Enhanced appreciation for family-centered care in medical and public health practices.
- Strengthened participant capability to assess and incorporate familial contexts into healthcare planning.
- Promoted the development of community-based support systems tailored to diverse family configurations.
- Reinforced commitment to policy and programmatic efforts that consider family dynamics in health planning.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 30.11.2024

Title of the Activity

Seminar on Truthfulness in Health Communication 2023

Date & Venue

- **Date**: November 29, 2024
- **Venue**: Seminar Room ,Rohilkhand Medical College and Hospital, Bareilly Intertnational University

Organized by

Department of Pediatrics, Rohilkhand Medical College and Hospital Bareilly Intertnational University

Objectives

- To emphasize the critical role of truthfulness and transparency in effective health communication.
- To discuss ethical considerations and real-world implications of withholding or distorting information in medical settings.
- To strengthen healthcare professionals' commitment to honesty while balancing empathy and sensitivity in patient interactions.

Resource Person(s)

- **Dr. Preeti Lata Ria**
- **Dr. Arif Hussain**
- **Dr. Vedika**

BAREILLY INTERNATIONAL UNIVERSITY

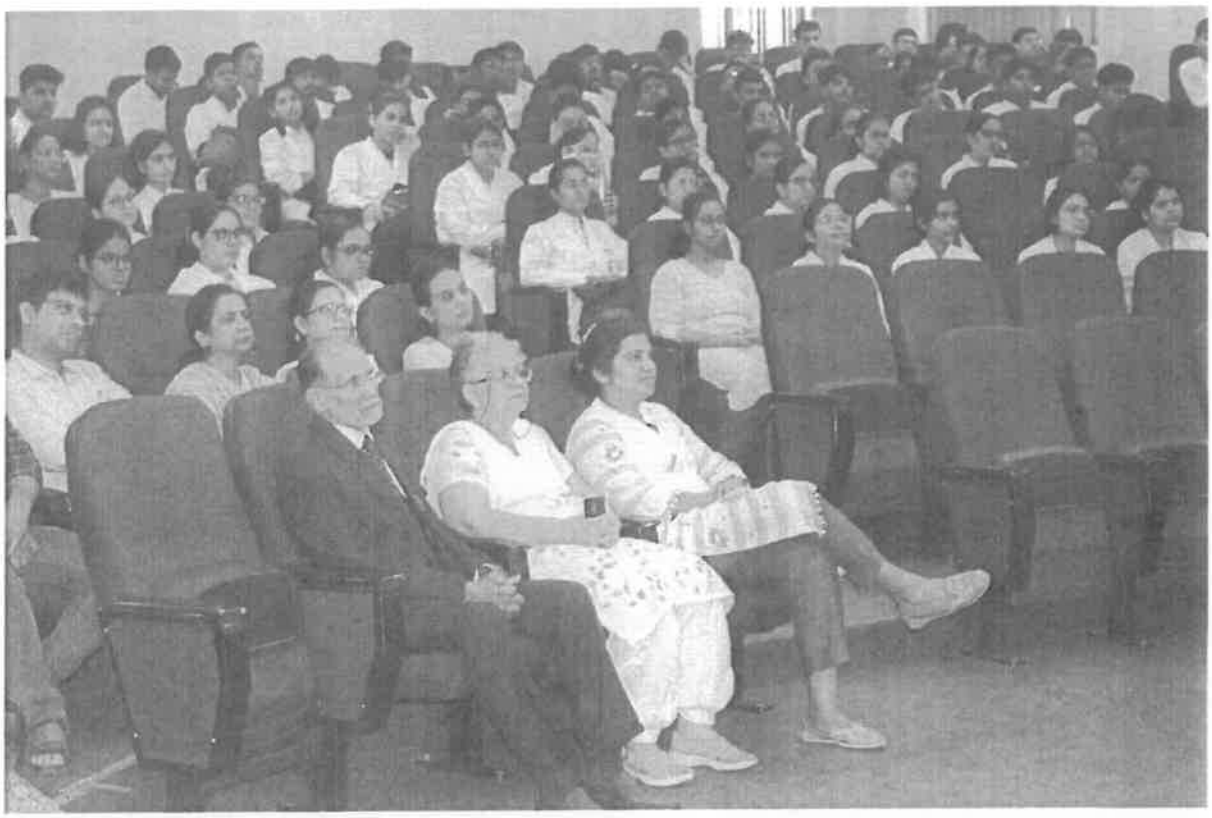
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The seminar explored the importance of truthfulness as a fundamental principle in health communication. Sessions addressed challenges faced by healthcare providers when delivering difficult news, handling sensitive topics, and maintaining patient trust.

The program opened with a Welcome Address highlighting the value of honest, clear communication in fostering stronger doctor-patient relationships and informed decision-making. Presentations featured ethical frameworks, case studies involving dilemmas around truth-telling, and techniques for transparent yet compassionate dialogue.

Interactive discussions encouraged participants to reflect on their own experiences, analyze communication breakdowns, and consider how honest exchanges can improve patient outcomes. Topics also included the boundaries of full disclosure, cultural influences on truth-telling, and legal implications.



Outcome

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Increased awareness of the ethical and professional importance of truthfulness in healthcare communication.
- Improved understanding of how honesty builds patient trust and enhances compliance.
- Strengthened skills for delivering truthful information with empathy and clarity.
- Renewed commitment to upholding integrity as a core tenet of medical ethics.

Signature

Dean, Rohilkhand Medical College and Hospital

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 26.03.2025

Title of the Activity:

Workshop on Legal Determinants of Health

Date & Venue

- **Date:** March 25,2025
- **Venue:** Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

Department of General Surgery , Rohilkhand Medical College and Hospital Bareilly International University

Objectives

- To explore the role of legal frameworks in shaping health outcomes and public health policies.
- To educate medical students and professionals on health-related laws and their implications for healthcare delivery.
- To encourage interdisciplinary dialogue on legal accountability, human rights, and equitable access to care.

Resource Person(s)

- **Dr. Sharad Seth(Head of Department General Surgery)**
- **Dr. CP Panday**
- **Dr. Om Kumar Sharma**

Description

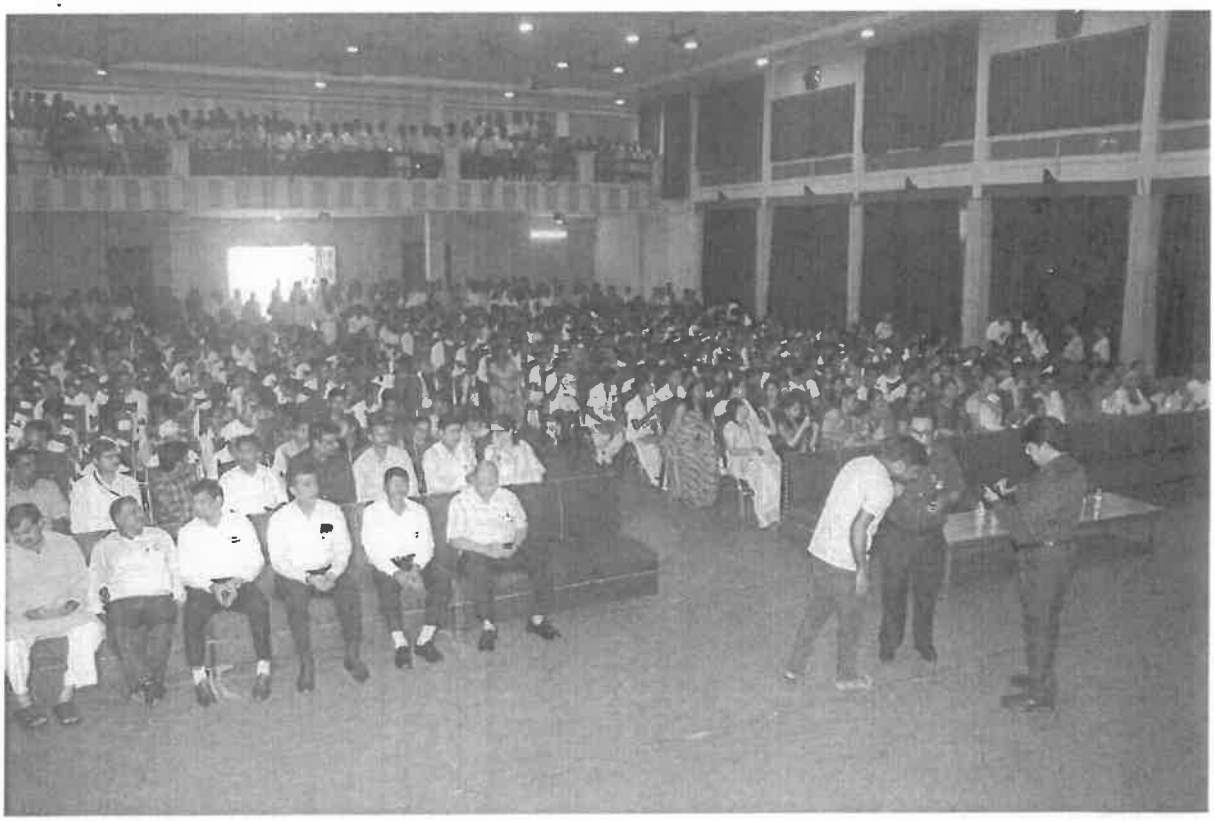
BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

This workshop focused on understanding how legal principles influence health systems, health equity, and the right to health. The event began with a Welcome Address emphasizing the interconnection between law and health, particularly in the context of ensuring fair and effective healthcare services.

A Keynote Presentation examined key legal determinants such as health legislation, regulatory enforcement, and constitutional rights. Discussions incorporated case studies that demonstrated the real-world effects of legal frameworks on public health interventions.

Interactive sessions engaged participants in analyzing legal scenarios, debating the responsibilities of health professionals under various legal statutes, and proposing policy solutions to health access issues. Special sessions highlighted international health law, medical negligence, and patients' rights.



Outcome

- Enhanced understanding of how legal systems affect public health outcomes.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Strengthened the capacity of healthcare workers to navigate legal issues in clinical practice.
- Encouraged a rights-based approach to health service delivery.
- Fostered interdisciplinary collaboration between medicine, law, and policy.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 04.02.2025

Title of the Activity

Workshop on Cultural Sensitivity in Health Services

Date & Venue

- **Date**: Feburary 3 ,2025
- **Venue**: Jhamda Ground , Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

- Department of Community Medicine, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives

- To foster awareness about the significance of cultural sensitivity in delivering effective and respectful health services.
- To enhance understanding of diverse cultural beliefs, practices, and communication styles that impact health behaviors and outcomes.
- To equip healthcare professionals with the skills necessary to offer culturally competent care in diverse clinical settings.

Resource Person(s)

- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Agarwal**
- **Dr. Deepak Upadhyay**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The workshop focused on the importance of recognizing and respecting cultural diversity in healthcare delivery. Sessions emphasized the role of cultural competence in building trust, improving patient satisfaction, and ensuring equitable health outcomes.

The event began with a **Welcome Address** that underscored the value of inclusive, respectful care for patients from all backgrounds. Presentations included case studies illustrating cultural misunderstandings and their impact on patient care, along with strategies for culturally responsive communication.

Interactive sessions allowed participants to share experiences, discuss common challenges, and role-play real-world scenarios to practice culturally appropriate responses. Emphasis was placed on language barriers, religious sensitivities, gender dynamics, and the ethical implications of cultural differences in healthcare decisions.



Outcome

- Improved awareness of cultural influences on health perceptions and patient interactions.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Strengthened ability to deliver care that respects and adapts to patients' cultural contexts.
- Enhanced communication skills for navigating cultural differences in clinical practice.
- Reinforced commitment to inclusive, non-discriminatory care as a cornerstone of medical professionalism.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 20.03.2025

Title of the Activity

Seminar on Ethics and compassion in medical practice

Date & Venue

- **Date:** 19.03.2025
- **Venue**: Demo Room , Rohilkhand Medical College and Hospital, , Bareilly International University

Organized by

- Organized by the Department of Pathology , Rohilkhand Medical College and Hospital , Bareilly International University

Objectives

- To promote understanding of value-driven health policies and their role in shaping equitable, efficient healthcare systems.
- To discuss the principles of ethical governance, accountability, and transparency in policy-making.
- To empower healthcare professionals and policymakers to advocate for reforms that prioritize patient outcomes and system sustainability.

- **Resource Person(s)**
- **Dr. Netish Mohan(Head of Department General Medicine)**
- **Dr. Anjana Arya**

Description

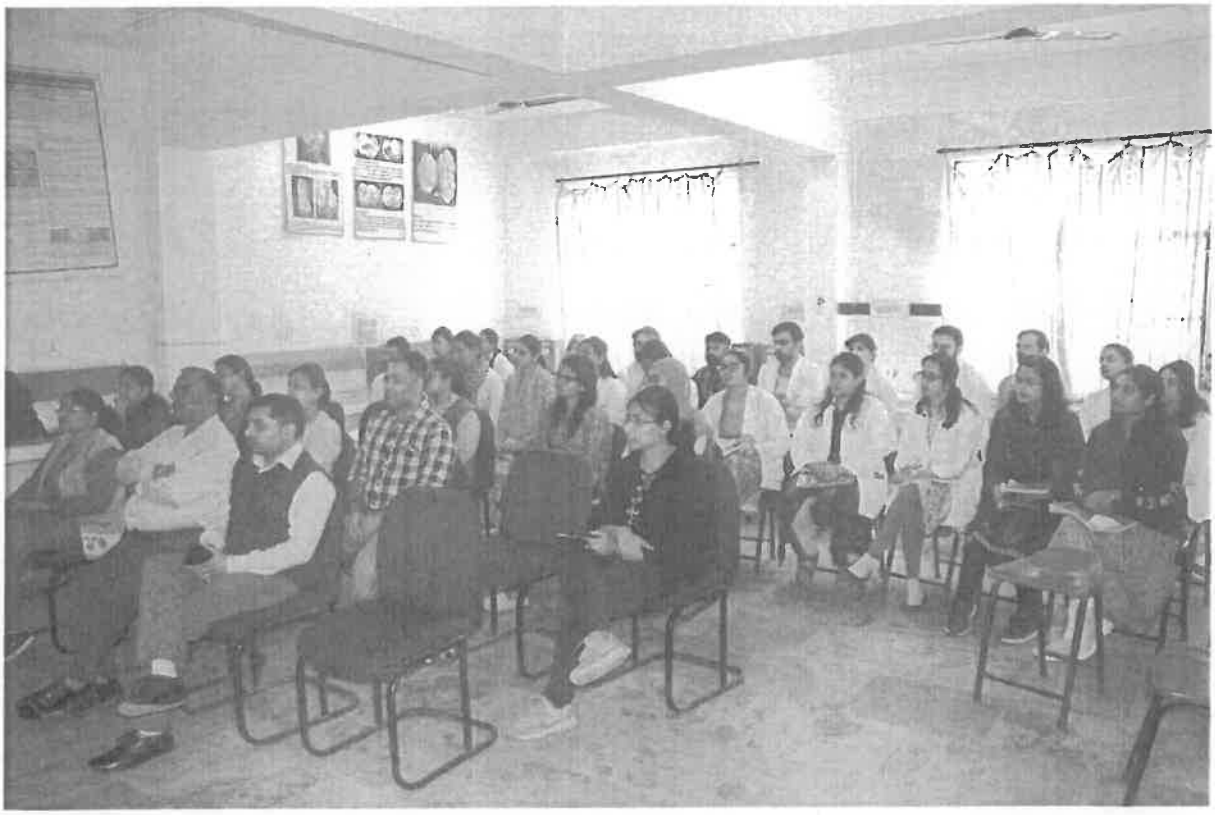
BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The seminar emphasized the importance of embedding core values—such as equity, efficiency, accountability, and quality—into health policy design and implementation. Discussions explored how policy frameworks rooted in these values can address systemic inequities, enhance resource utilization, and improve health outcomes.

The event opened with a Welcome Address that underscored the moral imperative of value-based policy reforms. A Keynote Presentation showcased successful international models where value-driven approaches led to measurable improvements in patient care and population health.

Participants engaged in panel discussions and breakout sessions that examined real-world policy challenges, ethical dilemmas, and solutions tailored to the Indian healthcare context. Interactive case studies and scenario-based learning further allowed attendees to apply the principles of value-driven decision-making.



Outcome

- Increased awareness of the significance of values in shaping effective health policies.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Enhanced understanding of ethical frameworks in policy-making.
- Strengthened advocacy skills for promoting patient-centered and sustainable health reforms.
- Improved collaboration and dialogue between professionals from clinical, academic, and administrative sectors.
- Reinforced commitment to transparency, accountability, and continuous improvement in health governance.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 06.03.2025

TITLE OF THE ACTIVITY:

Workshop on Environmental Laws and Medical Accountability

Date & Venue:

- **Date**: March 5, 2025
- **Venue**: Lecture Theatre, RMCH
- **Organized by**: Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- **Raise Legal Awareness**: To enhance understanding of environmental laws relevant to healthcare settings and the legal obligations of medical institutions.
- **Link Environment and Health**: To explore how environmental legislation protects public health and the role of medical professionals in upholding these laws.
- **Promote Medical Accountability**: To discuss the responsibilities of healthcare providers in maintaining environmental standards and preventing ecological harm.
- **Understand Legal Consequences**: To inform participants about the legal consequences of environmental negligence in healthcare operations.
- **Encourage Ethical Compliance**: To promote ethical practices and compliance with environmental laws as part of broader medical accountability and institutional governance.

Resource Person(s):

- **Dr. Deepak Upadhyay**

- **Dr. Medhavi Agarwal**

- **Dr. Ajay Agarwal**

Description:

The workshop began with a welcome address by the Dean of Rohilkhand Medical College and Hospital, who emphasized the growing intersection between environmental protection and healthcare regulation. He underscored the duty of medical institutions to operate responsibly within the legal framework to protect both human and environmental health.

- **Session 1**: Dr. Deepak Upadhyay introduced key environmental laws applicable to the healthcare sector, including the Biomedical Waste Management Rules, Air (Prevention and Control of Pollution) Act, Water Act, and Environment Protection Act. He discussed their implications for hospitals, clinics, and diagnostic labs.
- **Session 2**: Dr. Medhavi Agarwal explored the concept of medical accountability in the context of environmental compliance. She presented real-world cases where lapses in environmental protocols by healthcare providers led to legal action, and discussed how accountability can be enforced through regular audits, documentation, and adherence to standard operating procedures.
- **Session 3**: Dr. Ajay Agarwal offered a practical perspective on how hospitals can integrate environmental compliance into daily operations. He outlined best practices for waste segregation, emissions control, and sustainable procurement, and emphasized staff training as key to preventing legal violations.

The workshop was attended by over 100 participants, including doctors, hospital administrators, medical students, legal consultants, and public health professionals. The sessions were interactive, with case study discussions, legal scenario simulations, and Q&A sessions that enabled participants to understand the real-life implications of non-compliance and the importance of institutional responsibility.

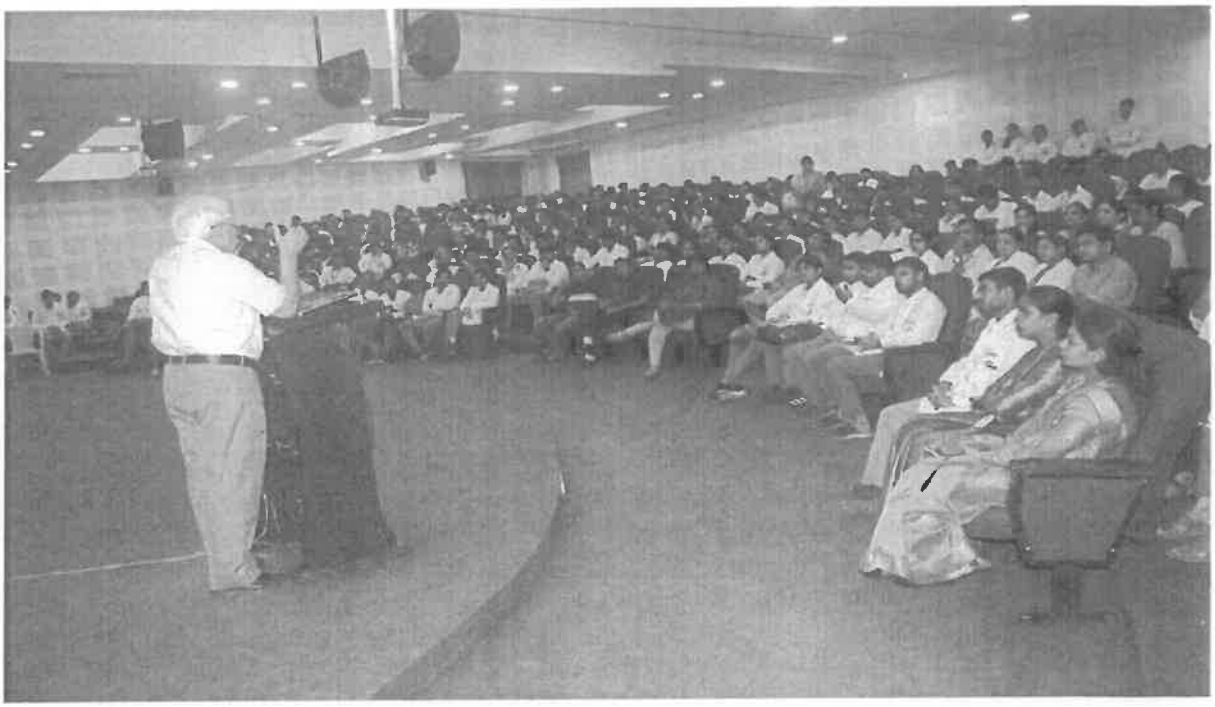
Outcome:

- **Legal Literacy Improved**: Participants gained a comprehensive understanding of environmental laws relevant to healthcare and the legal framework governing medical practices.
- **Institutional Responsibility Highlighted**: The workshop reinforced the need for institutional accountability in managing hospital operations in an environmentally responsible manner.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Risk Awareness Increased**: Attendees were sensitized to the potential legal, financial, and reputational risks associated with environmental negligence in medical facilities.
- **Actionable Practices Introduced**: The sessions provided clear guidance on actionable steps healthcare providers can take to remain compliant and ethical in their environmental responsibilities.
- **Follow-up Initiatives**: As a result of the workshop, the Department of Community Medicine proposed establishing a legal compliance cell within the institution and launching regular training programs on environmental law and ethical medical practice.



Dean,
Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 21ST FEBURARY, 2025

TITLE OF THE ACTIVITY:

Seminar on Air Quality and Respiratory Health

Date & Venue:

- **Date**: FEBURARY 20, 2025
- **Venue**: Lecture Theatre, RMCH
- **Organized by**: Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- **Raise Awareness**: To raise awareness about the growing issue of air pollution and its direct impact on respiratory health.
- **Understand the Link**: To explore the scientific correlation between poor air quality and the increase in respiratory illnesses such as asthma, COPD, and lung cancer.
- **Discuss Preventive Measures**: To discuss effective preventive strategies and public health interventions aimed at reducing the health burden caused by air pollution.
- **Promote Healthcare Action**: To emphasize the role of healthcare professionals in recognizing, treating, and educating the public about pollution-related respiratory conditions.
- **Encourage Policy and Advocacy**: To encourage advocacy for stronger air quality regulations and cross-sector collaboration for cleaner environments.

Resource Person(s):

- **Dr. Rashmi Katyal**

- **Dr. Medhavi Agarwal**

- **Dr. Swati Khan**

Description:

The seminar began with a welcome address by the Dean of Rohilkhand Medical College and Hospital, who underscored the alarming rise in air pollution levels across urban and rural India and its increasingly evident impact on population health, particularly respiratory systems.

- **Session 1**: Dr. Rashmi Katyal provided an overview of air pollution sources, including vehicular emissions, industrial discharge, household combustion, and seasonal crop burning. He highlighted their contribution to ambient air pollution and the consequent rise in respiratory diseases. He also presented data from national air quality monitoring systems to demonstrate current trends.
- **Session 2**: Dr. Medhavi Agarwal focused on the clinical implications of poor air quality. She discussed early diagnosis, symptom management, and treatment of respiratory conditions caused or worsened by polluted air. Special attention was given to vulnerable populations such as children, the elderly, and individuals with pre-existing respiratory conditions.
- **Session 3**: Dr. Swati Khan addressed public health responses and policy-level interventions. He spoke about the importance of community education, air quality indices (AQI) as a public health tool, and hospital-based preventive strategies such as promoting mask use, installing air purifiers, and reducing hospital-generated air pollutants.

The seminar attracted over 120 attendees, including medical students, healthcare professionals, respiratory therapists, public health experts, and environmental scientists. It featured interactive sessions, open discussions, and a panel Q&A, encouraging participants to critically engage with the topic and share local challenges and success stories.

Outcome:

- **Enhanced Knowledge**: Participants developed a comprehensive understanding of how air pollution contributes to respiratory diseases and how these conditions can be managed and prevented.
- **Clinical Insights**: The seminar provided healthcare professionals with updated diagnostic and treatment approaches for air pollution-related respiratory issues.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Public Health Focus**: Emphasis was placed on preventive strategies and public education campaigns to reduce exposure to poor air quality.
- **Policy Awareness**: The seminar raised awareness of governmental and institutional responsibilities in enforcing air quality standards and protecting public health.
- **Proposed Actions**: The Department of Community Medicine proposed launching a campus-wide "Clean Air Initiative" that includes awareness drives, tree plantation, and partnerships with local authorities to monitor and improve air quality.



Signature
Dean,
Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

DATE 16TH APRIL 2025

Topic:-Workshop on Eco-Conscious Medical Practices

Date & Venue:

- **Date:** APRIL 15, 2025
- **Venue:** Lecture Theatre, RMCH
- **Organized by:** Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- **Promote Sustainability:** To promote eco-consciousness among healthcare professionals by highlighting the environmental impact of routine medical practices.
- **Introduce Green Practices:** To introduce sustainable practices in clinical settings that reduce environmental footprints without compromising patient care.
- **Waste Reduction:** To educate participants on sustainable waste management, resource conservation, and energy-efficient solutions in healthcare.
- **Encourage Institutional Change:** To encourage healthcare institutions to adopt green policies, including plastic reduction, recycling programs, and eco-friendly procurement.
- **Foster a Culture of Responsibility:** To instill environmental responsibility in daily medical practice and decision-making at all levels of healthcare service delivery.

Resource Person(s):

- **Dr. Arun Singh**

- **Dr. Ajay Agarwal**

- **Dr. Medhavi Agarwal**

Description:

The workshop opened with a welcome address from the Dean of Rohilkhand Medical College and Hospital, who emphasized the urgent need for the healthcare sector to transition towards environmentally sustainable practices. He noted the dual responsibility of the medical community—to protect health and to safeguard the environment.

- **Session 1:**
  Dr. Arun Singh began by providing a comprehensive overview of the ecological impact of healthcare systems, including excessive plastic usage, energy consumption, and pharmaceutical waste. He discussed the global movement toward "green hospitals" and the role of medical professionals in championing these changes.
- **Session 2:**
  Dr. Medhavi Agarwal introduced practical, eco-friendly practices for day-to-day hospital operations. Topics included green procurement, using biodegradable materials, digitization to reduce paper usage, and incorporating sustainability into hospital policy frameworks.
- **Session 3:**
  Dr. Ajay Agarwal presented real-world examples and case studies of institutions that have successfully implemented eco-conscious strategies. She also discussed how small behavioral shifts among staff—such as turning off unused equipment, mindful use of resources, and minimizing single-use items—can collectively make a significant environmental difference.

The workshop saw enthusiastic participation from over 100 attendees, including medical faculty, nursing staff, hospital administrators, students, and environmental health professionals. Participants engaged in brainstorming sessions, case discussions, and group activities designed to identify implementable green solutions in their own healthcare settings.

Outcome:

- **Knowledge Gained:** Participants acquired a strong foundation in the principles and practices of eco-conscious healthcare.
- **Behavioral Shift:** The workshop encouraged a mindset shift towards sustainability in clinical practice and hospital management.
- **Practical Implementation:** Attendees left with clear, actionable strategies to begin implementing sustainable changes within their departments and institutions.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Institutional Commitment:** The Department of Community Medicine committed to launching an "Eco-Conscious Healthcare Program" focused on training, policy updates, and sustainability audits.
- **Future Steps:** A follow-up workshop and the creation of a Green Healthcare Task Force were proposed to maintain momentum and monitor progress.



BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature
Dean
Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

DATE: 18TH MARCH, 2025

Title of the Activity:
Seminar on Environmental Determinants of Non-Communicable Diseases (NCDs)

Date & Venue:

- **Date:** March 17, 2025
- **Venue:** Lecture Theatre, RMCH
- **Organized by:** Department of Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- **Raise Awareness:** To raise awareness about how environmental factors contribute to the development and progression of non-communicable diseases (NCDs).
- **Explore Risk Factors:** To examine key environmental determinants such as air and water pollution, chemical exposures, urban planning, and climate change as contributors to NCDs.
- **Link Environment & Public Health:** To promote understanding of how the physical and social environment impacts chronic disease outcomes, particularly in vulnerable populations.
- **Promote Preventive Action:** To discuss public health strategies and policy approaches to mitigate environmental risks and reduce the burden of NCDs.
- **Foster Interdisciplinary Collaboration:** To encourage collaboration between healthcare providers, environmental scientists, urban planners, and policymakers.

Description:

The seminar was inaugurated by the Dean of Rohilkhand Medical College and Hospital, who highlighted the importance of addressing non-communicable diseases not only through clinical approaches but also by targeting their environmental and social root causes.

- **Session 1:**
  Dr.Seema Seth opened the session by discussing how air pollution, poor water quality, and unsafe built environments are major contributors to diseases like cardiovascular disease, chronic respiratory conditions, and certain cancers. He shared data from national and international studies linking environmental degradation to rising NCD prevalence.
- **Session 2:**
  Dr. Arun Singh explored how climate change, food systems, and exposure to endocrine-disrupting chemicals influence the development of NCDs such as obesity, diabetes, and hypertension. She emphasized the importance of early-life exposures and social determinants in shaping long-term health outcomes.
- **Session 3:**
  Dr. Rohit Palta focused on community-level interventions and policy responses, including urban green space promotion, pollution control laws, and health education campaigns. She also discussed the role of healthcare professionals in advocating for healthier environments and addressing NCDs through environmental prevention strategies.

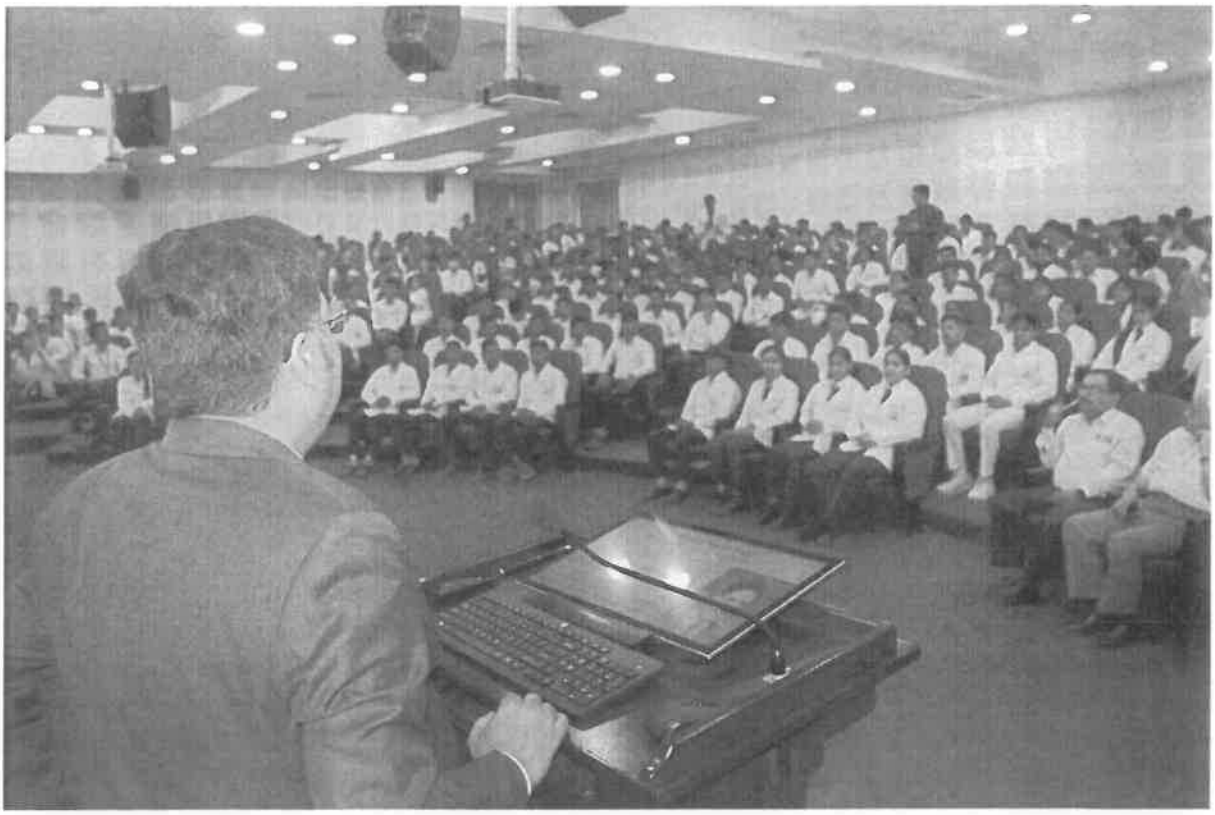
The seminar attracted over 110 participants, including medical students, faculty, environmental researchers, public health experts, and policymakers. The event featured panel discussions, Q&A rounds, and interactive reflections, fostering a dynamic and insightful exchange of ideas.

Outcome:

- **Increased Awareness:** Participants gained a deeper understanding of how environmental conditions affect chronic disease patterns.
- **Action-Oriented Insights:** Attendees were equipped with practical strategies to address environmental determinants through clinical practice and public health outreach.
- **Cross-Sectoral Engagement:** The seminar promoted collaboration across medical, environmental, and policy disciplines.
- **Institutional Initiative:** The Department of Medicine proposed integrating environmental health modules into the medical curriculum and launching a community awareness campaign on environmental risk reduction.
- **Future Scope:** Plans were outlined for a series of workshops focusing on environmental risk assessment tools and sustainable health promotion strategies.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Signature
Dean
Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

DATE: 6TH MARCH 2025

TITLE OF THE ACTIVITY: Workshop on Rebuilding Post-Disaster Health Infrastructure Sustainably

Date & Venue:

- **Date:** March 5, 2025
- **Venue:** Lecture Theatre, RMCH
- **Organized by:** Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- **Understand Post-Disaster Needs:** To understand the challenges faced in restoring healthcare infrastructure after natural and man-made disasters.
- **Promote Sustainable Rebuilding:** To introduce environmentally sustainable and resilient strategies for rebuilding healthcare facilities in disaster-affected areas.
- **Explore Green Infrastructure:** To highlight the use of eco-friendly materials, renewable energy, and resource-efficient technologies in reconstruction.
- **Strengthen Preparedness:** To build capacity for integrating sustainability into disaster preparedness and response plans.
- **Encourage Policy Alignment:** To encourage alignment with national disaster management frameworks and sustainable development goals (SDGs) in healthcare reconstruction.

Resource Person(s):

- **Dr. Rashmi Katyal**

- **Dr. Medhavi Agarwal**

- **Dr. Swati Khan**

Description:

The workshop commenced with a welcome address by the Dean of Rohilkhand Medical College and Hospital, who emphasized the importance of building back better after disasters—not only to restore services but to create safer, more sustainable health systems that can withstand future shocks.

- **Session 1:**
  Dr. Rashmi Katyal introduced the concept of disaster-resilient healthcare infrastructure. He shared examples from recent global and national disaster responses, highlighting lessons learned and the importance of swift, coordinated recovery efforts. He focused on how sustainability should be integrated right from the planning phase.
- **Session 2:**
  Dr. Medhavi Agarwal discussed green building techniques and energy-efficient designs suitable for post-disaster settings. She spoke on the use of solar energy, rainwater harvesting, natural ventilation, and low-carbon materials as essential components of resilient infrastructure.
- **Session 3:**
  Dr. Swati Khan emphasized community involvement and policy integration in post-disaster reconstruction. She shared strategies for engaging local stakeholders, ensuring equity in service delivery, and aligning rebuilding efforts with national environmental and health policies.

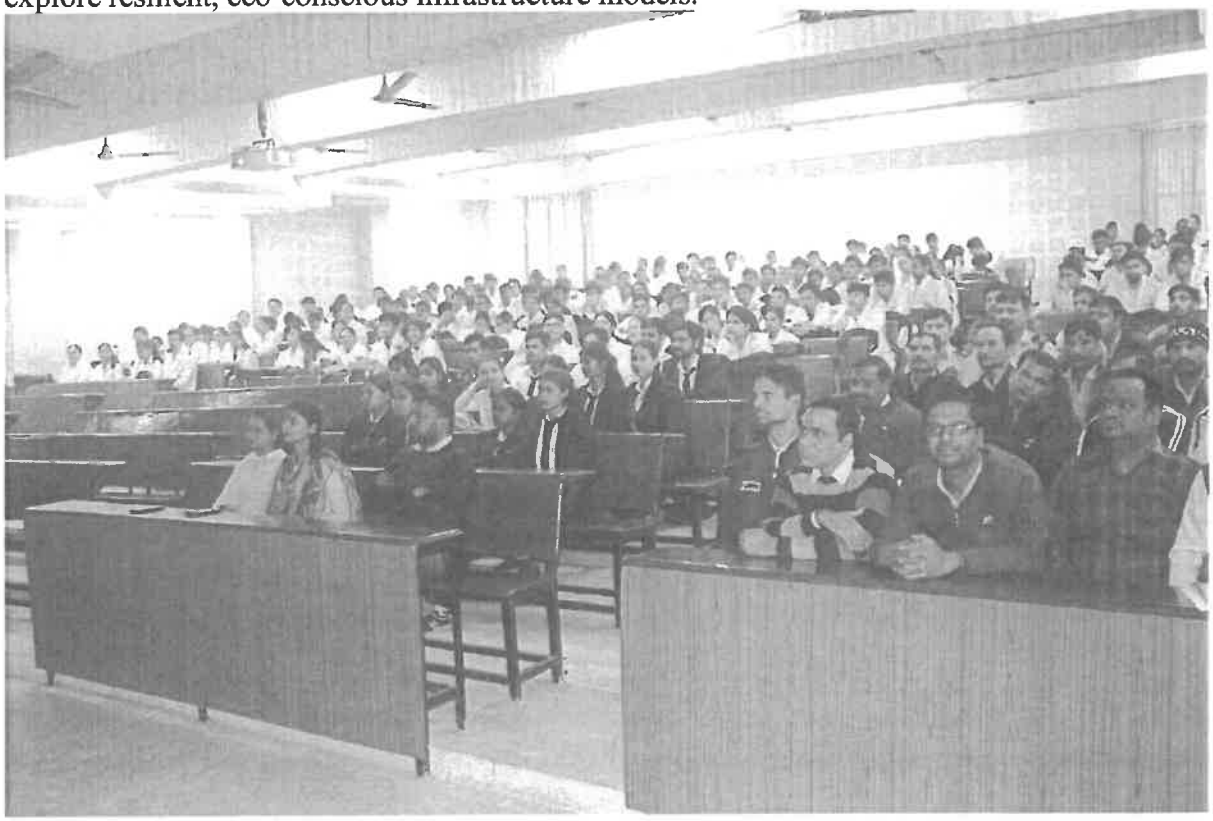
The workshop drew over 100 participants, including healthcare professionals, hospital planners, students, disaster management officials, engineers, and representatives from NGOs. It included group activities, case studies, and simulation exercises on rebuilding sustainable healthcare facilities in post-disaster scenarios.

Outcome:

- **Capacity Building:** Participants gained critical knowledge on sustainable reconstruction practices and how to implement them in disaster recovery.
- **Interdisciplinary Insights:** The workshop fostered collaboration among healthcare professionals, engineers, architects, and policymakers.
- **Practical Tools:** Attendees were introduced to sustainable design frameworks and construction checklists tailored for disaster-prone areas.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Institutional Planning:** The Department of Community Medicine proposed the development of a post-disaster rebuilding guideline document for local health institutions.
- **Next Steps:** A follow-up seminar and hands-on design lab were proposed to further explore resilient, eco-conscious infrastructure models.
- 

Signature
Dean
Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date:12.03.2025

Title of the Activity: Workshop on Combating Workplace Harassment in the Health Sector

Venue: Lecture Theatre, Rohilkhand Medical College and Hospital

Date of Report: 11.03.2025

Organized by:

Department of Community Medicine, Rohilkhand Medical College and Hospital

Objectives of the Workshop

- To raise awareness about various forms of workplace harassment, including gender-based harassment, in the healthcare sector.
- To educate healthcare professionals and students on legal protections, institutional responsibilities, and reporting mechanisms.
- To discuss strategies to prevent and address workplace harassment in a sensitive and effective manner.
- To promote a respectful, safe, and inclusive working environment for all healthcare professionals.
- To encourage the implementation of institutional policies that uphold dignity, equity, and professional ethics in healthcare workplaces.

BAREILLY INTERNATIONAL UNIVERSITY

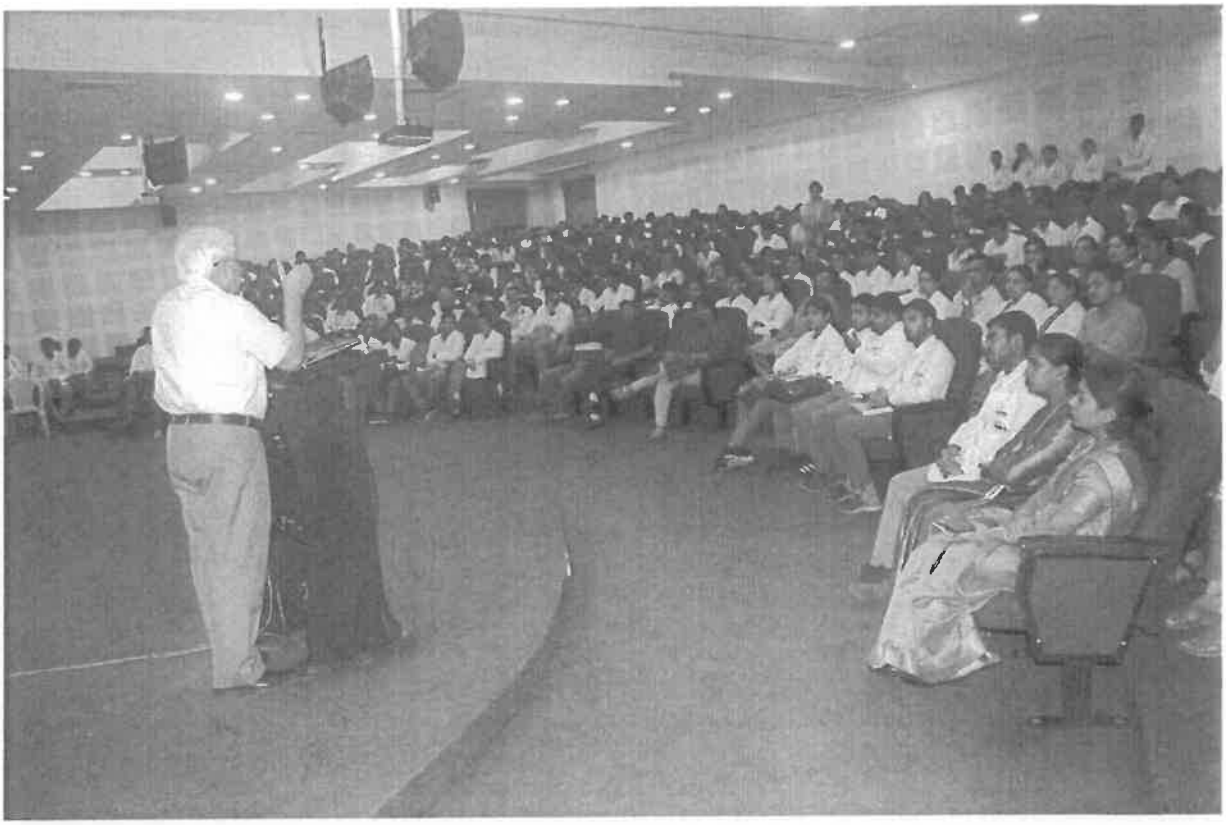
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Persons

Dr. Rashmi Katiyal

Dr. Medhavi Aggarwal

Dr. Deepak Upadhyay



Workshop Description

The workshop was inaugurated with an opening address by the Dean of Rohilkhand Medical College and Hospital, who emphasized the critical importance of maintaining a harassment-free, respectful workplace environment—particularly in the high-stress and hierarchical context of healthcare.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Dr. Rashmi Katiyal initiated the academic sessions by explaining the different forms of workplace harassment, with a focus on sexual harassment, bullying, and abuse of authority. She elaborated on the psychological and professional impact of harassment on individuals, especially women, junior staff, and marginalized employees in the healthcare setting. Dr. Katiyal also emphasized the need to foster a culture of respect and inclusion within medical institutions.

Dr. Medhavi Aggarwal delivered a session on recognizing early signs of workplace harassment and the role of bystanders and peers in addressing it. He outlined actionable steps individuals and institutions can take to prevent such behaviors and highlighted the power dynamics that often silence victims. Dr. Aggarwal shared case-based examples to demonstrate how institutional inaction can perpetuate a toxic environment and how supportive leadership plays a role in combatting harassment.

Dr. Deepak Upadhyay focused on the legal and institutional frameworks available to deal with workplace harassment, including the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. He discussed the structure and function of Internal Complaints Committees (ICCs), the procedures for reporting, and the rights of both complainants and the accused. Dr. Upadhyay also walked participants through real-world examples of how healthcare institutions have successfully implemented anti-harassment policies.

More than 120 participants—including students, faculty, hospital staff, and administrators—attended the workshop. Interactive elements such as open forums, anonymous question boxes, and small group discussions created a safe space for reflection and dialogue.

Outcomes

- Participants gained a comprehensive understanding of workplace harassment in the healthcare setting and its far-reaching consequences.
- The workshop empowered individuals to identify, prevent, and appropriately respond to harassment through legal and institutional mechanisms.
- Emphasis was placed on the role of leadership and peer support in creating a culture of zero tolerance for harassment.
- A proposal was initiated to strengthen the Internal Complaints Committee (ICC) and enhance training for its members.
- Recommendations were made for regular sensitization sessions, anonymous feedback systems, and clear anti-harassment policies to be circulated among all staff and students.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 03.02.2025

Title of the Activity: Workshop on Gender and Access to Public Health Services

Venue: Lecture Theatre, Rohilkhand Medical College and Hospital

Date of Report: 02.01.2025

Organized by:

Department of Community Medicine, Rohilkhand Medical College and Hospital

Objectives of the Workshop

- To examine how gender impacts access to public health services and healthcare outcomes.
- To raise awareness about barriers faced by different gender groups in accessing equitable healthcare.
- To equip healthcare professionals with strategies to identify and address gender-based disparities in public health delivery.
- To promote inclusive healthcare systems that recognize the diverse needs of men, women, and gender-diverse individuals.
- To encourage policy recommendations that improve gender-responsive healthcare service delivery.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Persons

Dr. Rashmi Katiyal

Dr. Medhavi Aggarwal

Dr. Deepak Upadhyay



Workshop Description

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The Dean of Rohilkhand Medical College and Hospital delivered the welcome address, emphasizing that equitable access to healthcare is a cornerstone of public health—and that gender must be considered in designing and delivering services effectively.

Dr. Rashmi Katiyal opened the session with an overview of gender disparities in public health, using data and real-world examples to highlight gaps in access to services such as maternal health, family planning, mental health, and preventive care. She discussed cultural, economic, and structural barriers that disproportionately affect women and transgender individuals, particularly in rural and underserved communities.

Dr. Medhavi Aggarwal followed with a session focusing on how men also face gender-related challenges in public health, including stigma in seeking help for mental health or sexual health services. She emphasized the importance of a gender-inclusive approach that doesn't treat health issues as "women's concerns" but recognizes and addresses the full spectrum of needs across gender identities.

Dr. Deepak Upadhyay led an interactive session on strategies for gender-responsive service delivery. He introduced tools for conducting gender audits in healthcare settings, discussed frameworks for making primary health services more inclusive, and explored the role of frontline health workers in reducing gender bias in public health interactions. Case studies and group discussions allowed participants to reflect on and reimagine more equitable approaches to care.

The workshop drew participation from over 100 attendees, including public health officers, nursing staff, MBBS and postgraduate students, and faculty. Breakout sessions, scenario-based exercises, and a community health planning activity enhanced engagement and practical learning.

Outcomes

- Participants developed a clear understanding of how gender roles, stereotypes, and structural barriers affect access to public health services.
- The workshop fostered critical thinking about current public health policies and their gender responsiveness.
- Participants were introduced to gender auditing tools and frameworks to assess and improve service delivery.
- A recommendation was made to integrate gender equity modules into public health and community medicine training.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- A committee was formed to propose gender-sensitive improvements in RMCH's outreach and preventive healthcare programs

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 02.04.2025

Title of the Activity: Workshop on Gender Responsive Health Systems
Venue: Lecture Theatre, Rohilkhand Medical College and Hospital
Date of Report: 01.04.2025

Organized by:
Department of Obstetrics and Gynecology, Rohilkhand Medical College and Hospital

Objectives of the Workshop

- To understand the concept and significance of gender-responsive health systems in achieving equitable healthcare delivery.
- To identify gender-based barriers within existing health system structures, services, and policies.
- To equip healthcare professionals with tools and strategies to design and implement inclusive, gender-sensitive healthcare systems.
- To encourage leadership and institutional accountability in promoting gender equity in health service delivery.
- To promote the integration of gender analysis into health planning, budgeting, service provision, and evaluation.

Resource Persons

- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Aggarwal**
- **Dr. Deepak Upadhyay**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Workshop Description

The workshop was inaugurated with an address by the Dean of Rohilkhand Medical College and Hospital, who emphasized that building a gender-responsive health system is essential for inclusive and sustainable health outcomes. The Dean highlighted the need for transforming

current health systems to meet the needs of all individuals, regardless of gender, identity, or social status.

Dr. Rashmi Katiyal opened the academic session by defining what constitutes a gender-responsive health system. She emphasized that health systems should not be gender-neutral but rather responsive to the specific health needs, challenges, and social contexts of all genders. Dr. Katiyal discussed gaps in healthcare access, representation, and service utilization across gender groups, particularly women and gender minorities.

Dr. Medhavi Aggarwal presented key frameworks and components of a gender-responsive health system, such as gender-disaggregated data collection, inclusive health policy design, equitable financing, and culturally competent service delivery. She shared examples from national and international programs that have successfully embedded gender equity into healthcare delivery systems. Dr. Aggarwal also stressed the importance of engaging communities in planning and decision-making processes.

Dr. Deepak Upadhyay led a practical, interactive session on how institutions like RMCH can assess and strengthen gender responsiveness in their own health systems. He introduced tools such as gender audits, health equity impact assessments, and participatory feedback mechanisms. Participants worked in groups to analyze common institutional barriers and develop action plans for more inclusive systems in clinical practice, administration, and outreach.

The workshop was attended by over 110 participants, including medical educators, public health practitioners, nurses, postgraduate students, and hospital administrators. Activities included case study discussions, policy review exercises, and scenario-based planning.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Outcomes

- Participants developed a solid understanding of what constitutes a gender-responsive health system and why it is vital for health equity.
- Practical frameworks and assessment tools were introduced to evaluate and improve gender responsiveness in healthcare institutions.
- The importance of integrating gender perspectives at all levels of the health system—policy, service delivery, budgeting, and evaluation—was emphasized.
- A proposal was drafted to conduct a gender responsiveness review at RMCH and incorporate findings into strategic planning.
- Recommendations were made to include gender responsiveness as a core theme in medical education and institutional capacity-building programs.

Signature
Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 16.01.2025

Title of the Activity: Workshop on Gendered Perspectives in Nutrition and Wellness
Venue: Lecture Theatre, Rohilkhand Medical College and Hospital
Date of Report:15.01.2025

Organized by:
Department of Community Medicine, Rohilkhand Medical College and Hospital

Objectives of the Workshop

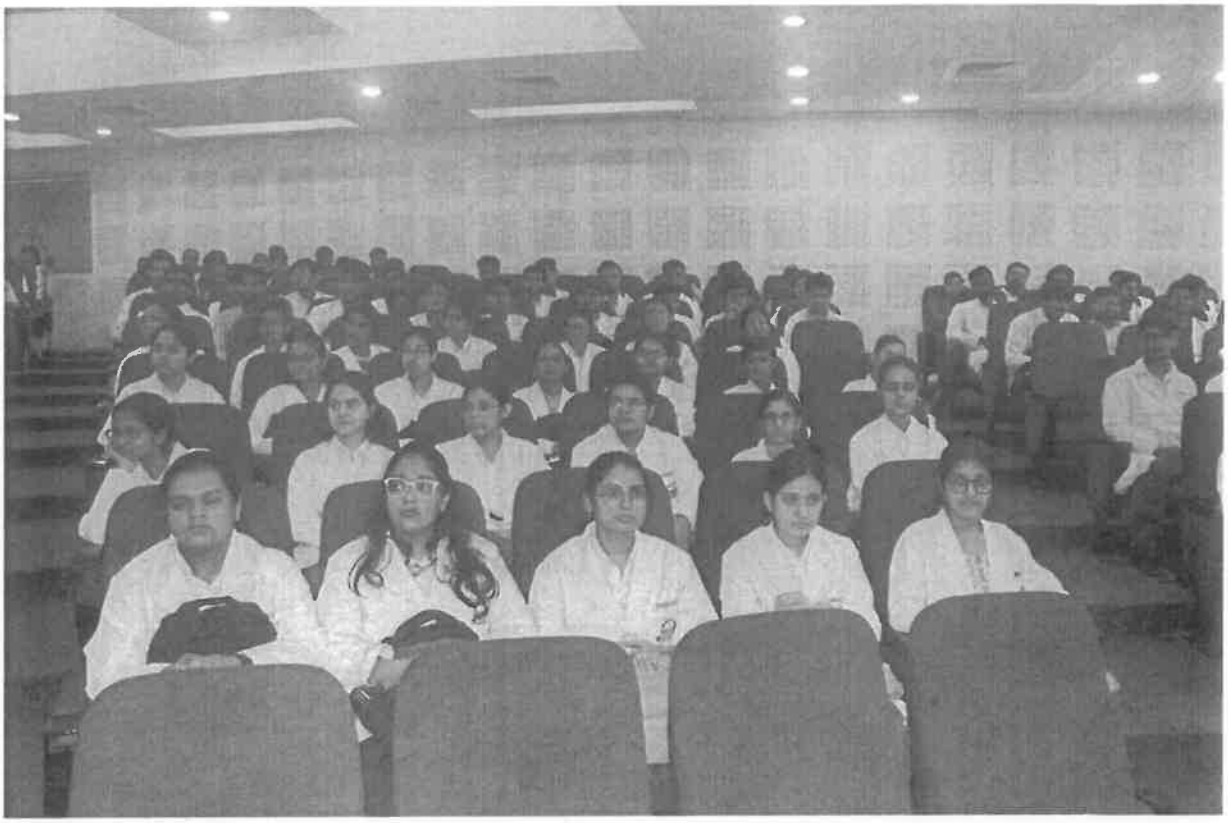
- To explore how gender influences nutritional needs, dietary practices, and wellness behaviors.
- To examine disparities in nutrition and wellness outcomes across different gender groups.
- To raise awareness about sociocultural norms and biases affecting access to nutrition and healthcare.
- To promote gender-sensitive approaches in community nutrition, wellness planning, and public health initiatives.
- To encourage healthcare professionals to integrate gender equity into nutrition education, counseling, and practice.

Resource Persons

- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Aggarwal**
- **Dr. Ajay Aggarwal**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Workshop Description

The workshop began with a welcome address by the Dean of Rohilkhand Medical College and Hospital, who emphasized that nutrition and wellness cannot be approached with a one-size-fits-all mindset. The Dean underlined the need to consider gender differences in access to resources, social roles, and biological factors when designing nutrition and wellness programs.

Dr. Rashmi Katiyal opened the session with an insightful overview of gender-based differences in nutritional needs and dietary patterns. She discussed how life stages such as menstruation, pregnancy, lactation, and menopause impact women's nutritional needs, and how cultural

expectations often result in the under-nutrition of women and girls in certain communities. She also touched on body image issues and their links to gender norms and mental wellness.

Dr. Medhavi Aggarwal delved into the sociocultural dimensions of nutrition and wellness. She highlighted how gender roles influence food distribution within households, access to nutritious food, time for physical activity, and healthcare-seeking behaviors. Dr. Aggarwal also discussed the emerging challenges faced by transgender and non-binary individuals in accessing inclusive wellness services and dietary counseling.

Dr. Ajay Aggarwal conducted a practical session on incorporating gender-sensitive approaches into public health nutrition programs. He guided participants through tools for assessing gender disparities in community nutrition, including dietary assessments, wellness audits, and participatory rural appraisals. Through small group exercises, participants worked on planning gender-equitable interventions targeting adolescent health, maternal nutrition, and elderly wellness.

Over 100 participants attended the workshop, including dietitians, medical students, faculty, nursing staff, and public health professionals. Activities included role-playing, group discussions, and case study analysis to apply gender-sensitive perspectives to real-world nutrition challenges.

Outcomes

- Participants gained a clear understanding of how gender impacts nutrition, wellness, and related health outcomes.
- The workshop provided tools and strategies for implementing gender-equitable nutrition interventions at both clinical and community levels.
- There was increased awareness about the importance of inclusive dietary counseling that respects diverse gender identities and cultural contexts.
- A proposal was made to develop gender-responsive nutrition education materials for use in RMCH's community outreach and patient counseling programs.
- Recommendations were made to integrate gender and nutrition modules into the MBBS and nursing curricula.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 23.01.2025

Title of the Activity: Workshop on Integrating Gender in Public Health Curriculum
Venue: Lecture Theatre, Rohilkhand Medical College and Hospital
Date of Report: 22.01.2025

Organized by:
Department of Community Medicine, Rohilkhand Medical College and Hospital

Objectives of the Workshop

- To highlight the importance of incorporating gender perspectives into public health education.
- To identify gaps in the current public health curriculum related to gender equity and inclusivity.
- To provide strategies for integrating gender-sensitive content, case studies, and competencies into medical and public health training.
- To sensitize educators to the role of gender in health outcomes, access to care, and professional dynamics.
- To encourage the development of institutional policies supporting inclusive and gender-equitable academic environments.

Resource Persons

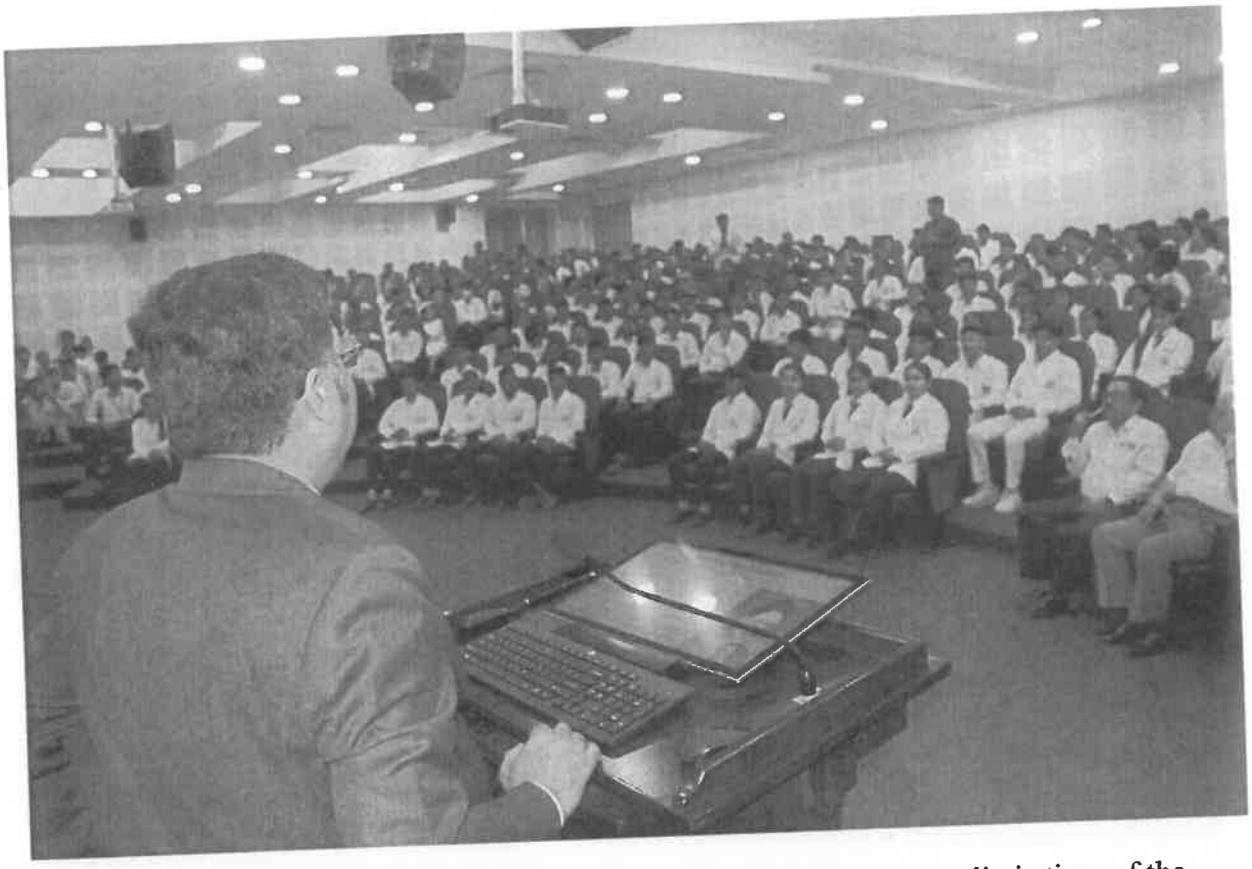
- **Dr. Rashmi Katiyal**
- **Dr. Ajay Aggarwal**
- **Dr. Medhavi Aggarwal**

Workshop Description

The Dean of Rohilkhand Medical College and Hospital inaugurated the workshop, noting that meaningful integration of gender into medical and public health education is key to producing future healthcare professionals who are not only clinically competent but also socially responsive. The Dean called for academic reforms that embed equity and inclusivity into core medical training.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Dr. Rashmi Katiyal began the academic session by discussing the current limitations of the public health curriculum, where gender is often addressed superficially or confined to specific topics like reproductive health. She advocated for a cross-cutting approach that weaves gender analysis through epidemiology, health systems, environmental health, and policy studies.

Dr. Medhavi Aggarwal presented models from national and global institutions that have successfully embedded gender in their health education programs. She discussed tools such as gender case mapping, student-led equity audits, and participatory curriculum reviews. She also highlighted the role of experiential learning and interdisciplinary modules in deepening students' understanding of gender in real-world contexts.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Dr. Ajay Aggarwal facilitated an interactive workshop on designing gender-inclusive teaching methods and assessments. Participants reviewed sample lesson plans and brainstormed ways to integrate gender perspectives into existing modules. Dr. Aggarwal also discussed the importance of faculty sensitization and institutional commitment in ensuring long-term integration of gender content into medical education.

More than 100 faculty members, curriculum developers, postgraduate students, and public health educators took part in the workshop. The interactive segments, including curriculum critique exercises, small group discussions, and peer presentations, fostered dynamic engagement and practical takeaways.

Outcomes

- Participants recognized the need for a systemic overhaul in the approach to gender within the public health and medical curricula.
- The workshop provided concrete strategies for incorporating gender into lectures, assignments, and assessments.
- There was consensus on the importance of interdisciplinary teaching that connects gender to broader themes like human rights, mental health, and health policy.
- A task force was proposed to review and revise the RMCH public health curriculum to ensure alignment with gender equity goals.
- Participants recommended the inclusion of faculty training programs focused on gender sensitivity and inclusive pedagogy.

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

INTEGRATING CROSS-CUTTING ISSUES INTO THE CURRICULUM POLICY

1. Objective

The objective of this policy is to ensure that the medical curriculum at the Private Medical University incorporates critical cross-cutting issues such as Gender, Environment and Sustainability, Human Values, Health Determinants, Right to Health, Emerging Demographic Changes, and Professional Ethics. The goal is to equip students with a holistic understanding of how these issues intersect with healthcare practice, and to foster compassionate, responsible, and ethical healthcare professionals who can contribute to addressing the global and local health challenges of today and tomorrow.

2. Scope

This policy applies to all medical programs offered by the university, including undergraduate, postgraduate, and continuing medical education courses. It emphasizes the integration of cross-cutting issues across the curriculum, particularly in core courses, electives, clinical training, and research activities.

3. Cross-Cutting Issues to be Integrated

- **Gender in Healthcare:**
  - Promote understanding of gender-related disparities in healthcare, including issues such as reproductive health, maternal health, gender-based violence, and access to healthcare services for marginalized groups.
  - Address gender sensitivity in medical practice, ensuring that students are equipped to provide gender-responsive care and eliminate biases in clinical settings.
- **Environment and Sustainability in Healthcare:**
  - Integrate knowledge of environmental determinants of health, such as pollution, climate change, and the impact of environmental factors on public health.
  - Discuss sustainable practices in healthcare settings, focusing on reducing the carbon footprint of medical institutions, waste management, and green healthcare technologies.
- **Human Values in Medical Practice:**
  - Emphasize the importance of compassion, empathy, respect, and cultural sensitivity in patient care.
  - Teach students the role of human dignity, autonomy, and social justice in decision-making and healthcare provision, particularly in challenging cases such as end-of-life care and disability.
- **Health Determinants:**
  - Provide an understanding of the broader social, economic, and environmental factors that influence health, including education, income, housing, and social services.
  - Train students to assess and address the root causes of health inequities, focusing on both individual and population-level interventions.
- **Right to Health Issues:**
  - Educate students on the fundamental human right to health, as defined by international conventions and national laws.
  - Focus on healthcare access, equity, and the social determinants of health, ensuring students understand how to advocate for vulnerable populations and promote the right to health at local, national, and global levels.
- **Emerging Demographic Changes:**
  - Address the implications of changing demographics, such as aging populations, migration, and urbanization, on healthcare systems.
  - Prepare students for the challenges and opportunities presented by demographic shifts, particularly in terms of providing care to diverse and aging populations.
- **Professional Ethics:**

- Integrate professional ethics into all aspects of the curriculum, emphasizing honesty, integrity, confidentiality, and accountability in clinical practice.
- Discuss ethical dilemmas encountered in medical practice, such as consent, privacy, and conflicts of interest, ensuring students are prepared to navigate complex situations with moral clarity.

4. Curriculum Integration and Delivery

- **Curricular Mapping:**
  - All medical programs must ensure that each of these cross-cutting issues is strategically integrated into the curriculum. Specific modules, sessions, and case studies focusing on these topics should be mapped into core courses (e.g., medical ethics, public health, clinical practice) and electives (e.g., gender in healthcare, sustainability in medicine).
  - The integration should span across preclinical, clinical, and postgraduate phases of education to ensure a comprehensive understanding of how these issues affect patient care and the healthcare system.
- **Interdisciplinary Approach:**
  - Encourage interdisciplinary learning, where students engage with experts from fields such as sociology, environmental science, law, ethics, and public health to understand the broader context of healthcare practice.
  - Collaborate with departments outside of the medical faculty (e.g., social sciences, law, environmental studies) to ensure diverse perspectives are included.
- **Case-Based and Problem-Based Learning (PBL):**
  - Use real-world case studies and problem-based learning methods to challenge students to think critically about how gender, environment, sustainability, and ethical issues impact clinical decision-making and healthcare policies.
  - Encourage students to propose solutions to complex health problems, integrating their clinical knowledge with broader social and ethical considerations.
- **Guest Lectures and Expert Panels:**
  - Invite guest lecturers and experts in fields such as environmental health, gender studies, bioethics, and public policy to provide insights into emerging trends and best practices for integrating these cross-cutting issues in healthcare.

5. Teaching and Learning Methods

- **Interactive Learning:**
  - Incorporate discussions, debates, and role-playing activities that enable students to explore ethical dilemmas, health equity challenges, and social justice issues in healthcare.
  - Promote reflective learning and self-assessment, where students critically evaluate their own biases and values in relation to patient care and professional conduct.
- **Clinical Training and Exposure:**
  - Clinical placements should offer opportunities for students to work in diverse settings, where they encounter a wide range of demographic groups, health determinants, and ethical issues.
  - Students should be encouraged to engage with patients from underserved or marginalized communities to better understand the impact of social, economic, and cultural factors on health.
- **Community Engagement and Service Learning:**
  - Encourage students to participate in community health programs, public health initiatives, and volunteer work in underserved areas, where they can apply their medical knowledge to real-world challenges related to gender, health rights, and social justice.
  - Provide opportunities for students to develop public health interventions that address sustainability and emerging demographic trends in local communities.

6. Assessment and Evaluation

- **Integrated Assessments:**
  - Design assessments that require students to demonstrate their understanding of the integration of cross-cutting issues in medical practice, including case studies, written assignments, and clinical evaluations.
  - Use scenario-based assessments where students are asked to navigate complex situations that involve gender issues, environmental concerns, or ethical dilemmas.
- **Feedback and Reflection:**
  - Provide opportunities for students to reflect on their learning experiences related to cross-cutting issues, encouraging them to consider how these topics influence their perspectives on healthcare and professional responsibility.
  - Incorporate feedback from clinical mentors, patients, and community stakeholders to assess students' ability to address these issues in practice.

7. Faculty Development

- **Training for Faculty:**
  - Provide ongoing professional development for faculty members on effectively integrating cross-cutting issues into their teaching. This may include workshops, seminars, and collaborative initiatives that explore best practices for addressing these topics.
  - Encourage faculty to engage in research and publications related to gender, sustainability, ethics, and health policy to stay current on emerging trends and challenges.

8. Conclusion

By integrating cross-cutting issues such as gender, environment and sustainability, human values, health determinants, right to health, emerging demographic changes, and professional ethics into the medical curriculum, the Private Medical University will develop healthcare professionals who are not only highly skilled clinicians but also responsible, empathetic, and ethical practitioners. This approach aims to ensure that future healthcare providers are prepared to meet the complex, diverse, and evolving needs of patients and communities.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

List of Activities that Integrates Crosscutting Issues for Year 2021-2022

2021-2

Sr. No.	Name of the Activity	Organised by	Date of the Activity
1.	Seminar on Medical Ethics and Professional Conduct	Anatomy	11.11.2021
2.	Workshop on Ethical Issues in Clinical Trials	Anatomy	12.11.2021
3.	Seminar on Confidentiality and Patient Data Protection	Physiology	13.01.2022
4.	Workshop on Truth-Telling and Informed Consent	Biochemistry	14.02.2022
5.	Seminar on Ethics in Doctor-Patient Relationship	Pathology	17.03.2022
6.	Seminar on Aging Population and Geriatric Care	Medicine	05.11.2021
7.	Workshop on Youth Health Challenges in a Changing Society	Community Medicine	08.11.2021

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

8.	Seminar on Migration and Health Service Delivery	Community Medicine	13.12.2021
9.	Workshop on Urbanization and Health Resource Allocation	Community Medicine	20.12.2021
10.	Seminar on Fertility Trends and Reproductive Health	Obstetrics & Gynecology	29.11.2021
11.	Seminar on Universal Health Coverage as a Right	Community Medicine	08.03.2022
12.	Workshop on Legal Frameworks for Right to Health	Anatomy	09.03.2022
13.	Seminar on Health Equity and Social Justice	Physiology	11.03.2022
14.	Workshop on Access to Healthcare for Vulnerable Populations	Community Medicine	01.03.2022
15.	Seminar on Mental Health Rights and	Biochemistry	02.04.2022

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

	Advocacy		
16.	Seminar on Social Determinants of Health	Psychiatry	23.10.2021
17.	Workshop on Empathy and Patient-Centered Care	Community Medicine	15.10.2021
18.	Workshop on Economic Inequality and Health Access	Orthopedics	24.11.2021
19.	Seminar on Cultural Factors Affecting Health Behavior	Obstetrics & Gynecology	16.12.2021
20.	Seminar on Dignity and Respect in Patient Communication	Pathology	22.11.2021
21.	Workshop on Education and its Impact on Health Outcomes	Ophthalmology	16.02.2022
22.	Seminar on Occupational Health and Safety	Orthopedics	14.04.2022

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

23.	Workshop on Integrity and Honesty in Medical Records	Microbiology	01.04.2022
24.	Workshop on Nutritional Determinants and Public Health	Community Medicine	21.05.2022
25.	Seminar on Humanistic Approach to End-of-Life Care	Pharmacology	20.05.2022
26.	Seminar on Climate Change and Public Health	Community Medicine	01.11.2021
27.	Workshop on Green Hospital Practices	Community Medicine	03.12.2021
28.	Seminar on Environmental Health Hazards and Prevention	Community Medicine	04.11.2021
29.	Workshop on Biomedical Waste Management	Community Medicine	04.05.2022
30.	Seminar on Role of Doctors in Promoting	Pharmacology	22.01.2022

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

	Sustainability		
31.	Seminar on Gender Sensitization in Healthcare Settings	Community Medicine	15.10.2021
32.	Workshop on Addressing Gender Bias in Clinical Practice	Community Medicine	07.12.2021
33.	Seminar on Gender Identity and Inclusive Medical Care	Obstetrics & Gynecology	02.05.2022
34.	Workshop on Women's Health Rights and Advocacy	Obstetrics & Gynecology	11.03.2022
35.	Seminar on Gender-Based Violence and Medical Response	Obstetrics & Gynecology	10.03.2022

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 12.11.2021

Title of the Activity

Seminar on Medical Ethics & Professional Conduct

Date & Venue

- **Date**: November 11, 2021
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

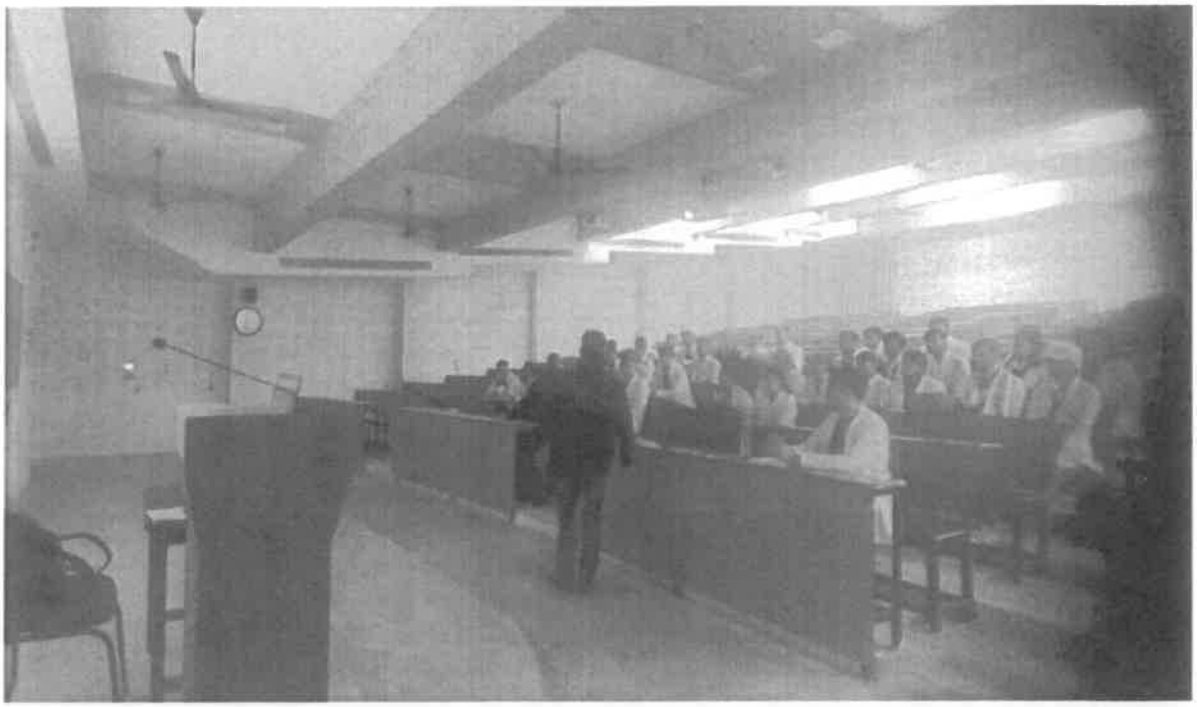
1. **Understand Core Ethical Principles**
   - Explore the foundational principles of medical ethics: autonomy, beneficence, non-maleficence, and justice.
   - Examine how these principles apply in real-world clinical settings.
2. **Recognize Ethical Dilemmas in Practice**
   - Identify common ethical challenges in patient care, research, confidentiality, and end-of-life decisions.
   - Learn how to approach and resolve ethical conflicts.
3. **Promote Professionalism in Healthcare**
   - Define what constitutes professional behavior in medicine.
   - Discuss the impact of unprofessional conduct on patient trust and team dynamics.
4. **Enhance Decision-Making Skills**
   - Practice applying ethical frameworks and critical thinking to complex scenarios.
   - Engage in case studies or role-play exercises to reinforce learning.
5. **Understand Legal and Institutional Guidelines**
   - Review relevant laws, regulations, and institutional policies that govern ethical practice.
   - Highlight the consequences of ethical violations and professional misconduct.
6. **Foster a Culture of Respect and Integrity**
   - Encourage open dialogue about ethics and the importance of peer accountability.
   - Discuss how to report and respond to unethical behavior.
7. **Empower Personal Reflection and Growth**
   - Encourage self-awareness and reflection on personal values and biases.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Build strategies to navigate ethical stress and moral injury.

Department :- Anatomy



Description

- In today's dynamic healthcare landscape, ethical decision-making and professional behavior are more critical than ever. With increasing patient expectations, technological advancements, and complex legal frameworks, healthcare professionals must navigate not only clinical decisions but also moral and professional responsibilities. This workshop offers a structured and interactive environment to explore the ethical foundations and professional standards essential for delivering compassionate, competent, and responsible care.
- The workshop is designed for medical students, healthcare professionals, educators, and administrators who wish to deepen their understanding of medical ethics and reinforce the principles of professionalism in clinical and academic settings.

Key Focus Areas:

- **Ethical Foundations in Healthcare:** Explore core ethical principles such as autonomy, beneficence, non-maleficence, and justice, and how they translate into daily practice.
- **Professional Conduct and Accountability:** Understand the attributes of professionalism including honesty, integrity, respect, and commitment to excellence.
- **Confidentiality & Informed Consent:** Review best practices in patient communication, consent processes, and maintaining privacy in the digital age.
- **Navigating Ethical Dilemmas:** Discuss complex cases involving end-of-life care, resource allocation, conflict of interest, and patient rights.
- **Legal and Institutional Guidelines:** Familiarize yourself with local laws, institutional codes of conduct, and the ethical responsibilities set by professional bodies.
- **Reflective Practice & Personal Integrity:** Learn techniques for self-reflection and handling moral distress or ethical uncertainty in challenging situations

Outcome

- **Define and explain core principles of medical ethics**
  - Articulate the meaning and application of autonomy, beneficence, non-maleficence, and justice in clinical practice.
- **Identify and analyze ethical dilemmas in healthcare**
  - Recognize ethical challenges in real-world scenarios and apply structured decision-making frameworks to resolve them.
- **Demonstrate understanding of professional standards in medicine**
  - Explain key attributes of professionalism, including respect, accountability, integrity, and empathy.
- **Apply ethical and legal guidelines in patient care**
  - Navigate issues like informed consent, confidentiality, boundaries, and duty of care in accordance with legal and institutional policies.
- **Communicate ethically and professionally with patients and colleagues**
  - Practice effective, respectful, and culturally sensitive communication that reflects ethical reasoning and professionalism.
- **Reflect on personal values and biases**
  - Engage in self-reflection to identify how personal beliefs and emotions influence ethical decision-making.
- **Promote a culture of ethical awareness in clinical settings**
  - Encourage ethical behavior among peers and understand how to respond appropriately to unethical conduct.
- **Manage moral distress and ethical uncertainty**
  - Develop coping strategies and seek appropriate support when facing ethical stress or challenging clinical decisions.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 12.11.2021

Title of the Activity

Seminar on Medical Ethics & Professional Conduct

Date & Venue

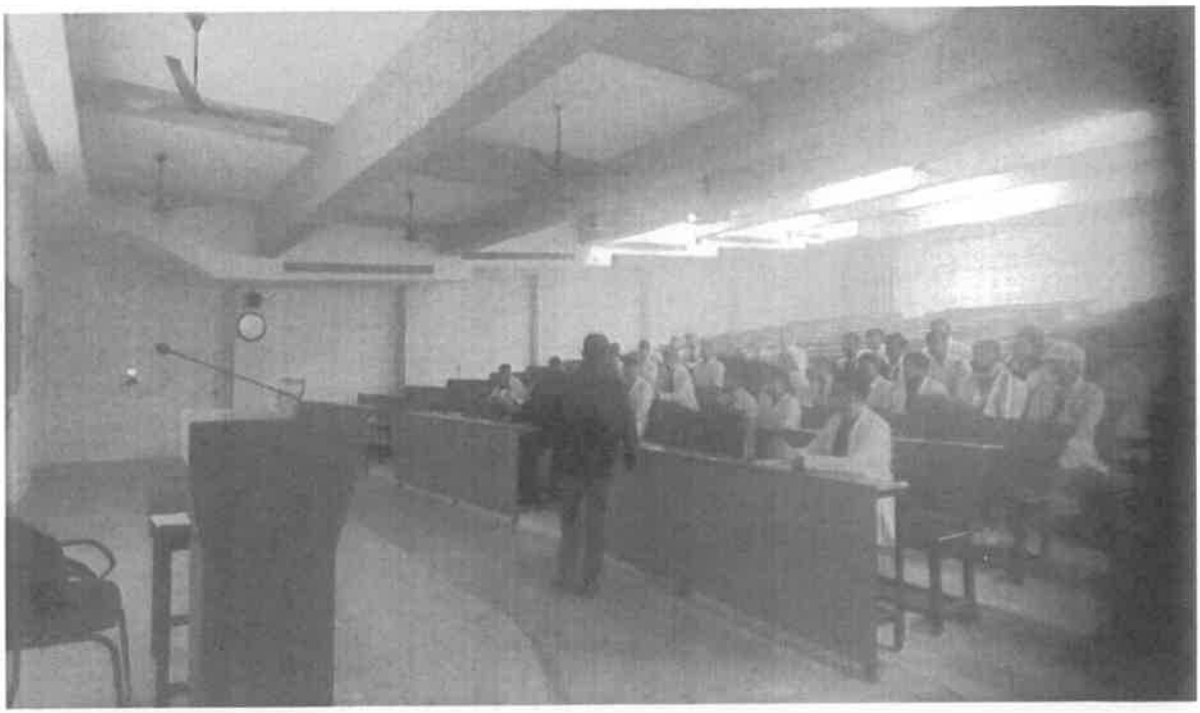
- **Date**: November 11, 2021
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

1. **Understand Core Ethical Principles**
   - Explore the foundational principles of medical ethics: autonomy, beneficence, non-maleficence, and justice.
   - Examine how these principles apply in real-world clinical settings.
2. **Recognize Ethical Dilemmas in Practice**
   - Identify common ethical challenges in patient care, research, confidentiality, and end-of-life decisions.
   - Learn how to approach and resolve ethical conflicts.
3. **Promote Professionalism in Healthcare**
   - Define what constitutes professional behavior in medicine.
   - Discuss the impact of unprofessional conduct on patient trust and team dynamics.
4. **Enhance Decision-Making Skills**
   - Practice applying ethical frameworks and critical thinking to complex scenarios.
   - Engage in case studies or role-play exercises to reinforce learning.
5. **Understand Legal and Institutional Guidelines**
   - Review relevant laws, regulations, and institutional policies that govern ethical practice.
   - Highlight the consequences of ethical violations and professional misconduct.
6. **Foster a Culture of Respect and Integrity**
   - Encourage open dialogue about ethics and the importance of peer accountability.
   - Discuss how to report and respond to unethical behavior.
7. **Empower Personal Reflection and Growth**
   - Encourage self-awareness and reflection on personal values and biases.

- Build strategies to navigate ethical stress and moral injury.

Department :- Anatomy



Description

- In today's dynamic healthcare landscape, ethical decision-making and professional behavior are more critical than ever. With increasing patient expectations, technological advancements, and complex legal frameworks, healthcare professionals must navigate not only clinical decisions but also moral and professional responsibilities. This workshop offers a structured and interactive environment to explore the ethical foundations and professional standards essential for delivering compassionate, competent, and responsible care.
- The workshop is designed for medical students, healthcare professionals, educators, and administrators who wish to deepen their understanding of medical ethics and reinforce the principles of professionalism in clinical and academic settings.

Key Focus Areas:

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Ethical Foundations in Healthcare:** Explore core ethical principles such as autonomy, beneficence, non-maleficence, and justice, and how they translate into daily practice.
- **Professional Conduct and Accountability:** Understand the attributes of professionalism including honesty, integrity, respect, and commitment to excellence.
- **Confidentiality & Informed Consent:** Review best practices in patient communication, consent processes, and maintaining privacy in the digital age.
- **Navigating Ethical Dilemmas:** Discuss complex cases involving end-of-life care, resource allocation, conflict of interest, and patient rights.
- **Legal and Institutional Guidelines:** Familiarize yourself with local laws, institutional codes of conduct, and the ethical responsibilities set by professional bodies.
- **Reflective Practice & Personal Integrity:** Learn techniques for self-reflection and handling moral distress or ethical uncertainty in challenging situations

Outcome

- **Define and explain core principles of medical ethics**
  - Articulate the meaning and application of autonomy, beneficence, non-maleficence, and justice in clinical practice.
- **Identify and analyze ethical dilemmas in healthcare**
  - Recognize ethical challenges in real-world scenarios and apply structured decision-making frameworks to resolve them.
- **Demonstrate understanding of professional standards in medicine**
  - Explain key attributes of professionalism, including respect, accountability, integrity, and empathy.
- **Apply ethical and legal guidelines in patient care**
  - Navigate issues like informed consent, confidentiality, boundaries, and duty of care in accordance with legal and institutional policies.
- **Communicate ethically and professionally with patients and colleagues**
  - Practice effective, respectful, and culturally sensitive communication that reflects ethical reasoning and professionalism.
- **Reflect on personal values and biases**
  - Engage in self-reflection to identify how personal beliefs and emotions influence ethical decision-making.
- **Promote a culture of ethical awareness in clinical settings**
  - Encourage ethical behavior among peers and understand how to respond appropriately to unethical conduct.
- **Manage moral distress and ethical uncertainty**
  - Develop coping strategies and seek appropriate support when facing ethical stress or challenging clinical decisions.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

[Type here]

Activity Report

Date: 13.11.2021

Title of the Activity

Workshop on Ethical Issues in Clinical Trials

Date & Venue

- **Date**: November 12, 2021
- **Venue**: LT 10, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- **Understand the Ethical Foundations of Clinical Research**
  - Explore the historical evolution and ethical principles that guide clinical trials, including the Declaration of Helsinki, Belmont Report, and Good Clinical Practice (GCP).
- **Identify and Analyze Ethical Dilemmas in Clinical Trials**
  - Examine real-life cases involving issues such as risk-benefit analysis, placebo use, informed consent, and vulnerable populations.
- **Ensure Ethical Recruitment and Informed Consent**
  - Learn best practices for ethically recruiting participants and obtaining valid, informed, and voluntary consent.
- **Protect the Rights and Welfare of Research Participants**
  - Understand the importance of safeguarding participant autonomy, confidentiality, and safety throughout the study.
- **Navigate Ethical and Regulatory Oversight**

[Type here]

- Gain familiarity with the roles of Institutional Review Boards (IRBs)/Ethics Committees, regulatory authorities, and relevant legislation.

• Address Global and Cross-Cultural Ethical Considerations

- Discuss challenges in conducting trials in different cultural and socioeconomic contexts, including ethical standards for low-resource settings.

• Promote Transparency and Scientific Integrity

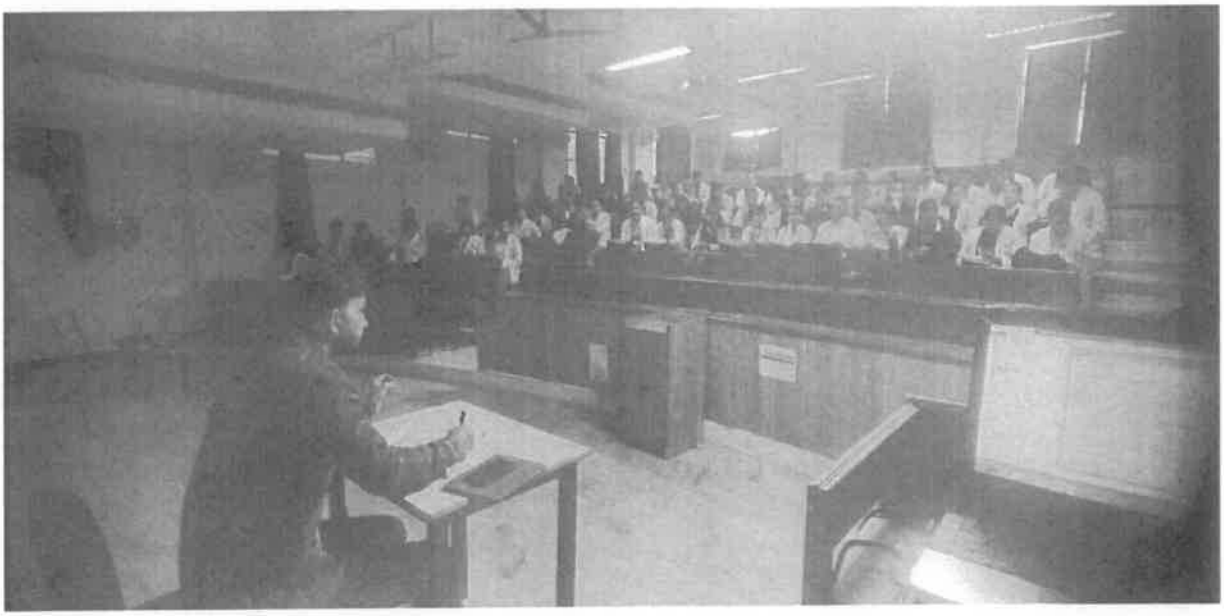
- Recognize ethical concerns around data manipulation, selective reporting, and conflicts of interest in trial design, conduct, and publication.

• Prepare for Ethical Challenges in Emerging Trial Designs

- Explore new and evolving trial models such as adaptive trials, decentralized trials, and the use of AI or digital tools—along with their ethical implications.

Resource Person(s)

1) **Dr. Rakesh Gupta**
2) **Dr. Preeti**



BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

[Type here]

Description

- Clinical trials are essential for advancing medical science and improving patient care, but they must be conducted with the highest ethical standards to ensure the protection, dignity, and rights of human participants. This workshop provides a comprehensive and practical exploration of the ethical challenges inherent in designing, conducting, and overseeing clinical research.
- Participants will delve into the fundamental principles of research ethics, including respect for persons, beneficence, and justice, while learning to navigate the complex regulatory landscape that governs human subject research. The program is designed for researchers, clinicians, ethics committee members, and students involved in clinical trials or those seeking to enhance their understanding of ethical oversight in research.
- Through real-world case studies, interactive discussions, and scenario-based learning, the workshop will equip attendees with the tools to identify ethical pitfalls, apply ethical frameworks to decision-making, and foster a culture of ethical accountability in research environments.

Key Topics Include:

- Historical development of research ethics (e.g., Nuremberg Code, Declaration of Helsinki, Belmont Report)
- Informed consent: theory, practice, and challenges
- Risk-benefit assessment and participant protection
- Special considerations for vulnerable populations (e.g., children, cognitively impaired individuals, economically disadvantaged groups)
- Ethical review and the role of Institutional Review Boards (IRBs) / Ethics Committees
- Confidentiality, data integrity, and transparency in research reporting
- Ethical issues in global and multi-site clinical trials
- Managing conflicts of interest and financial disclosures
- Ethical challenges in emerging research designs (adaptive trials, AI-assisted studies, decentralized and virtual trials)

Outcome

- **Explain the ethical foundations of clinical research**

  - Demonstrate understanding of key ethical principles (respect for persons, beneficence, and justice) and historical milestones (e.g., Nuremberg Code, Belmont Report, Declaration of Helsinki).

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

[Type here]

- **Identify common ethical issues in clinical trials**
  - Recognize potential ethical pitfalls in study design, participant recruitment, risk-benefit analysis, and trial implementation.
- **Apply ethical frameworks to real-world research dilemmas**
  - Use structured ethical reasoning to evaluate complex cases and make well-justified decisions in clinical research contexts.
- **Design and review ethical informed consent processes**
  - Assess the adequacy of consent procedures and documents, ensuring they meet ethical and regulatory standards.
- **Protect the rights and welfare of research participants**
  - Understand and implement safeguards for vulnerable populations and ensure participant autonomy and confidentiality.
- **Understand the role and function of ethics review bodies**
  - Describe the responsibilities of Institutional Review Boards (IRBs)/Ethics Committees and the regulatory environment governing clinical research.
- **Evaluate ethical considerations in global and cross-cultural trials**
  - Navigate challenges related to cultural sensitivity, equity, and fairness in multinational and low-resource research settings.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

[Type here]

Activity Report

Date: 14.01.2022

Title of the Activity

Seminar on Confidentiality and Patient Data Protection

Date & Venue

- **Date**: January 13, 2022
- **Venue**: Auditorium, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

1. **Understand the Ethical and Legal Foundations of Confidentiality**
   - Explain the importance of confidentiality in healthcare and its role in building trust between patients and providers.
   - Review key ethical principles and legal obligations related to data privacy.
2. **Identify Types of Confidential Patient Information**
   - Recognize what constitutes protected health information (PHI) and the contexts in which it is handled.
3. **Explore National and International Privacy Regulations**
   - Gain familiarity with major data protection laws such as HIPAA (USA), GDPR (Europe), and local data protection acts.
   - Understand healthcare-specific privacy rules and professional codes of conduct.
4. **Implement Best Practices for Data Protection in Clinical Settings**
   - Learn strategies for securely handling, storing, and transmitting patient data.
   - Understand how to prevent unauthorized access, breaches, and data leaks.
5. **Recognize and Respond to Breaches of Confidentiality**
   - Identify common causes of data breaches and understand incident response protocols.
   - Learn the ethical and legal responsibilities for reporting and mitigating breaches.
6. **Navigate Confidentiality in Complex Situations**
   - Explore scenarios such as minors, mental health records, communicable diseases, and legal disclosures.
   - Balance confidentiality with the duty to warn or protect others.

BAREILLY INTERNATIONAL UNIVERSITY

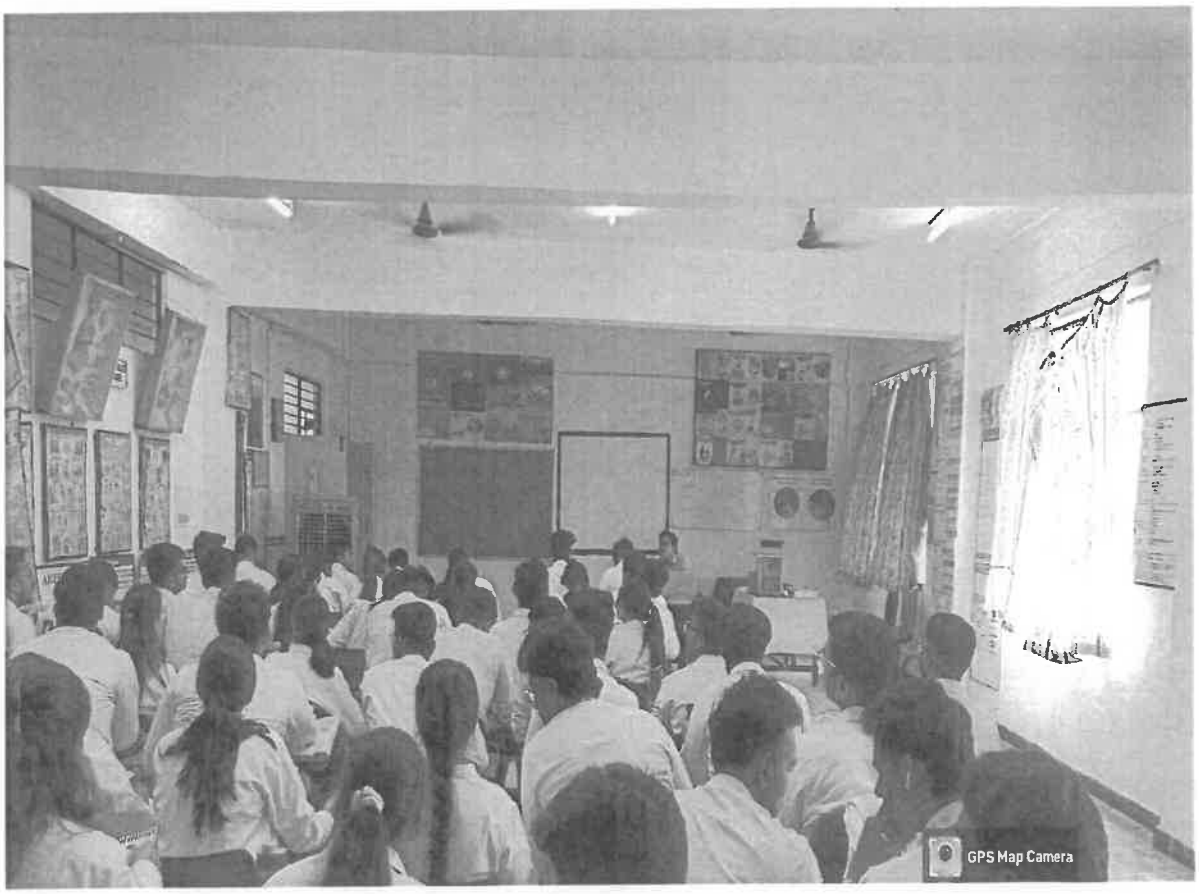
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

[Type here]

7. **Promote a Culture of Privacy and Accountability**
   - Encourage ethical decision-making and responsibility for data protection among healthcare teams.
   - Understand the role of leadership, training, and institutional policy in safeguarding patient data.
8. **Adapt to Emerging Technologies and Digital Health Challenges**
   - Examine the implications of electronic health records (EHRs), telemedicine, mobile health apps, and AI for patient data privacy.

Resource Person(s)

1) **Dr. SK Verma**
2) **Dr. Ankit Gupta**



BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

[Type here]

Description

- In healthcare, protecting patient information is not only a legal requirement but also an ethical duty. As digital health technologies continue to evolve and more patient data is collected and shared across systems, the challenge of ensuring confidentiality and privacy has never been more critical. This workshop provides healthcare professionals, administrators, IT teams, and students with an in-depth understanding of confidentiality principles and data protection regulations to navigate today's complex healthcare landscape.
- Through this interactive workshop, participants will gain practical knowledge on how to protect sensitive patient information, understand the legal and ethical frameworks that govern patient privacy, and implement data security practices in their daily work. The program covers national and international data protection laws, including HIPAA, GDPR, and other local regulations, while focusing on how to maintain confidentiality in an increasingly interconnected and digitized healthcare environment.
- By engaging in case studies, discussions, and role-playing exercises, participants will explore how to manage sensitive information, recognize breaches, and take appropriate action when data protection is compromised. The workshop also addresses new technologies and evolving patient care models, including electronic health records (EHRs), telemedicine, and mobile health applications, and how they impact confidentiality and security protocols.

Key Learning Areas Include:

- **Ethical and Legal Foundations of Confidentiality**: Understanding the ethical obligations of healthcare providers to protect patient privacy, along with key privacy laws such as HIPAA (USA), GDPR (EU), and other global regulations.
- **Types of Protected Health Information (PHI)**: Identifying what constitutes patient data and recognizing its various forms, including personal, medical, and genetic information.
- **Best Practices for Data Protection**: How to securely manage and store patient data, reduce the risk of breaches, and ensure compliance with legal standards.
- **Responding to Breaches and Data Leaks**: How to recognize potential breaches, the steps to take when a breach occurs, and how to report incidents in compliance with institutional and legal protocols.
- **Confidentiality in Special Scenarios**: How to navigate complex situations such as disclosures for minors, mental health records, communicable diseases, and legal mandates.
- **Role of Technology in Data Protection**: Addressing the privacy risks associated with electronic health records (EHRs), telemedicine, mobile health apps, and AI-driven diagnostics, along with strategies to mitigate those risks.

[Type here]

- **Fostering a Privacy-Conscious Culture**: Encouraging healthcare professionals to adopt privacy policies, participate in ongoing training, and uphold a strong ethical framework around data protection.

Outcome

1. **Explain the importance of confidentiality in healthcare**
   - Articulate the ethical, legal, and professional importance of patient confidentiality and the consequences of breaches.
2. **Identify protected health information (PHI)**
   - Recognize various types of sensitive patient data and understand what constitutes protected health information under legal and regulatory frameworks.
3. **Navigate national and international data protection regulations**
   - Demonstrate knowledge of key laws such as HIPAA (USA), GDPR (EU), and local data protection laws, and how they impact patient privacy practices.
4. **Implement best practices for securing patient data**
   - Apply appropriate security measures for managing, storing, and transmitting patient information, both in physical and digital formats.
5. **Recognize potential breaches of patient confidentiality**
   - Identify common scenarios where breaches might occur, and understand how to address and report these incidents promptly and appropriately.
6. **Respond to data breaches in compliance with regulations**
   - Understand the steps to take when a data breach occurs, including reporting procedures, mitigation strategies, and communication with affected parties.
7. **Handle complex confidentiality issues in specific scenarios**
   - Make ethical decisions regarding confidentiality in special situations, such as when dealing with minors, mental health patients, legal disclosures, and public health emergencies.
8. **Understand the role of technology in data protection**
   - Evaluate the privacy and security implications of electronic health records (EHRs), telemedicine, mobile health apps, and AI technologies.



Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 15.02.2022

Title of the Activity

Workshop on Truth Telling and Informed Consent

Date & Venue

- **Date**: February 14, 2022
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

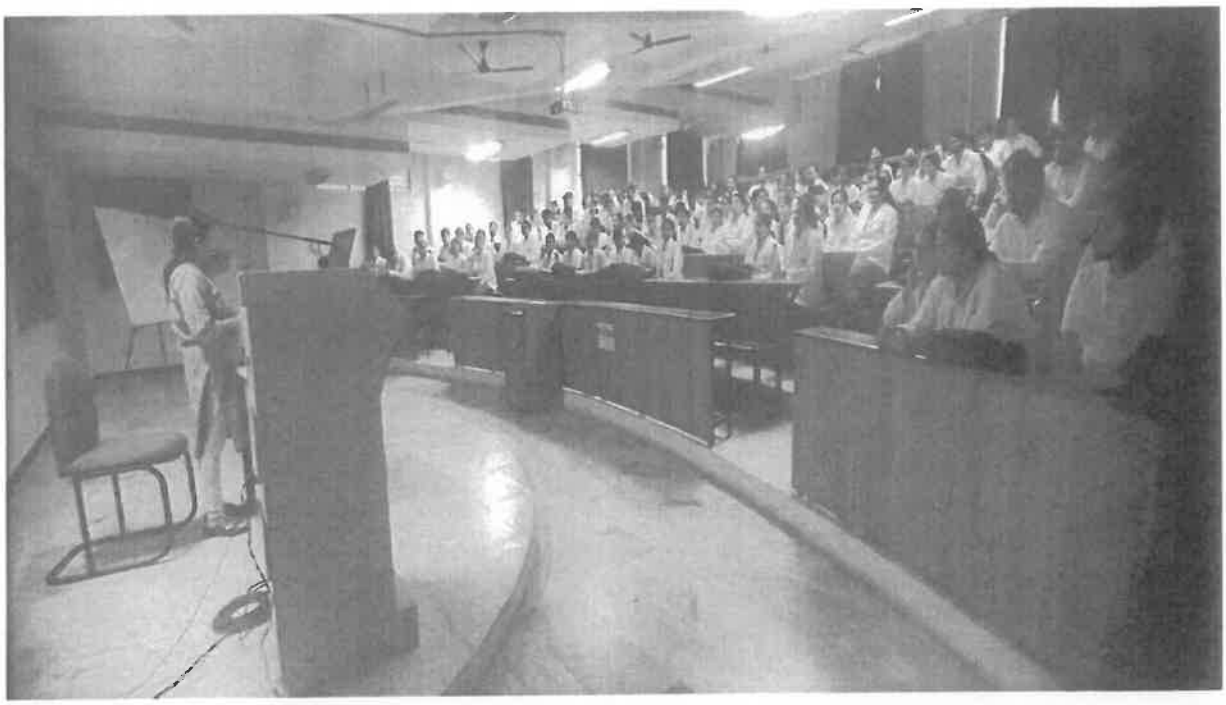
1. **Understand the Ethical Foundations of Truth Telling**
   - Explore the principles of truth-telling in healthcare, including its importance in building trust, patient autonomy, and maintaining professionalism.
2. **Identify Key Elements of Informed Consent**
   - Define the essential components of informed consent, including disclosure, comprehension, voluntariness, and consent.
3. **Recognize Legal and Ethical Requirements for Informed Consent**
   - Review national and international laws, regulations, and ethical guidelines that govern the process of obtaining informed consent (e.g., HIPAA, Declaration of Helsinki).
4. **Explore Challenges in Truth Telling and Informed Consent**
   - Analyze common ethical dilemmas faced by healthcare providers when disclosing difficult or sensitive information, such as diagnosis, prognosis, and treatment options.
5. **Develop Effective Communication Skills for Truth Telling**
   - Learn strategies for conveying complex or distressing information in a compassionate, clear, and understandable way.
6. **Navigate Special Populations and Vulnerable Groups**
   - Discuss how to approach informed consent with vulnerable or marginalized groups, such as children, individuals with cognitive impairments, or non-English speakers.
7. **Understand Cultural Sensitivity in Informed Consent**

- Learn to recognize and respect cultural differences in decision-making, and how to tailor informed consent practices accordingly.

8. **Apply Ethical Decision-Making in Complex Clinical Scenarios**
   - Practice ethical reasoning through case studies involving truth-telling and informed consent in challenging or ambiguous situations.
9. **Evaluate and Address Barriers to Informed Consent**
   - Recognize common barriers to obtaining valid informed consent, such as language differences, health literacy, and time constraints, and explore ways to overcome them.

Resource Person(s)

1) **Dr. Sumeru Samanta**
2) **Dr. Itika Saxena**



Description

- In healthcare, the ethical principles of truth telling and informed consent are foundational to the provider-patient relationship. The ability to communicate honestly, clearly, and empathetically while ensuring patients are fully informed about their care is essential to upholding patient autonomy, trust, and dignity. This workshop is designed to provide healthcare professionals, medical students, and ethics committee members with a deep

understanding of these critical ethical concepts and how to effectively apply them in clinical practice.

- Participants will explore the ethical foundations of truth-telling, the legal and regulatory requirements for obtaining informed consent, and strategies for navigating complex, sensitive, or culturally diverse situations. Through a combination of lectures, case studies, and interactive exercises, participants will develop the skills to communicate with patients about difficult diagnoses, treatment options, and potential risks in ways that respect their autonomy and right to make informed decisions about their care.
- The workshop also examines the challenges healthcare providers face when truth-telling or obtaining consent, including how to manage cultural sensitivities, vulnerable populations, and situations where patients may have difficulty understanding or making decisions. Special attention will be given to the nuances involved in obtaining consent for clinical trials, end-of-life care, and cases where patients may lack decision-making capacity.

Key Learning Areas Include:

- **Ethical Foundations of Truth Telling:** Understanding the importance of honesty in healthcare and how it supports trust, autonomy, and ethical practice.
- **Key Elements of Informed Consent:** Reviewing the four essential elements—disclosure, comprehension, voluntariness, and consent—required for a valid and ethical consent process.
- **Legal and Regulatory Guidelines:** Exploring relevant laws and ethical guidelines related to informed consent and truth-telling, such as the Declaration of Helsinki and local health laws.
- **Challenges in Truth Telling:** Examining the ethical dilemmas of disclosing bad news, complex diagnoses, and information about treatment options, and learning how to manage these challenges.
- **Cultural Sensitivity and Communication:** Understanding how to communicate effectively across cultural and linguistic barriers, and tailoring consent processes to diverse patient populations.
- **Informed Consent in Vulnerable Populations:** Learning how to approach informed consent with minors, cognitively impaired individuals, and patients who are unable to make decisions independently.
- **Practical Communication Skills:** Developing techniques for explaining complex medical information in ways that patients can understand, including how to handle emotional reactions and difficult conversations.
- **Ethical Decision-Making in Ambiguous Scenarios:** Engaging with case studies and role-play scenarios to practice applying ethical decision-making frameworks in real-life clinical situations.

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 18.03.2022

Title of the Activity

Seminar on ethics in doctor patient relationship

Date & Venue

- **Date**: March 17, 2022
- **Venue**: Auditorium, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- **Explore the Ethical Foundations of the Doctor-Patient Relationship**
  - Understand the key ethical principles (autonomy, beneficence, non-maleficence, and justice) that guide the doctor-patient relationship and clinical decision-making.
- **Examine the Concept of Patient Autonomy**
  - Discuss the importance of respecting patient autonomy in the clinical setting and how it shapes the informed consent process, shared decision-making, and treatment choices.
- **Understand the Role of Trust and Confidentiality**
  - Learn how trust is central to the doctor-patient relationship and explore the ethical obligation of maintaining patient confidentiality in all aspects of care.
- **Address Ethical Challenges in Communication**
  - Identify common ethical dilemmas in doctor-patient communication, such as breaking bad news, managing patient expectations, and handling disagreements over treatment options.
- **Evaluate Professional Boundaries and Conflicts of Interest**

- Examine the ethical considerations surrounding professional boundaries, personal relationships, and conflicts of interest that may arise in the doctor-patient dynamic.

- **Discuss Vulnerable Populations and Ethical Considerations**
  - Understand how to navigate ethical challenges when treating vulnerable or marginalized groups, such as children, the elderly, mentally ill patients, and those from different cultural or socioeconomic backgrounds.

- **Analyze the Impact of Cultural Sensitivity in the Doctor-Patient Relationship**
  - Explore the role of cultural competence in delivering ethical care and how doctors can respect cultural differences while maintaining professional ethics.

- **Promote Shared Decision-Making and Informed Consent**
  - Examine the role of shared decision-making in fostering a collaborative doctor-patient relationship, ensuring that patients fully understand their options and participate actively in their treatment choices.

- **Enhance Empathy and Compassion in the Clinical Encounter**
  - Learn how empathy and compassion contribute to ethical care and improve the doctor-patient relationship, especially in emotionally charged or challenging situations.

Resource Person(s)

1) **Dr. Nitesh Mohan**
2) **Dr. Mithila Bisht**

Description

- The doctor-patient relationship is the cornerstone of healthcare, influencing patient outcomes, satisfaction, and trust in the healthcare system. Ethical issues surrounding this relationship are fundamental to providing compassionate, effective, and legally sound medical care. This seminar is designed to offer healthcare professionals, medical students, and healthcare administrators a deep understanding of the ethical principles that shape the doctor-patient relationship and to equip participants with practical tools for navigating ethical dilemmas in clinical practice.
- The seminar will focus on key ethical concepts such as patient autonomy, beneficence, non-maleficence, justice, and confidentiality, and explore how these principles are applied in real-

world healthcare settings. Through discussions, case studies, and role-playing exercises, participants will examine the complexities of doctor-patient interactions, including the challenges of maintaining trust, managing conflicts, communicating effectively, and balancing professional boundaries with compassion.

- In addition, the seminar will address the unique ethical considerations that arise when working with vulnerable populations, such as children, the elderly, or patients with cognitive impairments, as well as how to respect cultural differences while upholding ethical standards. Attendees will also engage with emerging issues such as digital health tools, telemedicine, and the growing role of patient autonomy in a world of increasing medical information access.



Key Learning Areas Include:

- **Ethical Foundations of the Doctor-Patient Relationship**: Understanding how core ethical principles (autonomy, beneficence, non-maleficence, and justice) guide the daily interactions between doctors and patients.
- **Patient Autonomy and Informed Consent**: Exploring the concept of autonomy, how to respect a patient's right to make informed choices, and the challenges of navigating informed consent in complex situations.
- **Trust and Confidentiality**: Discussing the importance of maintaining patient trust through confidentiality and understanding the legal and ethical boundaries of information sharing in healthcare.

- **Communication in Ethical Dilemmas**: Analyzing the challenges of delivering bad news, managing disagreements, and discussing treatment options while maintaining ethical integrity.
- **Professional Boundaries and Conflicts of Interest**: Identifying potential conflicts of interest and maintaining appropriate professional boundaries with patients.
- **Cultural Sensitivity and Ethical Care**: Recognizing and respecting cultural differences and how they impact ethical decision-making in healthcare.
- **Vulnerable Populations and Ethical Considerations**: Learning how to address ethical challenges when working with vulnerable groups such as children, the elderly, and patients with mental health concerns.
- **Emerging Ethical Issues in Healthcare**: Understanding the ethical implications of new technologies, such as telemedicine, artificial intelligence, and patient access to medical information, and how they impact the doctor-patient relationship.

Outcome

1. **Understand the ethical principles guiding the doctor-patient relationship**
    - Demonstrate a clear understanding of the core ethical principles (autonomy, beneficence, non-maleficence, and justice) and how they apply to everyday interactions between healthcare providers and patients.
2. **Evaluate and apply the concept of patient autonomy**
    - Recognize the significance of respecting patient autonomy, and develop strategies for supporting informed decision-making and shared decision-making in clinical practice.
3. **Ensure effective and ethical communication with patients**
    - Identify communication strategies that maintain transparency and trust, especially when delivering difficult news or when navigating disagreements over treatment options.
4. **Uphold patient confidentiality and privacy**
    - Demonstrate an understanding of the ethical and legal responsibilities involved in protecting patient confidentiality and how to balance it with necessary disclosures in certain circumstances.
5. **Recognize and manage ethical dilemmas in doctor-patient interactions**
    - Analyze and respond to common ethical challenges, such as conflicts of interest, professional boundaries, and situations involving vulnerable populations (e.g., minors, the elderly, or those with cognitive impairments).
6. **Integrate cultural sensitivity into ethical decision-making**
    - Understand how cultural factors impact the doctor-patient relationship, and apply culturally sensitive approaches to respecting patient beliefs and values while upholding ethical care.
7. **Manage professional boundaries and conflicts of interest**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Identify situations where professional boundaries may be at risk and develop strategies to maintain appropriate relationships with patients while managing conflicts of interest.

8. **Understand and address the ethical concerns of vulnerable populations**
   - Recognize the ethical challenges of treating vulnerable or marginalized patient groups and develop strategies for ensuring their autonomy, dignity, and well-being.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 06.11.2021

Title of the Activity

Seminar on aging population and geriatric care

Date & Venue

- **Date**: November 05, 2021
- **Venue**: Auditorium Room,Rohilkhand Medical College and Hospital, Bareilly International University

Objective of the Seminar:

1. **Enhancing Knowledge on Aging and Nutrition**
    - Conducted training sessions focusing on the facts and myths about aging, physical and psychosocial changes in the elderly, and the importance of a healthy lifestyle.
    - Emphasized the nutritional needs of the elderly and the challenges in maintaining a balanced diet.
2. **Promoting Intergenerational Inclusion**
    - Organized workshops for ASHA and Anganwadi workers to discuss the inclusion of elderly individuals in child nurturing, highlighting the concept of intergenerational programming.
    - Focused on the importance of early childhood development and the role of the elderly in fostering a conducive environment for children
3. **Training Healthcare Providers**
    - Facilitated training for key trainers on happy aging and nutrition in the elderly, aiming to build capacity among healthcare providers.
    - Provided guidance on addressing the unique health challenges faced by the elderly population

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description of the Activity:

The Department of Medicine organized a seminar titled "Ageing Population and Geriatric Care", addressing one of the most pressing global public health issues – the rising proportion of elderly individuals. The session was inaugurated by Dr. [Insert Name], who spoke on demographic transitions and their health implications.

The keynote speaker, Dr.Keshav Aggrawal, an expert in Geriatrics, highlighted the multifaceted health needs of older adults, including physical, mental, and social aspects. The talk included discussions on common geriatric syndromes, the importance of preventive care, palliative services, and the role of family and community support.

Students engaged in a lively Q&A session focusing on practical challenges in geriatric care, ethical considerations, and healthcare infrastructure required to support healthy ageing

Resource Person(s)

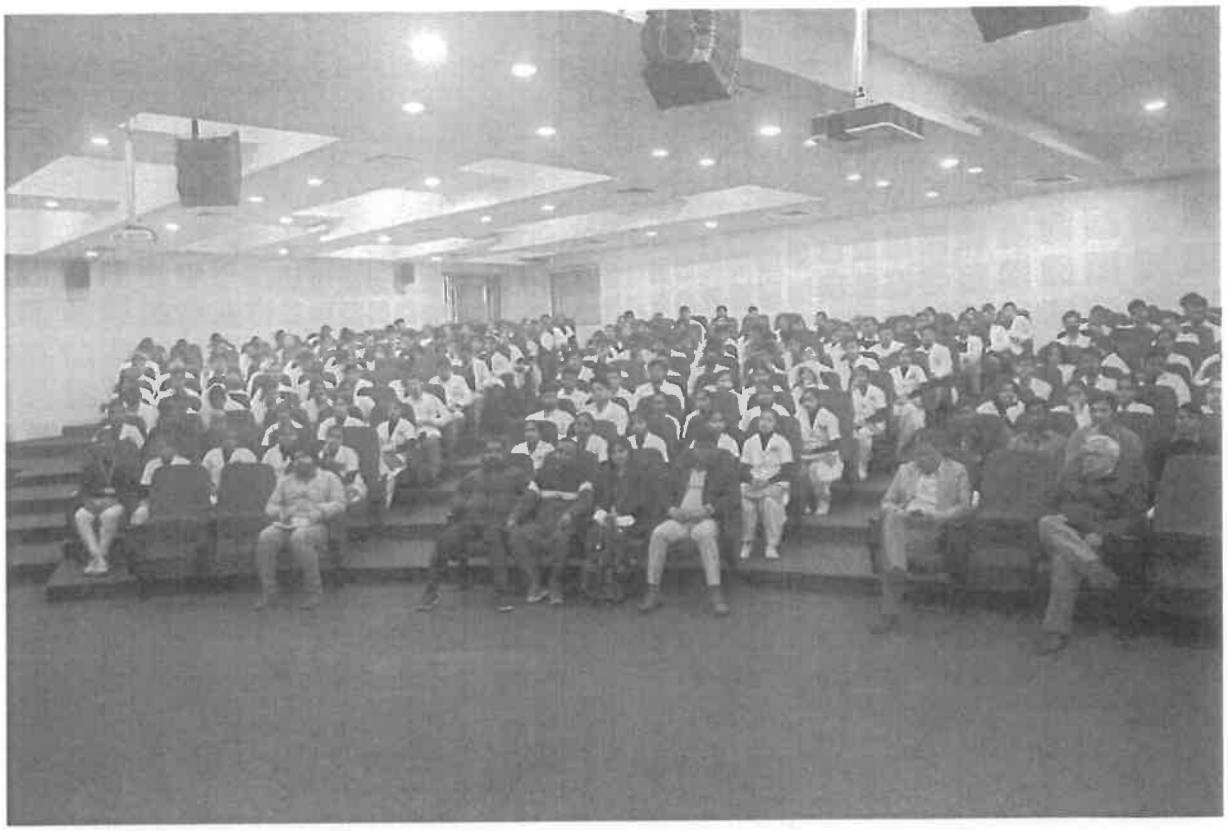
Dr. Seema Seth

Dr. Rohit Palta

Dr. Nakul Johri

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome of the Activity:

•Enhanced understanding of demographic ageing and its implications on healthcare systems.

•Awareness of the need for specialized geriatric care and training in managing age-related conditions.

•Encouraged empathy and responsibility toward elderly patients among future healthcare professionals.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 09.11.2021

Title of the Activity

Workshop on youth health challenges in a charging society

Date & Venue

- **Date**:08.11.2021
- **Venue**:Seminar Room,Rohilkhand Medical College and Hospital, Bareilly International University

Objective of the Workshop:

- To educate and engage young healthcare professionals on the evolving health challenges faced by youth in today's rapidly changing social, digital, and environmental landscape.
- To understand the emerging physical, mental, and social health issues affecting adolescents and young adults in modern society.
- To analyze the impact of urbanization, digital media, peer pressure, and lifestyle changes on youth health.
- To promote awareness regarding preventive strategies for common youth health problems such as substance abuse, depression, anxiety, and obesity.
- To equip medical students with effective communication skills for addressing sensitive youth-related health concerns.

Resource Person(s)

- **DrRashmiKatiyal**
- **DrMedhavi Agarwal**
- **Dr Deepak Upadhyay**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Brief Description of the Activity:

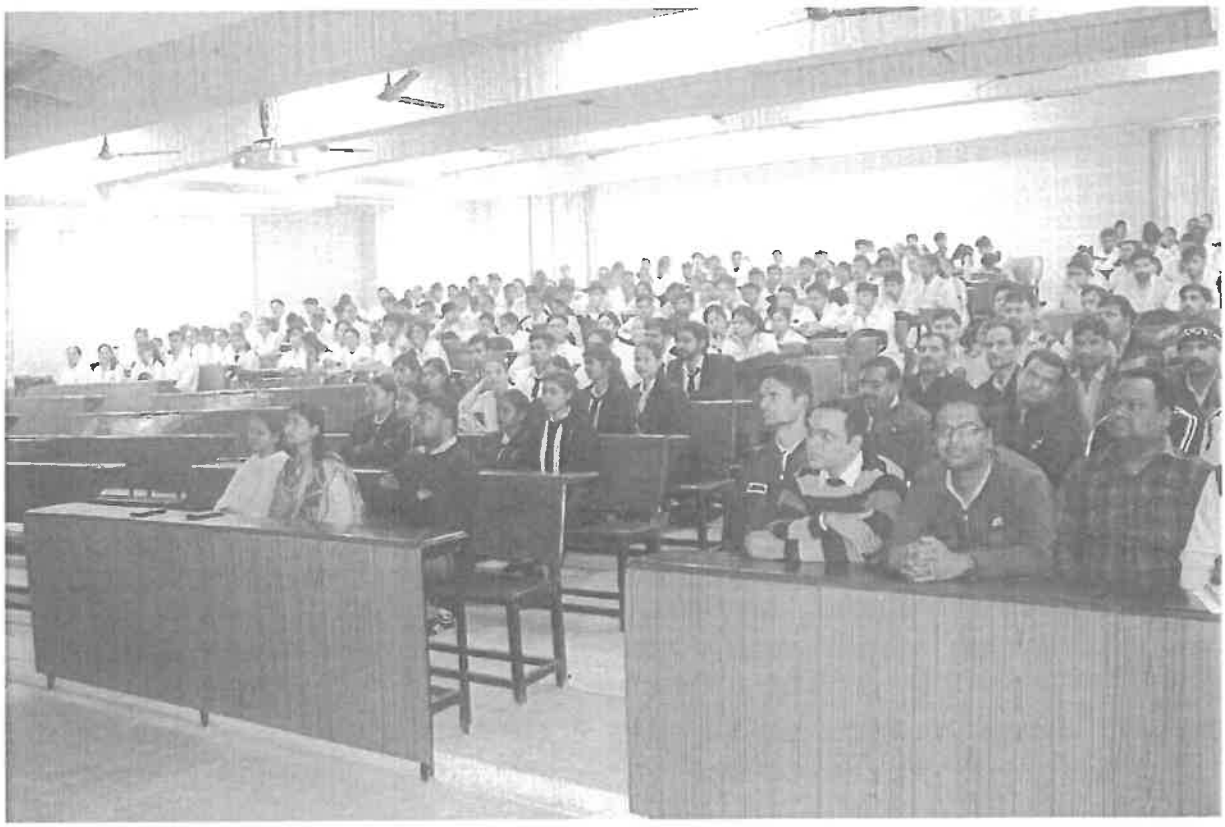
The Department of Community Medicine conducted a workshop on "Youth Health Challenges in a Changing Society" to address rising concerns related to physical, mental, and social well-being among adolescents and young adults.

The session began with an introductory talk, who spoke on the importance of youth-focused healthcare policies and early intervention. Key areas discussed included mental health issues, substance abuse, sexual and reproductive health, lifestyle diseases, social media influence, and peer pressure.

Interactive group activities and case discussions were conducted to encourage critical thinking and problem-solving among participants. Experts also shared strategies for youth engagement, health education, and the integration of youth-friendly services into primary healthcare.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome of the Activity:

•Awareness of contemporary health issues affecting youth.

•Participants learned about youth-friendly healthcare approaches and communication strategies.

•Encouraged proactive involvement in adolescent and young adult health promotion.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 14.12.2021

Title of the Activity

Seminar on Migration and Health Service Delivery

Date & Venue

- **Date**: 13 December, 2021
- **Venue**: Seminar Room,Rohilkhand Medical College and Hospital, Bareilly International University

Objectives of the Seminar:

1. To explore the health challenges faced by migrant populations, including internal migrants and refugees.

2. To examine barriers to healthcare access and utilization among migrant communities.

3. To discuss strategies for inclusive, migrant-sensitive health service delivery.

4 .To highlight the role of healthcare providers in addressing the unique needs of displaced and mobile populations.

5 .To raise awareness about public health implications of migration and cross-border movement.

Brief Description of the Activity:

The Department of Community Medicine conducted a seminar on "Migration and Health Service Delivery", focusing on the complex intersection between population mobility and healthcare systems. The session commenced with a welcome address by Dr. KASHEV AGGRAWAL, who stressed the relevance of this topic in the context of global health and urbanization.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The keynote speaker, Dr. ASHOK AGGRAWAL, a public health consultant, provided an in-depth overview of migration patterns in India and globally, and the associated healthcare access issues such as language barriers, documentation challenges, stigma, and occupational hazards. Real-life case studies were discussed to illustrate the health risks migrants face, including communicable diseases, mental health issues, maternal and child health gaps, and exploitation.

The seminar encouraged open dialogue, with students engaging in discussions on policy responses such as the National Health Policy, community outreach programs, and cross-sectoral collaborations

Resource Person(s)

DrRashmi Katiyal

DrMedhavi Agarwal

Dr Deepak Upadhyay

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome of the Activity:

•Participants developed a broader understanding of the social determinants affecting migrant health.

•The seminar emphasized the importance of culturally competent and inclusive healthcare services.

•Students were encouraged to think critically about their future roles in delivering equitable care to marginalized populations.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date21.12.2021

Title of the Activity

Workshop on Urbanization and Health Resource Allocation

Date & Venue

- **Date**: 20.12.21
- **Venue**: Auditorium Room,Rohilkhand Medical College and Hospital, Bareilly International University

Objectives of the Workshop:

1.To understand the impact of rapid urbanization on healthcare demands and delivery.

2.To analyze the challenges in equitable allocation of health resources in urban settings.

3.To explore the health disparities between urban poor and affluent communities.

4.To discuss policy and planning strategies for optimizing urban health infrastructure.

5.To promote critical thinking on sustainable urban health systems and inclusive public health approaches.

Resource Person(s)

DrMedhavi Agarwal

Dr Deepak Upadhyay

Brief Description of the Activity:

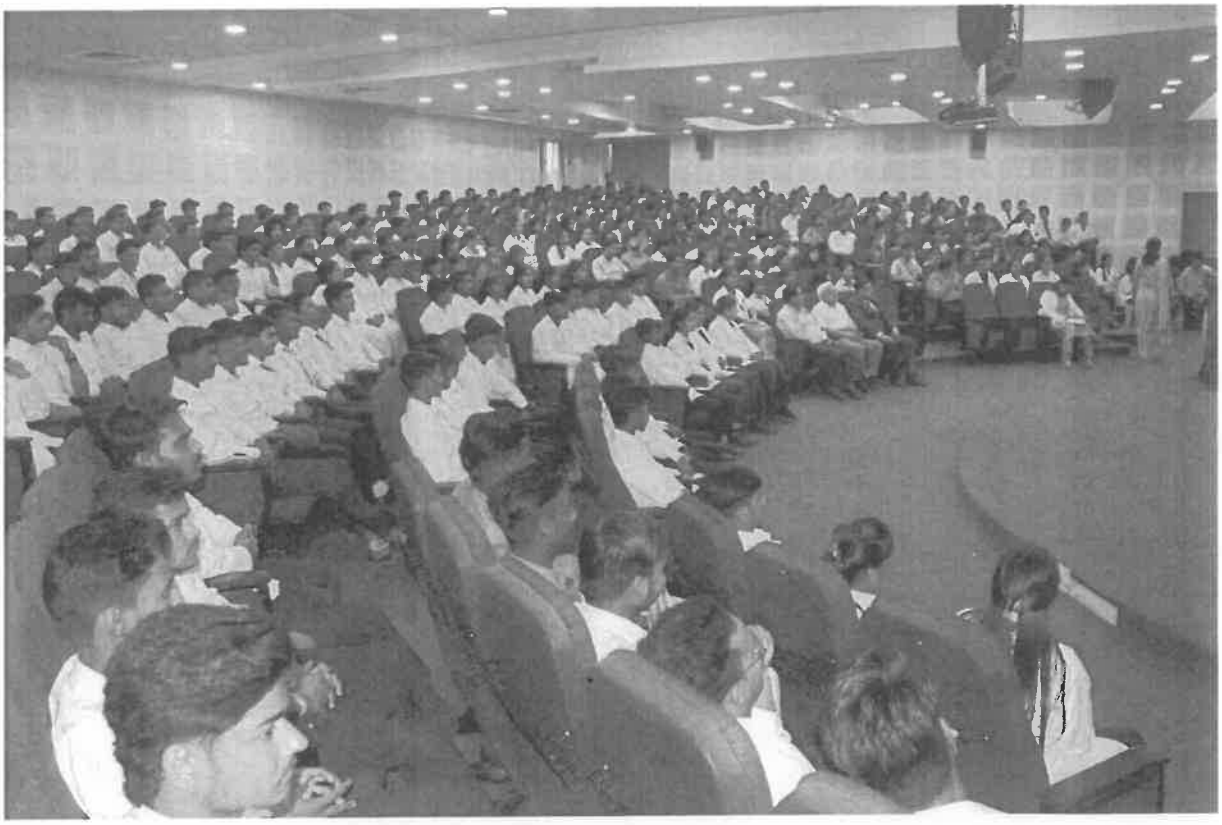
BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The Department of Community Medicine organized a workshop on "Urbanization and Health Resource Allocation" to address the rising health challenges in rapidly growing urban areas. The session opened with remarks by Dr. Keshavaggarwal, who spoke about the urban health transition and the pressure it places on existing healthcare infrastructure.

The main presentation was delivered by Dr. LATA AGGARWAL, a specialist in urban health systems, who provided insights into patterns of urban migration, informal settlements, and the double burden of disease in cities. Participants learned about the misdistribution of health resources, the role of urban local bodies, and innovative models for urban primary healthcare.

Interactive activities included group discussions on real-world case scenarios related to slum health, urban epidemics, and financing of urban healthcare services. Participants proposed solutions aimed at better planning, intersectoral collaboration, and technology-enabled outreach.



BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Outcome of the Activity:

•Enhanced understanding of urban health dynamics and the need for evidence-based resource allocation.

•Participants gained practical knowledge of urban health policies and service models.

•Stimulated interest in urban health research and community-based interventions among medical students.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 30.11.2021

Title of the Activity

Seminar on fertility trends and reproductive health

Date & Venue

- **Date:29.11.21**
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

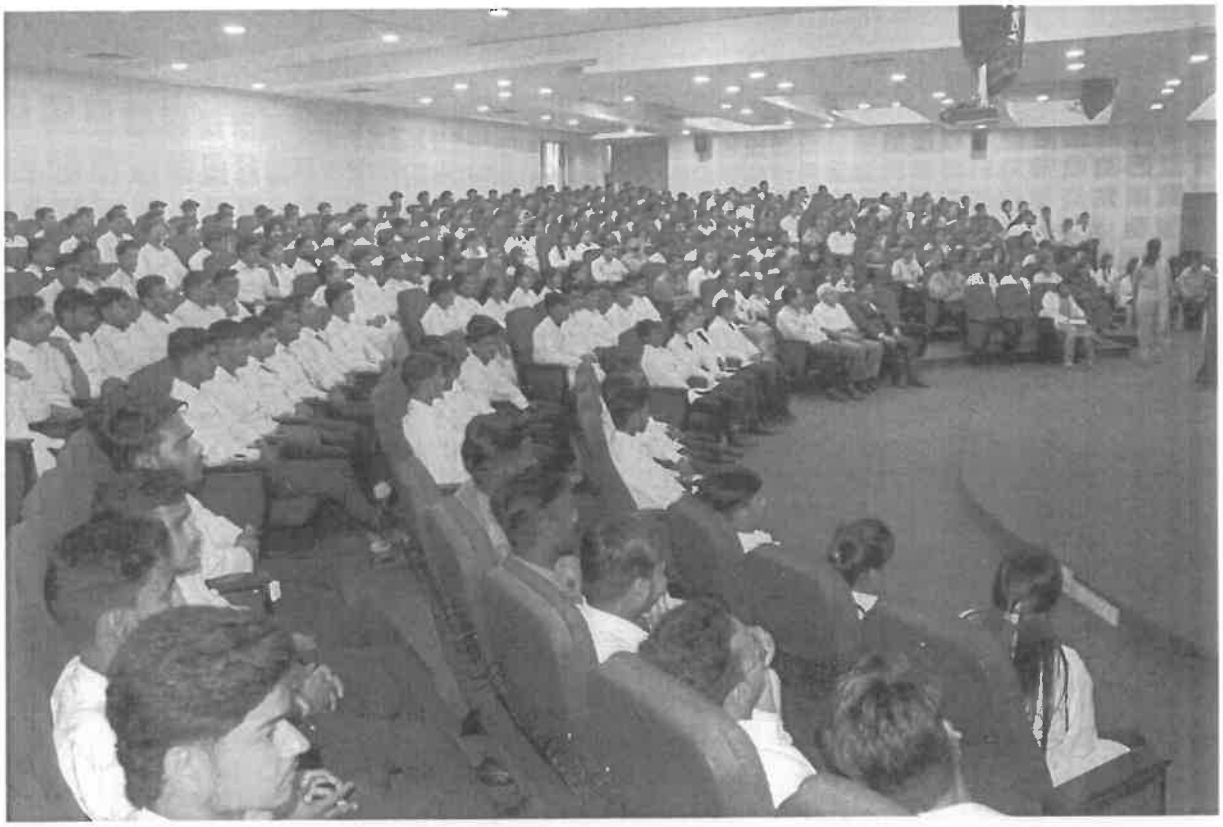
Objectives:

- To analyze current fertility trends in India and globally.
- To understand the impact of socio-economic, environmental, and lifestyle factors on fertility.
- To discuss advancements in reproductive health technologies and interventions.
- To promote awareness about fertility preservation and family planning methods.

Key Highlights:

- **Welcome Address** by Dr. KanchanDalmia, Head of Department, Obstetrics and Gynecology.
- **Guest Lecture:** Dr. Keshav Aggrawal, Reproductive Medicine Specialist, delivered a comprehensive talk on:
  - Shifts in fertility patterns over the past decade.
  - Rising incidence of infertility and delayed parenthood.
  - Role of ART (Assisted Reproductive Technology) and IVF.
- **Panel Discussion:** Involving faculty and postgraduate students on:
  - Polycystic Ovary Syndrome (PCOS) and its effect on fertility.
  - Male infertility – emerging trends and treatment options.
  - Adolescent reproductive health education and its significance.

- **Interactive Q&A Session** allowing attendees to clarify doubts and discuss real-world cases



4.Outcome:-

- **Knowledge Enhancement on Emergency Contraception**
  A study assessed the awareness of emergency contraception among nursing students at RMCH. It found that while a majority were aware of emergency contraception methods, knowledge about side effects was limited. This underscores the need for enhanced educational programs on reproductive health and contraception among healthcare students.
- **Reproductive Health Awareness Among Adolescents**
  A comparative study conducted among rural and urban adolescent girls in Bareilly highlighted disparities in reproductive health knowledge. Urban girls demonstrated better awareness regarding menstruation and its physiological aspects compared to their rural counterparts. This indicates a need for targeted educational interventions to bridge the knowledge gap.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Contraceptive Practices in Rural Areas**
  Research on contraceptive knowledge and practices in a rural area of Bareilly revealed that contraceptive use varied with age, with female sterilization being the most preferred method. This information is crucial for tailoring community health programs to improve contraceptive uptake and reproductive health outcomes.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 09.03.2022

Title of the Activity

Seminar on universal health coverage as a right

Date & Venue

- **Date**: March 8, 2022
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To raise awareness about Universal Health Coverage (UHC) as a fundamental right for all citizens.
- To discuss the importance of accessible, affordable, and quality healthcare for everyone, particularly in the context of India.
- To explore global and national policies and frameworks that support UHC, including strategies for equitable healthcare delivery.
- To foster a discussion on the challenges and opportunities in implementing UHC in India and its alignment with Sustainable Development Goals (SDGs).
- To engage stakeholders, including healthcare professionals, policymakers, and the general public, in the promotion of UHC.

Resource Person(s)

1) Dr Rashmi Katiyal
2) Dr Medhavi Agarwal
3) Dr Deepak Upadhyay

Description

The **Seminar on Universal Health Coverage as a Right** aimed to bring together healthcare professionals, students, policymakers, and advocates to discuss the significance of UHC in the context of global and national healthcare systems. The seminar featured a series of presentations and discussions about the role of UHC in ensuring that everyone, irrespective of their socio-economic status, has access to essential health services without facing financial hardship.

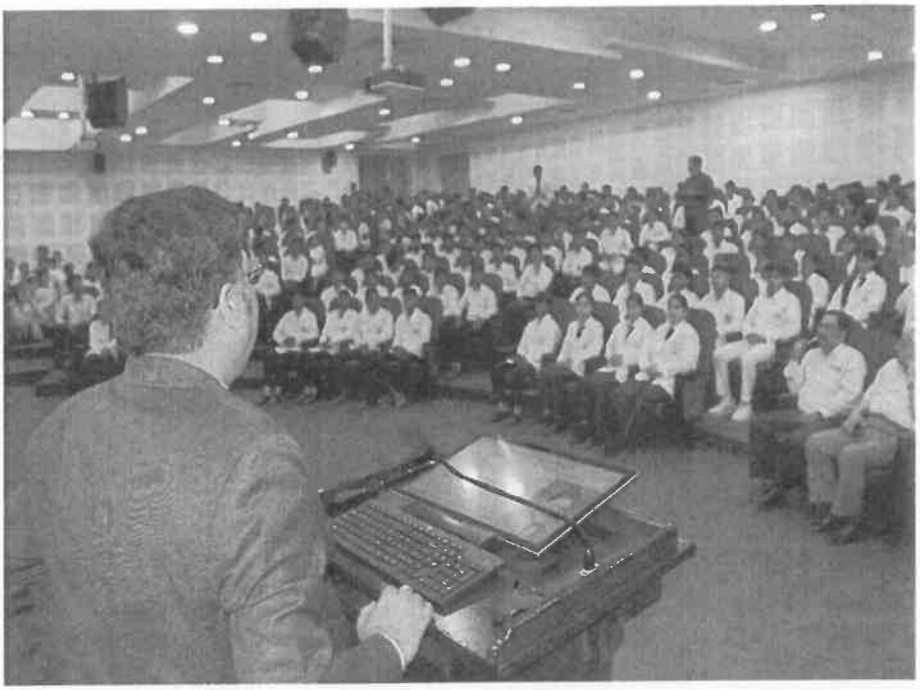
BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Agenda Highlights:

- **Welcome Address**: The seminar began with an introductory address, emphasizing the importance of UHC in achieving health equity and its relevance to India's current healthcare landscape.
- **Keynote Presentation**: A leading expert in public health and healthcare policy delivered a keynote address, discussing the global vision for UHC and its potential impact on health systems. The presentation also highlighted the challenges in achieving UHC in low- and middle-income countries, with specific reference to India's efforts.
- **Panel Discussion**: A panel of experts, including healthcare providers, policymakers, and academics, engaged in a lively discussion on the implementation of UHC in India. Topics covered included healthcare financing, access to essential medicines, and the role of technology in expanding coverage.
- **Interactive Q&A Session**: Following the presentations, an open Q&A session was held to allow participants to ask questions and share their thoughts on the challenges and opportunities of achieving UHC in India. Attendees were encouraged to engage in the conversation and propose solutions to overcome existing barriers.

The event provided a comprehensive overview of UHC as a critical aspect of healthcare reform, emphasizing the importance of collaboration between government, industry, and civil society to ensure that health services are available to all, without financial barriers.



DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 10.03.2022

Title of the Activity

Workshop on Legal Frameworks for Right to Health

Date & Venue

- **Date**: March 9, 2022
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To provide a comprehensive understanding of the legal frameworks surrounding the Right to Health in India.
- To explore the constitutional provisions, legal precedents, and relevant policies that establish health as a fundamental right.
- To discuss the role of healthcare professionals, legal experts, and policymakers in ensuring the effective implementation of the Right to Health.
- To examine the challenges in translating the Right to Health into actionable and accessible healthcare services for all.
- To foster interdisciplinary collaboration between law, health policy, and healthcare practice in promoting equitable health access.

Resource Persons

1) Dr. Rakesh Gupta
2) Dr. Archana Singh
3) Mr. Sarangdhar

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The **Workshop on Legal Frameworks for Right to Health** at Rohilkhand Medical College and Hospital aimed to address the critical intersection of law and healthcare. The workshop brought together a diverse audience, including legal professionals, healthcare providers, policymakers, and students, to understand and discuss the legal dimensions of health as a right.

Agenda Highlights:

- **Welcome Address**: The event opened with a Welcome Address from the organizing team, setting the tone for the workshop by emphasizing the need to integrate legal perspectives into the broader healthcare conversation and the importance of recognizing health as a fundamental right.
- **Keynote Presentation**: A renowned legal expert delivered a keynote presentation on the constitutional and legal provisions related to the Right to Health in India. The presentation covered key legal documents, including the Indian Constitution, the National Health Policy, and relevant judicial rulings that have shaped the country's healthcare framework.
- **Session on Legal Precedents and Policies**: This session focused on landmark cases and legal precedents that have influenced the recognition of the Right to Health in India. The speaker discussed how the judiciary has interpreted the Right to Health and its implications for healthcare accessibility and quality.
- **Panel Discussion**: A panel of experts in law, public health, and policy engaged in a discussion about the challenges in implementing the Right to Health and the role of stakeholders in ensuring its realization. Topics included the role of government, the healthcare industry, and civil society in strengthening legal frameworks for equitable health access.
- **Interactive Q&A Session**: The workshop concluded with an open Q&A session where participants had the opportunity to ask questions, share their experiences, and discuss real-world issues related to the enforcement of the Right to Health.

This workshop provided a valuable platform for the exchange of ideas between legal and healthcare professionals, aiming to promote the development of policies and practices that support the Right to Health for all citizens.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Increased awareness of the legal frameworks that support the Right to Health in India and globally.
- A better understanding of the challenges in translating legal provisions into tangible healthcare services for the population.
- Strengthened collaboration between legal experts, healthcare professionals, and policymakers to advocate for stronger legal frameworks and more equitable healthcare delivery.
- Enhanced knowledge among participants about their roles in ensuring that healthcare services are accessible, affordable, and of high quality for all individuals.
- Development of action points to further enhance the enforcement of the Right to Health in India, including policy suggestions and potential areas for legal reform.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 12.03.2022

Title of the Activity

Seminar on Health Equity and Social Justice

Date & Venue

- **Date**: March 11, 2022
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

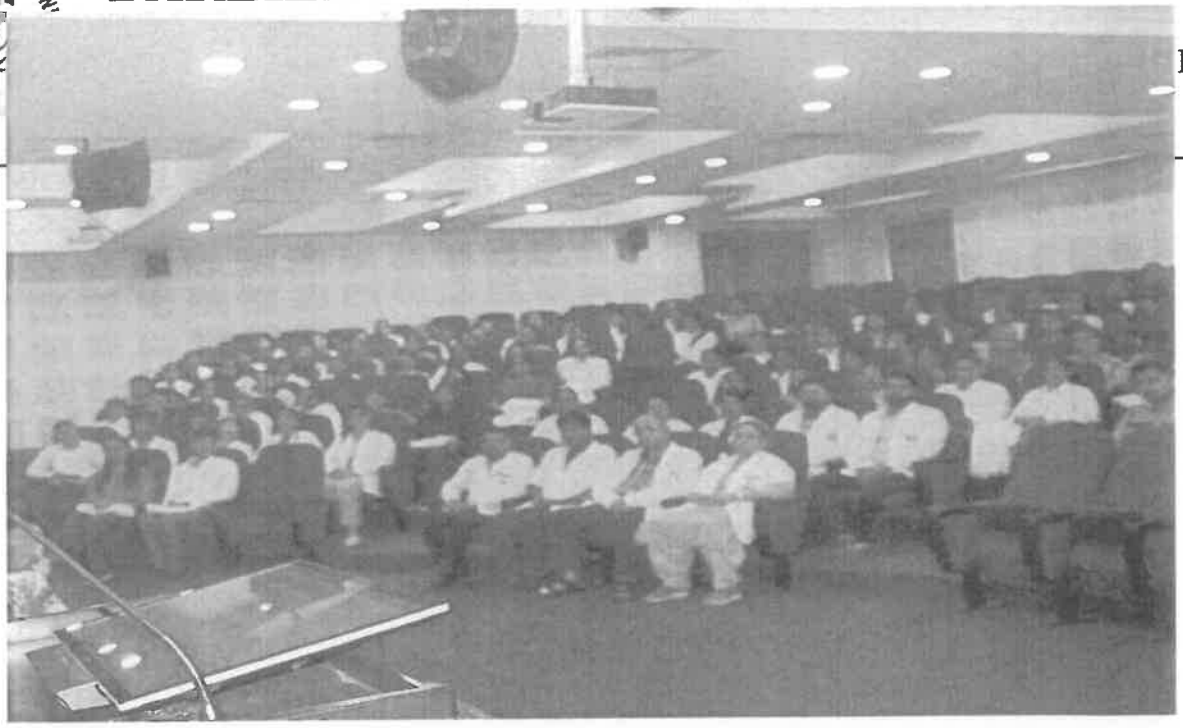
- To raise awareness about the importance of health equity and social justice in healthcare systems.
- To explore the relationship between social determinants of health and healthcare disparities.
- To discuss policies and strategies for promoting equitable access to healthcare for all segments of society, especially marginalized and vulnerable groups.
- To understand the role of healthcare professionals and policymakers in addressing health inequities through systemic change and inclusive practices.
- To engage participants in discussions around the ethical and legal considerations of health equity and social justice in the context of India's healthcare system.

Resource Persons

1. **Dr. Shashikant Verma**
2. **Dr. Ankit Gupta**
3. **Dr. JT Lakshmi**

BAREILLY INTERNATIONAL UNIVERSITY

INDIA



Description

The **Seminar on Health Equity and Social Justice** at Rohilkhand Medical College and Hospital aimed to bring together healthcare professionals, students, policymakers, and community leaders to discuss the principles of health equity and social justice. The seminar provided a platform for participants to understand the social determinants of health and explore ways to address health disparities in the Indian context.

Agenda Highlights:

- **Welcome Address**: The seminar began with a Welcome Address from the organizing committee, highlighting the relevance of health equity in achieving universal health coverage and ensuring that healthcare services are accessible to all, regardless of socioeconomic status, geography, or other social determinants.
- **Keynote Presentation**: A distinguished expert in public health and social justice delivered a keynote on the concept of health equity, focusing on the broader implications of inequality in healthcare. The keynote explored how social, economic, and political factors contribute to health disparities and discussed strategies to overcome them.
- **Session on Social Determinants of Health**: This session focused on the root causes of health inequities, including income, education, housing, and employment. The speaker elaborated on how these social determinants impact health outcomes and the urgent need for policies aimed at mitigating these inequalities.
- **Panel Discussion**: The panel featured experts from various fields, including healthcare, law, and social policy. The discussion centered on the role of health systems in reducing health disparities, the importance of inclusive healthcare policies, and the ethical responsibilities of healthcare providers in promoting health equity.

- **Interactive Q&A Session**: The seminar concluded with an engaging Q&A session, providing participants with the opportunity to share their perspectives and ask questions on the challenges and solutions surrounding health equity and social justice.

Outcome

- Increased awareness and understanding of the concepts of health equity and social justice in healthcare.
- Enhanced recognition of the impact of social determinants on health outcomes and the importance of addressing these issues in public health policy.
- Strengthened understanding of the ethical and legal responsibilities of healthcare providers in promoting health equity.
- Encouraged discussions around strategies for reducing healthcare disparities and improving access to quality care for all segments of society.
- Fostered collaboration between healthcare professionals, policymakers, and community leaders to advocate for health equity and social justice in the healthcare system.
- Empowered participants to take proactive steps in advocating for inclusive healthcare policies and practices.

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 12.03.2022

Title of the Activity

Seminar on Health Equity and Social Justice

Date & Venue

- **Date:** March 11, 2022
- **Venue:**Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

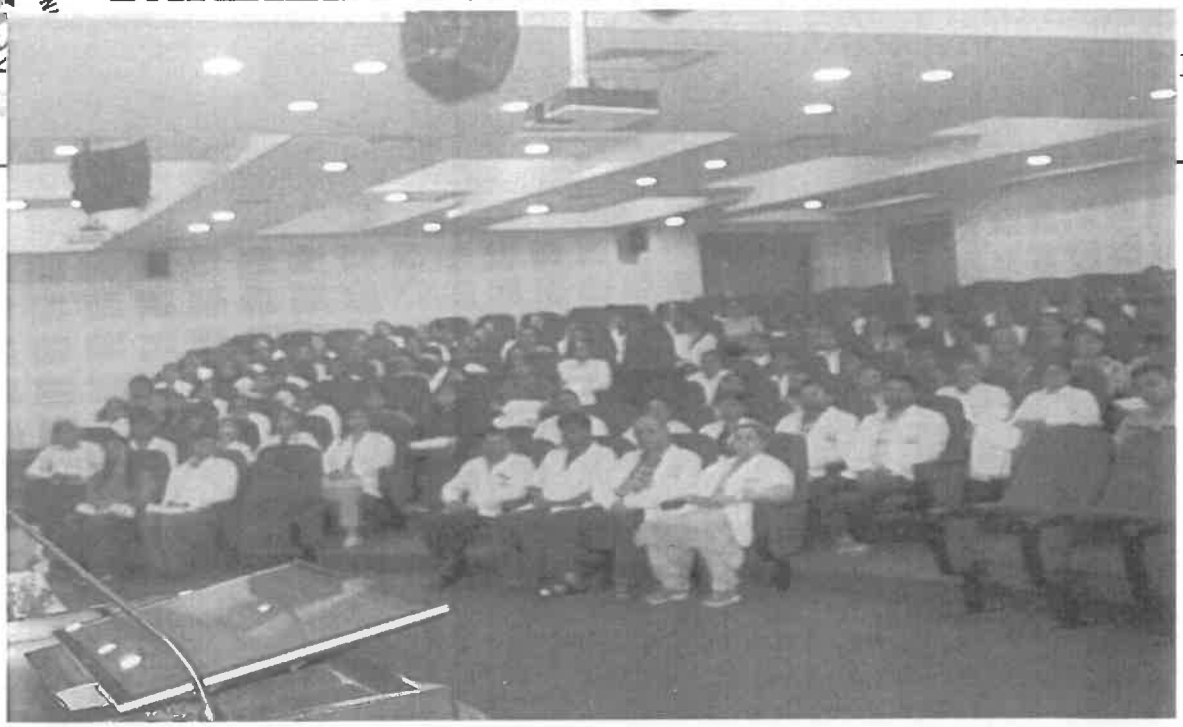
- To raise awareness about the importance of health equity and social justice in healthcare systems.
- To explore the relationship between social determinants of health and healthcare disparities.
- To discuss policies and strategies for promoting equitable access to healthcare for all segments of society, especially marginalized and vulnerable groups.
- To understand the role of healthcare professionals and policymakers in addressing health inequities through systemic change and inclusive practices.
- To engage participants in discussions around the ethical and legal considerations of health equity and social justice in the context of India's healthcare system.

Resource Persons

1. **Dr. Shashikant Verma**
2. **Dr. Ankit Gupta**
3. **Dr. JT Lakshmi**

BAREILLY INTERNATIONAL UNIVERSITY

INDIA



Description

The **Seminar on Health Equity and Social Justice** at Rohilkhand Medical College and Hospital aimed to bring together healthcare professionals, students, policymakers, and community leaders to discuss the principles of health equity and social justice. The seminar provided a platform for participants to understand the social determinants of health and explore ways to address health disparities in the Indian context.

Agenda Highlights:

- **Welcome Address**: The seminar began with a Welcome Address from the organizing committee, highlighting the relevance of health equity in achieving universal health coverage and ensuring that healthcare services are accessible to all, regardless of socioeconomic status, geography, or other social determinants.
- **Keynote Presentation**: A distinguished expert in public health and social justice delivered a keynote on the concept of health equity, focusing on the broader implications of inequality in healthcare. The keynote explored how social, economic, and political factors contribute to health disparities and discussed strategies to overcome them.
- **Session on Social Determinants of Health**: This session focused on the root causes of health inequities, including income, education, housing, and employment. The speaker elaborated on how these social determinants impact health outcomes and the urgent need for policies aimed at mitigating these inequalities.
- **Panel Discussion**: The panel featured experts from various fields, including healthcare, law, and social policy. The discussion centered on the role of health systems in reducing health disparities, the importance of inclusive healthcare policies, and the ethical responsibilities of healthcare providers in promoting health equity.

- **Interactive Q&A Session**: The seminar concluded with an engaging Q&A session, providing participants with the opportunity to share their perspectives and ask questions on the challenges and solutions surrounding health equity and social justice.

Outcome

- Increased awareness and understanding of the concepts of health equity and social justice in healthcare.
- Enhanced recognition of the impact of social determinants on health outcomes and the importance of addressing these issues in public health policy.
- Strengthened understanding of the ethical and legal responsibilities of healthcare providers in promoting health equity.
- Encouraged discussions around strategies for reducing healthcare disparities and improving access to quality care for all segments of society.
- Fostered collaboration between healthcare professionals, policymakers, and community leaders to advocate for health equity and social justice in the healthcare system.
- Empowered participants to take proactive steps in advocating for inclusive healthcare policies and practices.

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 02.03.22

Title of the Activity

Workshop on Access to Healthcare for Vulnerable Populations

Date & Venue

- **Date**: March 1, 2023
- **Venue** :Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To raise awareness about the challenges faced by vulnerable populations in accessing healthcare.
- To discuss strategies and policies to improve healthcare access for marginalized communities, including low-income groups, the elderly, children, and individuals with disabilities.
- To explore the role of healthcare professionals, policymakers, and community organizations in ensuring equitable healthcare for all.
- To develop practical solutions and action points to improve healthcare accessibility, especially for vulnerable populations in rural and underserved areas.
- To foster collaboration between healthcare providers, social workers, and governmental agencies to address health inequities.

Resource Persons

1. **Dr. Rashmi Katiyal**
2. **Dr. Medhavi Agarwal**
3. **Dr. Deepak Upadhyay**

Description

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The **Workshop on Access to Healthcare for Vulnerable Populations** was held at Rohilkhand Medical College and Hospital, aimed at addressing the significant barriers that vulnerable groups face in accessing essential healthcare services. The event brought together healthcare professionals, students, policymakers, and representatives from various social organizations to explore strategies for improving healthcare access for marginalized communities.

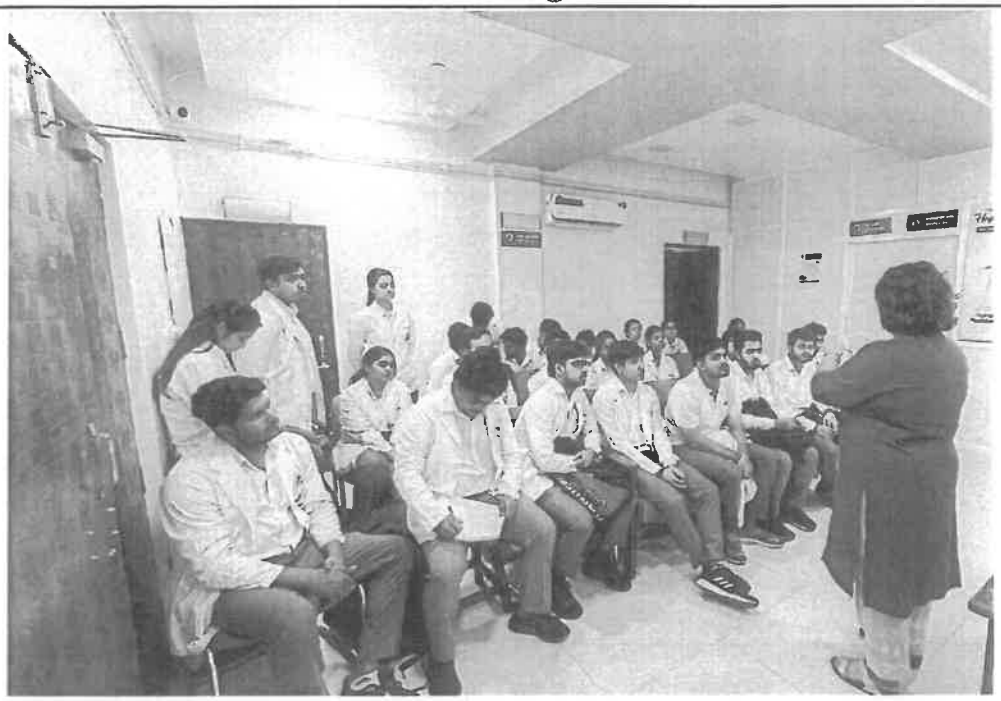
Agenda Highlights:

- **Welcome Address**: The event commenced with a Welcome Address by the organizing committee, which set the tone for discussions on the critical issues surrounding healthcare access for vulnerable populations.
- **Keynote Presentation**: A distinguished expert delivered the keynote presentation on the challenges and disparities faced by vulnerable populations in healthcare. The session highlighted key barriers such as economic constraints, lack of awareness, geographic isolation, and social stigma.
- **Session on Healthcare Access Challenges**: The session focused on the specific needs of different vulnerable groups, including the elderly, children, low-income individuals, and people with disabilities. The speaker discussed both the systemic and social barriers that hinder equitable access to healthcare.
- **Panel Discussion**: The panel featured a mix of healthcare professionals, social workers, and policy experts who discussed practical solutions for overcoming the healthcare access barriers faced by vulnerable populations. Topics included community-based healthcare models, policy reforms, and the role of telemedicine in reaching underserved areas.
- **Interactive Q&A Session**: The workshop concluded with a lively Q&A session, where participants had the opportunity to ask questions, share their experiences, and discuss real-world challenges related to improving healthcare access for vulnerable groups.

The workshop served as a platform for identifying actionable steps to bridge the healthcare gap, foster partnerships, and ensure more inclusive healthcare policies.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Increased understanding of the barriers to healthcare faced by vulnerable populations and the need for targeted interventions.
- Identified actionable strategies to improve healthcare access, such as the implementation of mobile healthcare units, community outreach programs, and policy reforms.
- Strengthened collaboration between healthcare professionals, policymakers, and social service organizations in addressing health inequities.
- Development of action points to improve healthcare infrastructure in underserved and rural areas, ensuring that vulnerable groups receive timely and appropriate care.
- Empowered participants with knowledge and tools to advocate for equitable healthcare policies and practices in their respective fields.

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 03.04.2022

Title of the Activity

Seminar on Mental Health Rights and Advocacy

Date & Venue

- **Date**: April 2, 2022
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To raise awareness about mental health as a fundamental right and the importance of mental health advocacy.
- To discuss the legal frameworks, policies, and ethical considerations surrounding mental health rights in India.
- To educate healthcare professionals, students, and community leaders about advocating for individuals with mental health conditions.
- To foster interdisciplinary collaboration between mental health professionals, legal experts, and policymakers to improve the rights and well-being of people with mental health disorders.
- To explore strategies for reducing stigma and improving access to mental health care in both urban and rural settings.

Resource Persons

1. **Dr. Shikha Saxena**
2. **Dr. Sumeru Samanta**
3. **Dr. Itika Saxena**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

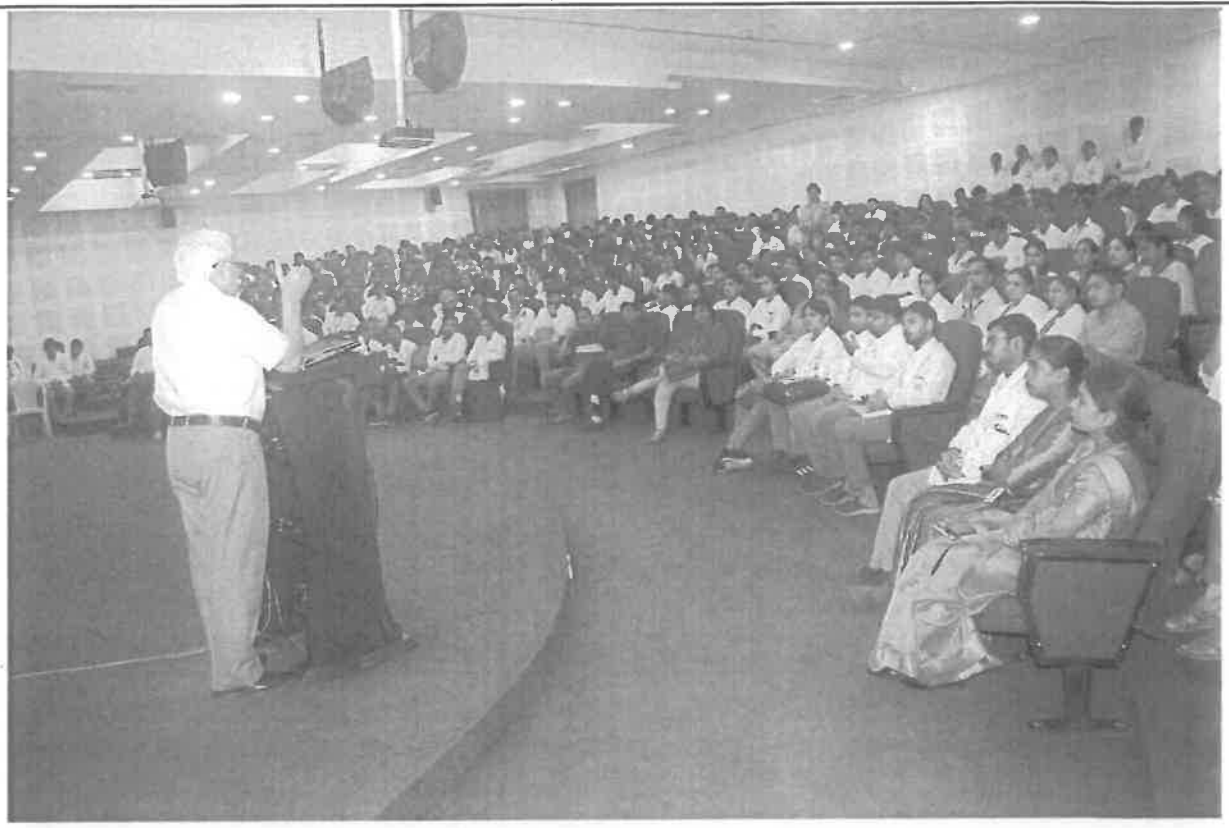
The **Seminar on Mental Health Rights and Advocacy** at Rohilkhand Medical College and Hospital was designed to bring together a diverse group of professionals, including healthcare providers, legal experts, students, and community advocates, to discuss and raise awareness about mental health rights and advocacy in India. The seminar addressed the challenges and opportunities in advocating for the rights of individuals living with mental health conditions, particularly in the context of the Mental Healthcare Act, 2017, and related legislation.

Agenda Highlights:

- **Welcome Address**: The event began with a Welcome Address by the organizing committee, which highlighted the need for greater advocacy and awareness regarding mental health rights in India. The address emphasized the importance of healthcare professionals and advocates working together to improve mental health services.
- **Keynote Presentation**: A distinguished expert in mental health law delivered the keynote presentation on the **Mental Healthcare Act, 2017** and its significance in safeguarding the rights of individuals with mental health conditions. The presentation covered key legal provisions, including the right to access mental health care, the right to live with dignity, and the rights of persons with mental health conditions in institutional settings.
- **Session on Mental Health Advocacy**: This session focused on strategies for mental health advocacy, including the role of healthcare professionals, NGOs, and legal experts in improving the mental health landscape. Discussions included raising awareness, combating stigma, and advocating for better policies and resources for mental health care.
- **Panel Discussion**: The panel discussion featured a mix of mental health professionals, legal experts, and advocacy leaders. The discussion focused on challenges faced by individuals with mental health conditions in accessing services, the role of legal frameworks in protecting mental health rights, and how to build inclusive and supportive mental health systems.
- **Interactive Q&A Session**: The seminar concluded with an interactive Q&A session, providing participants an opportunity to ask questions, share experiences, and discuss strategies for promoting mental health rights in their communities and professional settings.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Increased awareness about mental health as a fundamental right and the legal frameworks that support these rights in India.
- Enhanced understanding among healthcare providers and advocates about the challenges faced by individuals with mental health conditions and how to effectively advocate for their rights.
- Strengthened collaboration between mental health professionals, legal experts, and policymakers to ensure better access to mental health services and protections for those with mental health conditions.
- Empowered participants with knowledge on how to reduce stigma, advocate for policy change, and improve the mental health care system.
- Developed actionable strategies for mental health advocacy and promoting greater access to services, especially in underserved areas.

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 23.10.2021

Title of the Activity

Seminar on Social Determinants of Health

Date & Venue

Date: October 23, 2021

Venue: Demo Room Rohilkhand Medical College and Hospital, Bareilly Intertnational University

Organized by

Organized by the Department of Psychiatry, Rohilkhand Medical College and Hospital, Bareilly Intertnational University

Objectives

- To enhance understanding of the social determinants affecting health outcomes.
- To promote a multidisciplinary approach in addressing health disparities.
- To empower healthcare professionals and students to consider socioeconomic and environmental factors in patient care.
- To advocate for policy-level changes to improve public health through social interventions.

Resource Person(s)

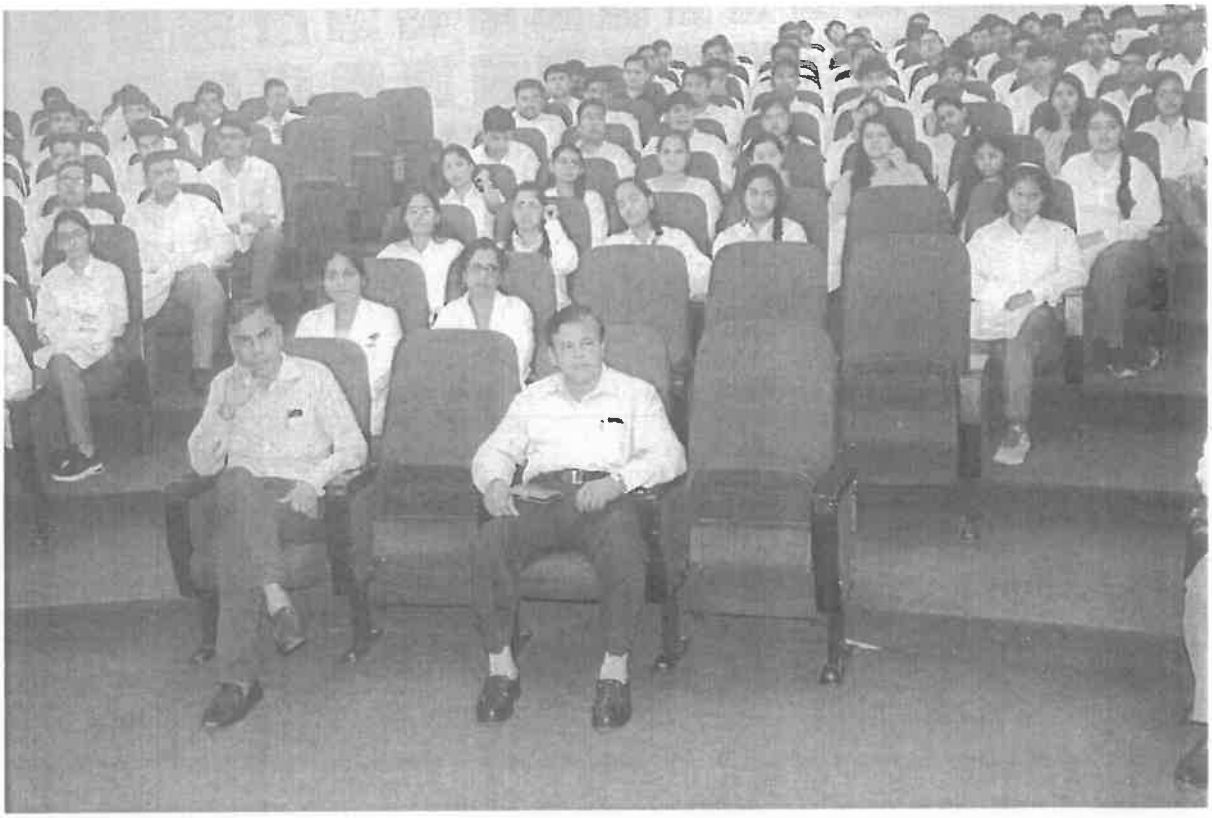
- **Dr. Siddartha (Head of Department, Psychiatry)**
- **Dr. Arpit Jaiswal**
- **Dr. Abhinav Kuchchal**

Description

The seminar centered on the impact of social, economic, and environmental factors on health. Sessions included in-depth discussions on how variables such as income, education, occupation, housing, and access to healthcare shape health outcomes across populations.

The program began with a Welcome Address that highlighted the importance of integrating social context into medical practice. A Keynote Presentation offered case studies illustrating how social determinants influence the incidence and outcomes of diseases.

Interactive sessions and workshops allowed participants to analyze real-world scenarios, identify root causes of health inequities, and explore strategies for systemic improvement. These activities fostered critical thinking and encouraged a shift from individual-level to community-level health solutions.



Outcome

- Improved awareness of the broader context of patient health and wellness.
- Greater inclination among participants to consider social history and conditions in clinical assessments.
- Stimulated interest in public health advocacy and interdisciplinary collaboration.
- Strengthened commitment to reducing health disparities through informed medical practice and outreach.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Reaffirmed the need to incorporate social determinants in medical education and health policy.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 16.10.2021

Title of the Activity

Workshop on Empathy and Patient-Centered Care

Date & Venue

- **Date**: October 15, 2021
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

- Organized by the Department of Community Medicine, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives

- To sensitize medical students and healthcare professionals to the significance of empathy in clinical practice.
- To promote patient-centered care approaches that prioritize communication, compassion, and collaboration in healthcare settings.
- To enhance understanding of how empathetic interactions improve patient satisfaction, compliance, and health outcomes.

Resource Person(s)

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Dr Rashmi Katiyal (Head of Department, Community Medicine)

Dr Medhavi Agarwal

Dr Deepak Upadhyay

Description

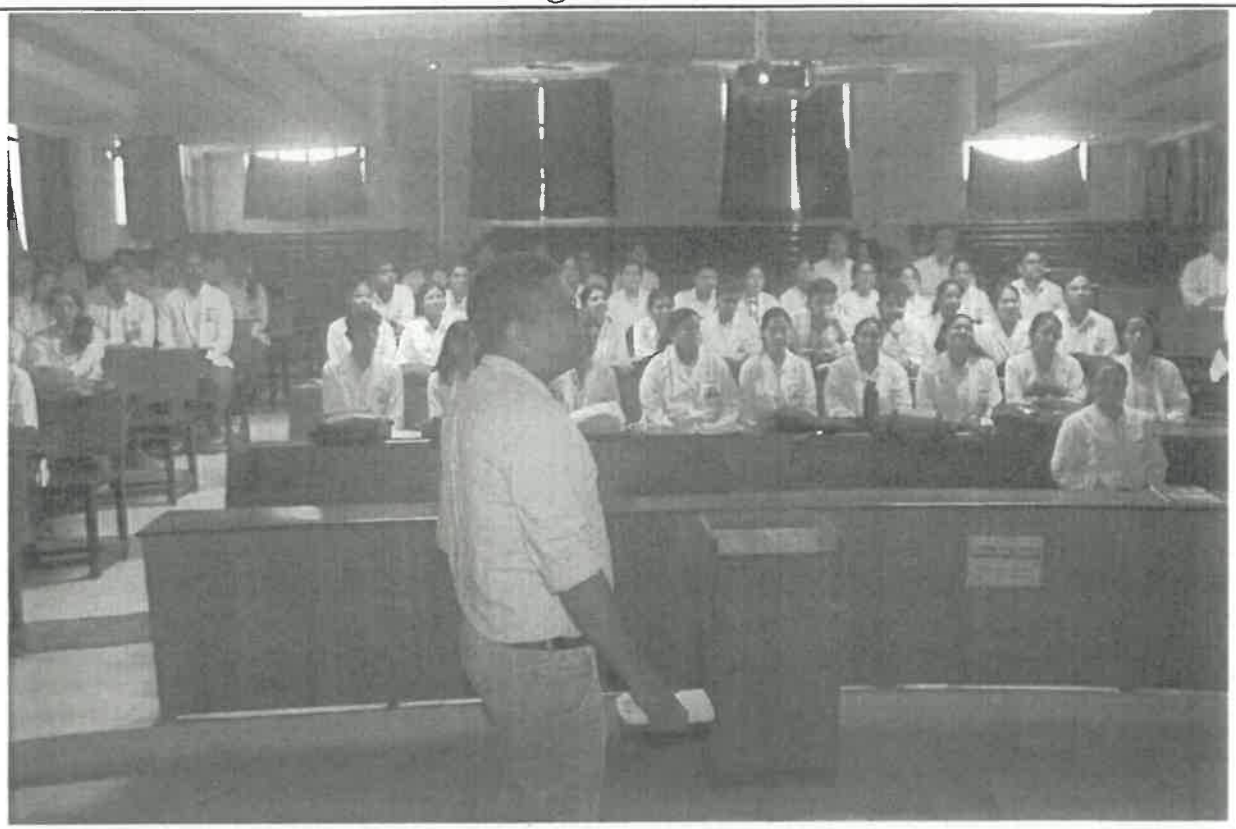
The workshop focused on the core values of empathy and patient-centered care in clinical practice. Sessions were designed to emphasize the importance of effective communication, active listening, and emotional intelligence in patient interactions. Participants explored real-life scenarios and role-plays to understand the patient's perspective and how empathetic behavior can lead to better diagnosis, adherence, and healing.

The program began with a Welcome Address, underscoring the critical role of compassion in medicine. A Keynote Presentation followed, highlighting evidence-based practices and case studies demonstrating the benefits of empathy-driven care models in both acute and chronic settings.

Interactive sessions allowed participants to engage in open discussions, reflect on personal experiences, and develop skills to strengthen the doctor-patient relationship.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Enhanced awareness and application of empathetic communication among participants.
- Development of practical strategies to implement patient-centered care in clinical settings.
- Improved understanding of the emotional and psychological aspects of patient care.
- Strengthened commitment to holistic and compassionate healthcare delivery.
- Promotion of ethical and culturally sensitive patient interaction.
- Positive feedback from attendees regarding the relevance and impact of the training.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 25.11.2021

Title of the Activity

Workshop on Economic Inequality and Health Access

Date & Venue

- **Date:** November 24, 2021
- **Venue:** Seminar Room Rohilkhand Medical College and Hospital, Bareilly Intertnational University

Organized by

Organized by the Department of Orthopedics, Rohilkhand Medical College and Hospital Bareilly Intertnational University

Objectives

- To raise awareness about the impact of economic inequality on access to healthcare services.
- To explore strategies for promoting equity in health access among underserved populations.
- To encourage future healthcare professionals to engage in policy and community interventions addressing social determinants of health.

Resource Person(s)

- **Dr. M.M Nagar (Head of Department, Orthopedics)**
- **Dr. Varun Agarwal**
- **Dr. Irfan Hussain**

Description

The workshop addressed the critical issue of how economic disparities affect healthcare accessibility and outcomes. The sessions explored the structural and systemic barriers that low-income communities face in obtaining adequate health services.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The event began with a Welcome Address highlighting the urgency of tackling health inequity as a public health priority. A Keynote Presentation reviewed global and national data illustrating the link between poverty and poor health outcomes, followed by case studies from rural and urban India.

Interactive sessions allowed participants to examine local health disparities, analyze root causes, and propose community-based interventions. Activities included group discussions, problem-solving workshops, and a simulation exercise that illustrated the obstacles faced by economically disadvantaged patients navigating the healthcare system.



Outcome

- Enhanced understanding of how economic inequality affects health access and outcomes.
- Strengthened commitment to addressing health inequities in clinical and community practice.
- Empowered students and professionals to advocate for inclusive healthcare policies.
- Fostered critical thinking on integrating social determinants of health into patient care.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Inspired collaboration across disciplines to promote health equity.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

2022

Date: 17.02.2022

Title of the Activity

Workshop on Education and its Impact on Health Outcomes

Date & Venue

- **Date**: Feburary 16,2022
- **Venue**: Auditorium Room, Rohilkhand Medical College and Hospital Bareilly Intertnational University

Organized by

Department of Ophthalmology, Rohilkhand Medical College and Hospital, Bareilly Intertnational University

Objectives

- To explore the relationship between educational attainment and health outcomes.
- To highlight how education influences health behaviors, access to healthcare, and overall well-being.
- To promote awareness among healthcare professionals regarding the social determinants of health.
- To encourage the integration of health education strategies into public health programs.

Resource Person(s)

- **Dr. Ashutosh Dokania (Head of Department of Ophthalmology)**
- **Dr. Ritu Jain**
- **Dr. Tahir Hussain**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The workshop emphasized the crucial role of education in shaping health outcomes at both individual and community levels. Sessions covered the impact of literacy on health-seeking behavior, disease prevention, and effective utilization of healthcare services.

The event began with a Welcome Address underlining the need for collaborative efforts between the education and health sectors. A Keynote Presentation showcased global and national data supporting the health benefits of improved educational access.

An Interactive Session engaged participants in discussions on case studies and community experiences illustrating the link between education and various health indicators. Group activities and brainstorming sessions encouraged the development of locally relevant strategies to improve educational outreach for better health results.



Outcome

- Enhanced understanding of how education affects health literacy and health outcomes.
- Recognition of the importance of inter-sectoral collaboration between health and education sectors.
- Strengthened capacity among participants to integrate educational perspectives into health interventions.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Encouraged the adoption of community-based educational strategies to improve public health.

- Commitment to addressing educational disparities as a means to reduce health inequalities.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 15.04.2022

Title of the Activity

Seminar on Occupational Health and Safety

Date & Venue

- **Date:** April 14, 2022
- **Venue:** Lecture theatre, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

Department of Orthopaedics, Rohilkhand Medical College and Hospital,Barielly International University

Objectives

- To raise awareness about occupational health risks and preventive strategies.
- To educate healthcare workers and students on workplace safety standards and protocols.
- To promote a culture of health and safety in medical and allied health professions.
- To discuss recent trends, policies, and challenges in occupational health.

Resource Person(s)

- **Dr.M.M Nagar (Head of Department of Orthopedics)**
- **Dr.Praveen Garg**
- **Dr.Javed Khan**

Description

The seminar focused on enhancing understanding of occupational hazards and promoting a safe working environment in healthcare and other sectors.

BAREILLY INTERNATIONAL UNIVERSITY

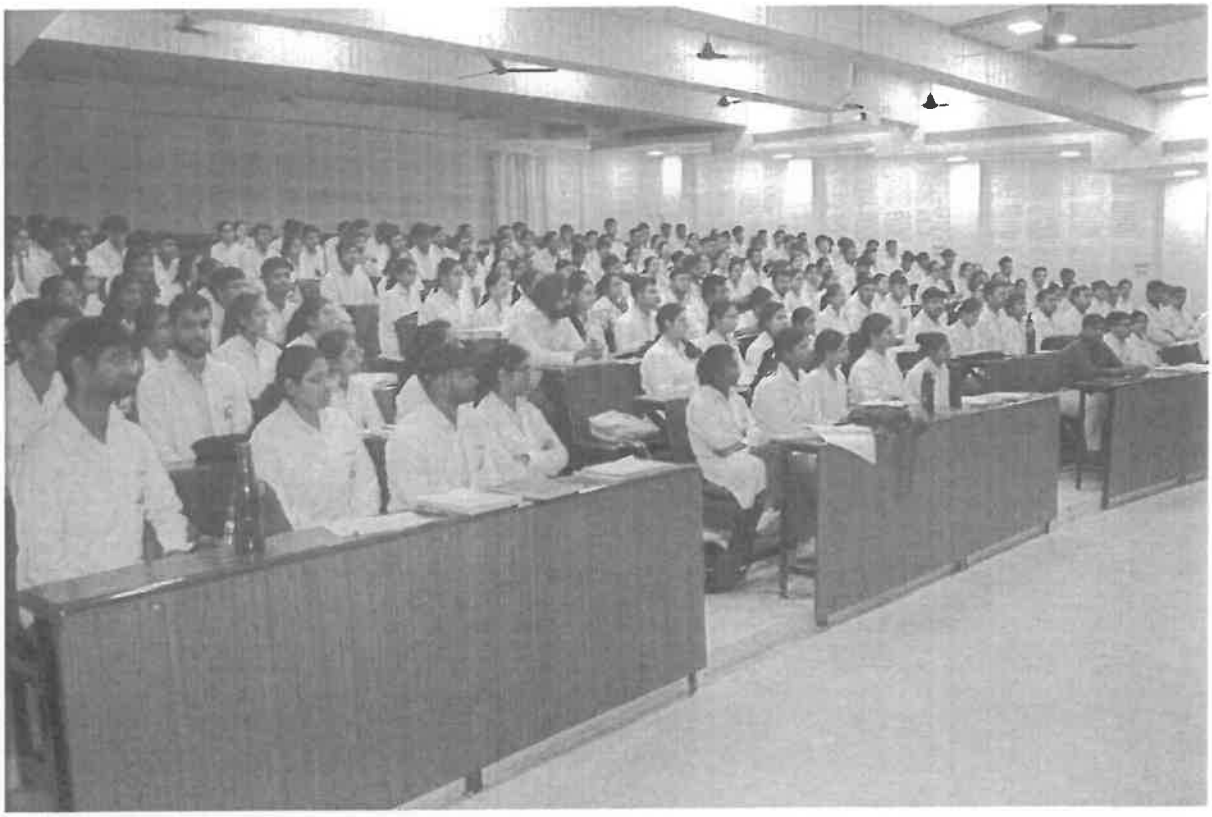
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The session began with a **Welcome Address** emphasizing the significance of occupational safety in maintaining both employee well-being and organizational productivity.

A **Keynote Lecture** highlighted common occupational health issues, including ergonomic risks, exposure to biohazards, and mental health concerns. She stressed on the importance of routine health surveillance and early intervention.

Following this, a **Panel Discussion** brought together experts from public health, industrial safety, and hospital administration to discuss practical strategies for implementing occupational safety standards.

An **Interactive Workshop** was also held, where participants were trained in basic safety practices, including the use of personal protective equipment (PPE), emergency preparedness, and reporting procedures.



Outcome

- Improved understanding of occupational health issues among participants.
- Increased commitment to implementing safety protocols within healthcare and workplace settings.
- Participants equipped with practical knowledge on hazard identification and prevention.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Strengthened collaboration between academic institutions and safety professionals.

Signature
Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 02.04.2022

Title of the Activity

Workshop on Integrity and Honesty in Medical Records

Date & Venue

- **Date:** April 1, 2022
- **Venue:** Auditorium, Rohilkhand Medical College and Hospital, , Bareilly International University

Organized by

- Department of Microbiology, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives

- To emphasize the importance of maintaining integrity and honesty in medical documentation.
- To educate healthcare professionals and students on ethical standards related to medical records.
- To discuss the legal and professional consequences of tampering or falsifying medical records.
- To promote best practices for accurate, complete, and confidential record-keeping.

Resource Person(s)

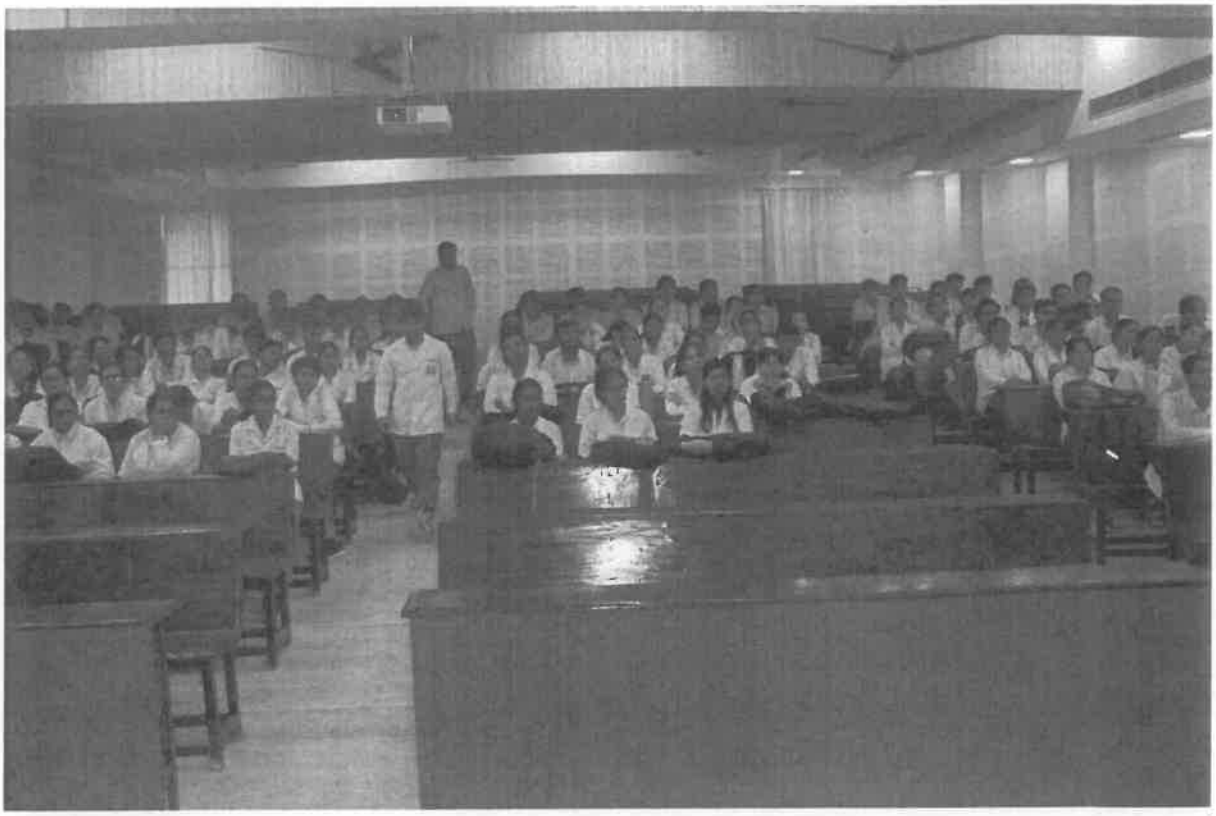
- **Dr. Ved Prakash(Head of Department, Microbiology)**
- **Dr. Deepika**
- **Dr. Hania Jafar**

Description

The workshop addressed the vital role of integrity in medical record-keeping and its impact on patient safety, legal compliance, and institutional credibility. Sessions included discussions on common ethical dilemmas, the legal implications of inaccurate records, and strategies to ensure transparency and accountability.

The event commenced with a Welcome Address highlighting the necessity for honesty in every aspect of clinical practice. A **Keynote Presentation** followed, presenting real-life cases that underscored the consequences of improper documentation.

An Interactive Session facilitated open discussion among participants on challenges faced in record maintenance, and role plays were conducted to simulate appropriate documentation practices in varied clinical scenarios.



Outcome

- Increased awareness of ethical and legal responsibilities in maintaining medical records.
- Improved understanding of the role of accurate documentation in patient safety and clinical decision-making.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Stronger commitment to upholding honesty in all aspects of healthcare delivery.
- Reinforcement of institutional standards for medical record-keeping and confidentiality.
- Empowered participants to identify and address lapses in documentation practices.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 22.05.2022

Title of the Activity

Workshop on Nutritional Determinants and Public Health

Date & Venue

- **Date:** May 21, 2022
- **Venue:** Demo Room,Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

Department of Psychiatry, Rohilkhand Medical College and Hospital,Barielly International University

Objectives

- To highlight the critical role of nutrition in shaping population health outcomes.
- To explore the socio-economic and cultural determinants affecting dietary patterns.
- To enhance the capacity of healthcare professionals to address nutritional challenges in public health.
- To share evidence-based strategies for promoting nutritional well-being at the community level.

Resource Person(s)

- **Dr.Siddartha (Head of Department, Community Medicine)**
- **Dr.Arpit Jaiswal**
- **Dr.Abhinav Kuchchal**

Description

BAREILLY INTERNATIONAL UNIVERSITY

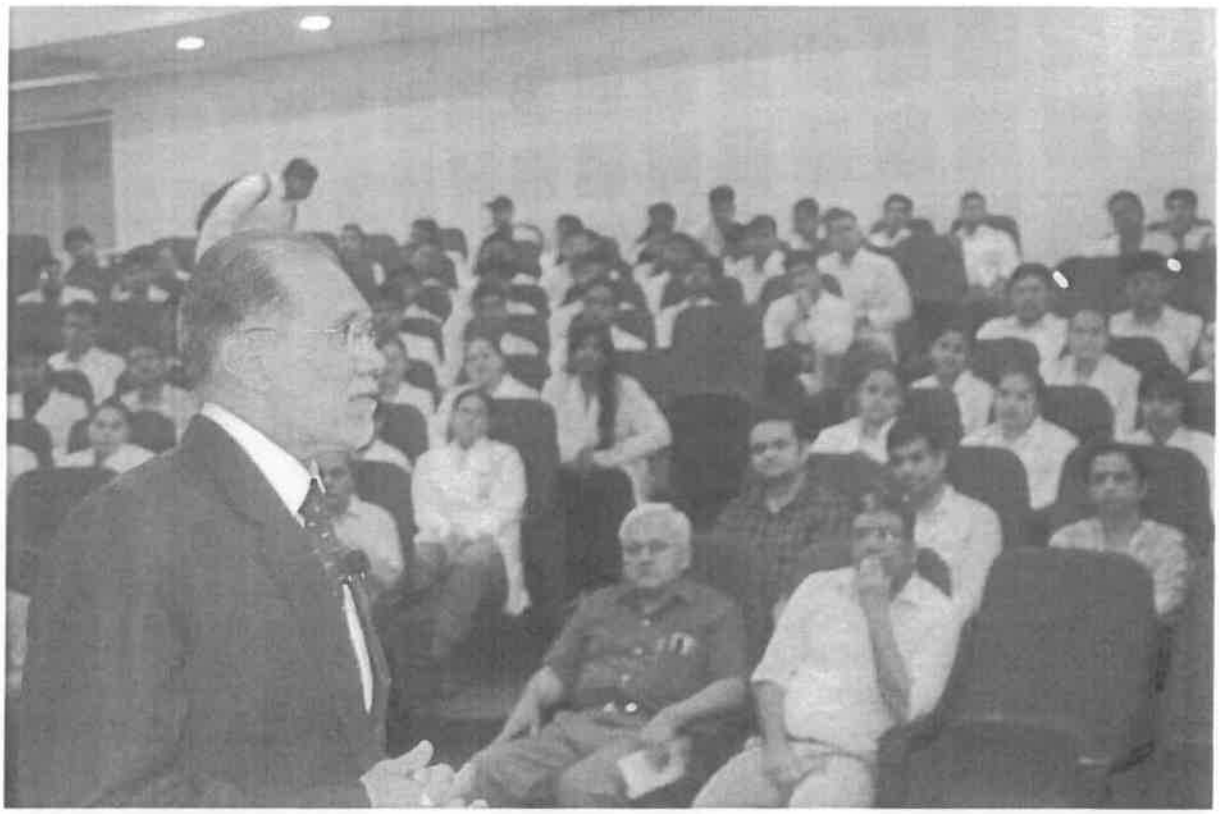
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The workshop served as an interdisciplinary platform for understanding the intersection of nutrition and public health. It commenced with a **Welcome Address** emphasized the urgency of integrating nutritional awareness into healthcare delivery.

The **Keynote Lecture** provided insights into current nutritional trends, malnutrition (both undernutrition and obesity), and micronutrient deficiencies in the Indian population. Her talk underscored the influence of economic status, education, and food accessibility on nutritional choices.

A **Technical Session** focused on global and national frameworks aimed at nutritional security and highlighted successful public health nutrition interventions.

Participants engaged in an **Interactive Workshop**, which included case studies, community nutrition planning exercises, and role-plays to simulate real-world challenges and solutions.



Outcome

- Increased awareness about the impact of nutrition on individual and population health.
- Enhanced skills among healthcare professionals to assess and intervene in nutrition-related public health issues.
- Encouraged interdisciplinary collaboration in addressing nutritional determinants of health.

- Commitment to integrating nutrition education and community-based interventions in medical training and public outreach.

Signature
Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 21.05.2022

Title of the Activity

Seminar on Humanistic Approach to End-of-Life Care

Date & Venue

- **Date**: May 20, 2022
- **Venue**: Demo room , Rohilkhand Medical College and Hospital, , Bareilly International University

Organized by

Organized by the Department of Pharmacology, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives

- To raise awareness about the importance of a humanistic, compassionate approach in end-of-life care.
- To promote sensitivity towards patients' psychological, emotional, spiritual, and cultural needs during terminal illness.
- To equip healthcare professionals with communication and ethical decision-making skills in palliative and end-of-life scenarios.

Resource Person(s)

- **Dr. Shalini Chandra(Head of Department,Pharmacology)**
- **Dr. Iram Shailfali**
- **Dr. Anju Saxena**

Description

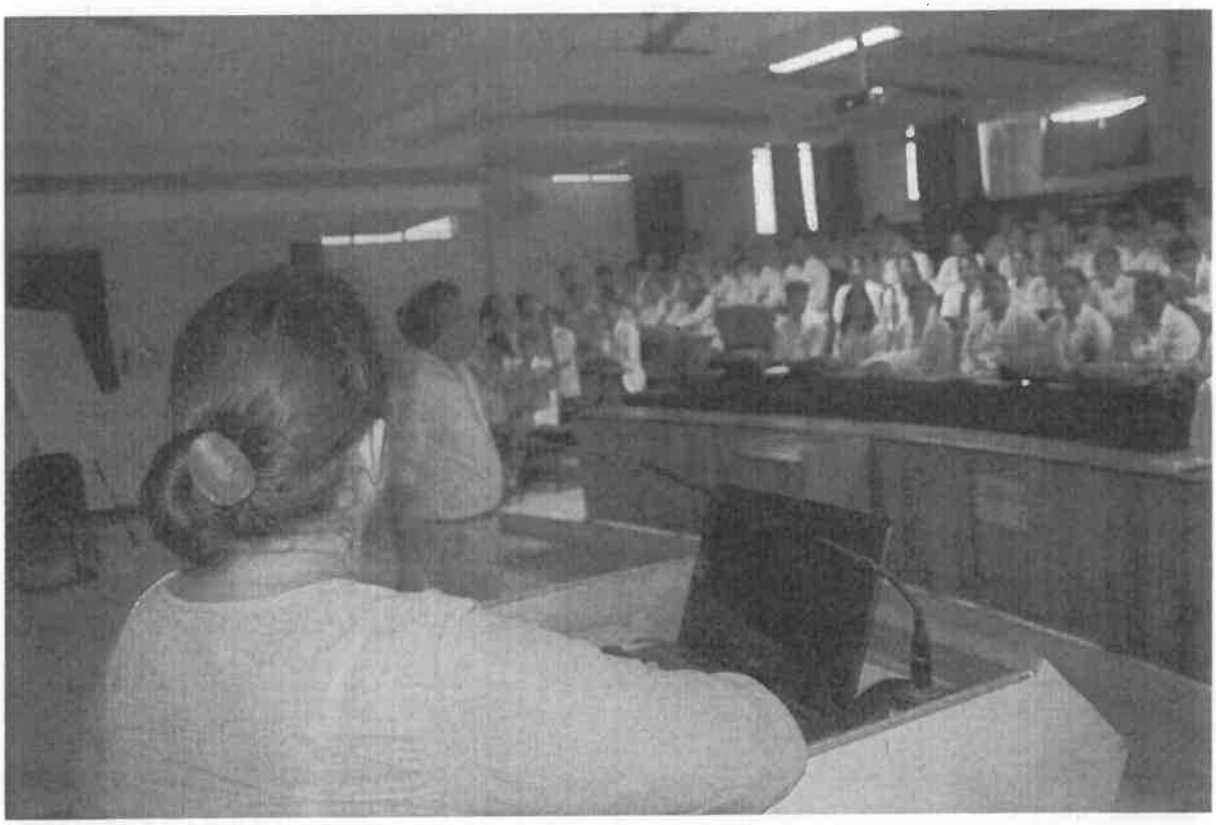
BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The seminar highlighted the need for a humanistic perspective in caring for terminally ill patients, focusing on dignity, empathy, and shared decision-making. Sessions explored holistic patient care, emphasizing compassionate communication, emotional support, and respecting individual values and preferences at the end of life.

The event commenced with a **Welcome Address,** emphasizing the ethical responsibility of providing dignified care in end-of-life situations. The **Keynote Presentation** featured real-life cases where empathy and human connection significantly improved patients' and families' experiences.

Interactive sessions allowed participants to discuss their experiences, reflect on the emotional challenges of end-of-life care, and explore strategies to support patients and families. Role plays and case-based discussions were conducted to enhance sensitivity, improve communication, and manage ethical dilemmas compassionately.



Outcome

- Enhanced understanding of the humanistic and ethical aspects of end-of-life care.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Greater empathy and sensitivity in communication with terminally ill patients and their families.
- Strengthened commitment to providing holistic care that honors patient autonomy and dignity.
- Improved preparedness for emotionally challenging conversations and decisions in clinical settings.
- Reinforcement of compassionate care as a core value in medical education and practice.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 02.11.2021

Title of the Activity:
Seminar on Climate Change and Public Health

Date & Venue:

- **Date:** 01.11.2021
- **Venue:** LECTURE THEATRE, RMCH

Organized by:
DEPARTMENT OF COMMUNITY MEDICINE, ROHILKHAND MEDICAL COLLEGE AND HOSPITAL, BAREILLY

Objectives:

- To sensitize participants to the impacts of **climate change** on **public health** and vulnerable populations.
- To explore the **interlinkages between climate change** and **global health challenges**, particularly in relation to **environmental stressors** such as air pollution, extreme weather, and infectious diseases.
- To build capacity among faculty, students, and professionals for **climate-sensitive public health practices** that can mitigate health risks associated with climate change.
- To create a platform for sharing **best practices**, **research findings**, and **real-time solutions** to the pressing health issues posed by climate change.
- To promote a culture of **interdisciplinary collaboration** in addressing climate change as a public health crisis.

Resource Person(s):

- **Dr. Rashmi Katyal,**

- **Dr. Deepak Upadhyay,**

- **Dr. Medhavi Agarwal,**

Description:

The seminar began with a welcome address by the **Dean of Rohilkhand Medical College**, followed by an inaugural note that set the stage for discussing the significant challenges climate change poses to public health worldwide.

- **Dr. Rashmi Katyal** delivered the opening session, emphasizing the **health impacts of climate change**, including **air pollution**, **vector-borne diseases**, and **mental health stressors**.

- **Dr. Deepak Upadhyay** provided an in-depth analysis of **climate change adaptation strategies** and the need for **policy frameworks** to protect public health. He focused on real-world examples of successful climate-resilient health systems.

- **Dr. Medhavi Agarwal** discussed the importance of **public health systems** in addressing **climate-induced health risks** and shared insights on **global health initiatives** working to address climate challenges.

The event was attended by **over 100 participants**, including **public health professionals**, **students**, **researchers**, and **policy makers**. The seminar encouraged **interactive discussions**, **case studies**, and **debates** about the various ways in which climate change intersects with public health issues.

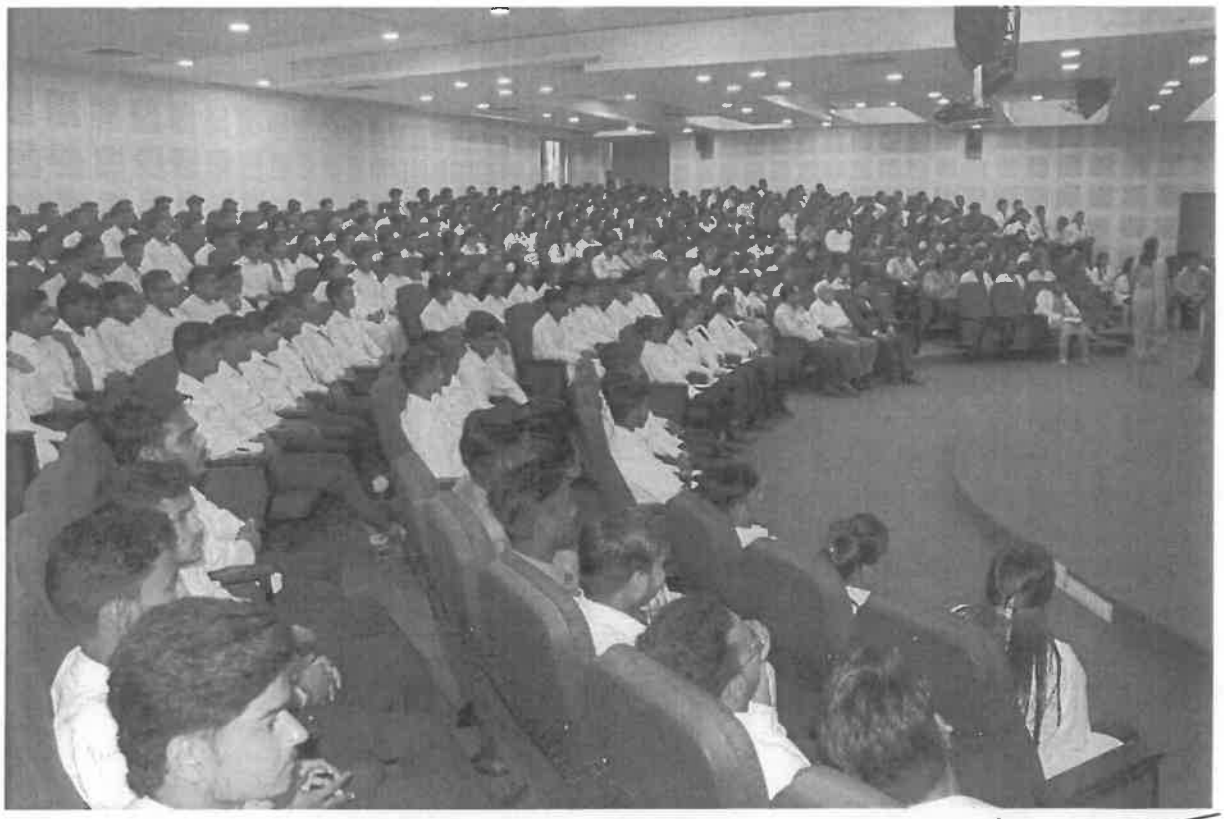
Outcome:

- Participants gained a **comprehensive understanding** of the health implications of **climate change**, including its **impact on vulnerable populations** and the **global burden of disease**.
- The seminar highlighted the importance of **collaboration** between **environmental scientists**, **health professionals**, and **policymakers** to address the health challenges posed by climate change.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Faculty, students, and public health professionals were equipped with tools and knowledge to **develop climate-sensitive health interventions** and **promote resilience** in health systems.
- The workshop reinforced the need for **climate change adaptation** strategies in public health, as well as **policy advocacy** for integrating **climate health considerations** into national and global health agendas.
- Following the seminar, the **School of Public Health** proposed to **integrate climate change topics** into the core curriculum for public health students and to develop **collaborative research initiatives** focused on **climate and health**.



SIGNATURE DEAN

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL , BAREILLY

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 4TH DECEMBER 2021

Title of the Activity:
Workshop on Green Hospital Practices

Date & Venue:

- **Date:** DECERMEBR 3, 2021
- **Venue:** Lecture Theatre, RMCH

Organized by:
Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- To sensitize participants to the importance of **environmentally sustainable practices** in the healthcare sector.
- To explore various **green hospital initiatives** aimed at reducing the ecological footprint of healthcare facilities, focusing on energy efficiency, waste management, and water conservation.
- To build capacity among **healthcare professionals**, **hospital administrators**, and **students** to implement **green practices** that enhance sustainability and reduce costs.
- To promote a culture of **environmental stewardship** in hospitals and healthcare institutions, recognizing the long-term benefits for both human health and the planet.
- To provide a platform for discussing **best practices**, **challenges**, and **innovative solutions** in implementing green initiatives in hospitals.

Resource Person(s):

- **Dr. Rashmi Katyal,**
-
- **Dr. Deepak Upadhyay**

-
- **Dr. Medhavi Agarwal,**

Description:

The workshop began with a welcome address by the **Dean of Rohilkhand Medical College,** followed by an inaugural note emphasizing the growing need for **sustainable practices** in healthcare institutions in the face of rising environmental concerns.

- **Dr. Rashmi Katyal** delivered the first session, highlighting the **importance of sustainable hospital practices**, such as **energy-efficient systems, waste reduction,** and **environmental health risks**. She discussed case studies of hospitals that have successfully implemented green practices.

- **Dr. Deepak Upadhyay** provided an in-depth analysis of **energy-saving strategies** and the **integration of renewable energy** solutions in hospital settings, while also focusing on reducing the **carbon footprint** and **operational costs** of healthcare facilities.

- **Dr. Medhavi Agarwal** discussed the role of **hospital management** in achieving sustainability goals, with a special focus on **green procurement, wastewater management,** and **sustainable architecture** for healthcare facilities.

The workshop was attended by **over 100 participants,** including **hospital administrators, healthcare professionals, students,** and **environmental specialists**. The sessions encouraged **interactive discussions, group activities,** and **case study analyses,** providing practical knowledge on implementing green practices in healthcare settings.

Outcome:

- Participants gained a **comprehensive understanding** of **green hospital practices,** including energy efficiency, waste management, and water conservation techniques.
- The workshop highlighted the importance of **integrating sustainability** into **hospital operations** and provided practical steps for reducing the **ecological footprint** of healthcare facilities.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Faculty, students, and hospital professionals were equipped with the knowledge and tools to **implement green practices** and make their institutions more **environmentally responsible.**
- The workshop encouraged participants to adopt **green initiatives** in their own hospitals and healthcare settings, demonstrating that sustainability is not just an environmental issue but a **cost-effective and health-promoting strategy.**
- As a follow-up, the **Department of Community Medicine** proposed to initiate a **green hospital certification program** for hospitals and healthcare institutions in the region.



Signature
Dean

Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 05.11.2021

Title of the Activity:
Seminar on Environmental Health Hazards and Prevention

Date & Venue:

- **Date:** 04.11.2021
- **Venue:** Lecture Theatre, RMCH

Organized by:
Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- To raise awareness about the **environmental health hazards** and their impact on human health.
- To explore the key **environmental hazards** such as **air pollution, water contamination, chemical exposure**, and **climate change**, and their direct and indirect effects on public health.
- To provide **evidence-based strategies** for the **prevention** and **management** of environmental health risks.
- To discuss the role of **public health professionals** and **policymakers** in mitigating environmental health hazards.
- To encourage **interdisciplinary collaboration** in addressing environmental health challenges at the community and policy levels.

Resource Person(s):

- **Dr. Arun Singh**

- **Dr. Swati Khan**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Dr. Ajay Agarwal**

Description:

The seminar began with a **welcome address** by the **Dean of Rohilkhand Medical College**, followed by an introductory note emphasizing the growing concern of **environmental health hazards** and their serious impact on global and local public health.

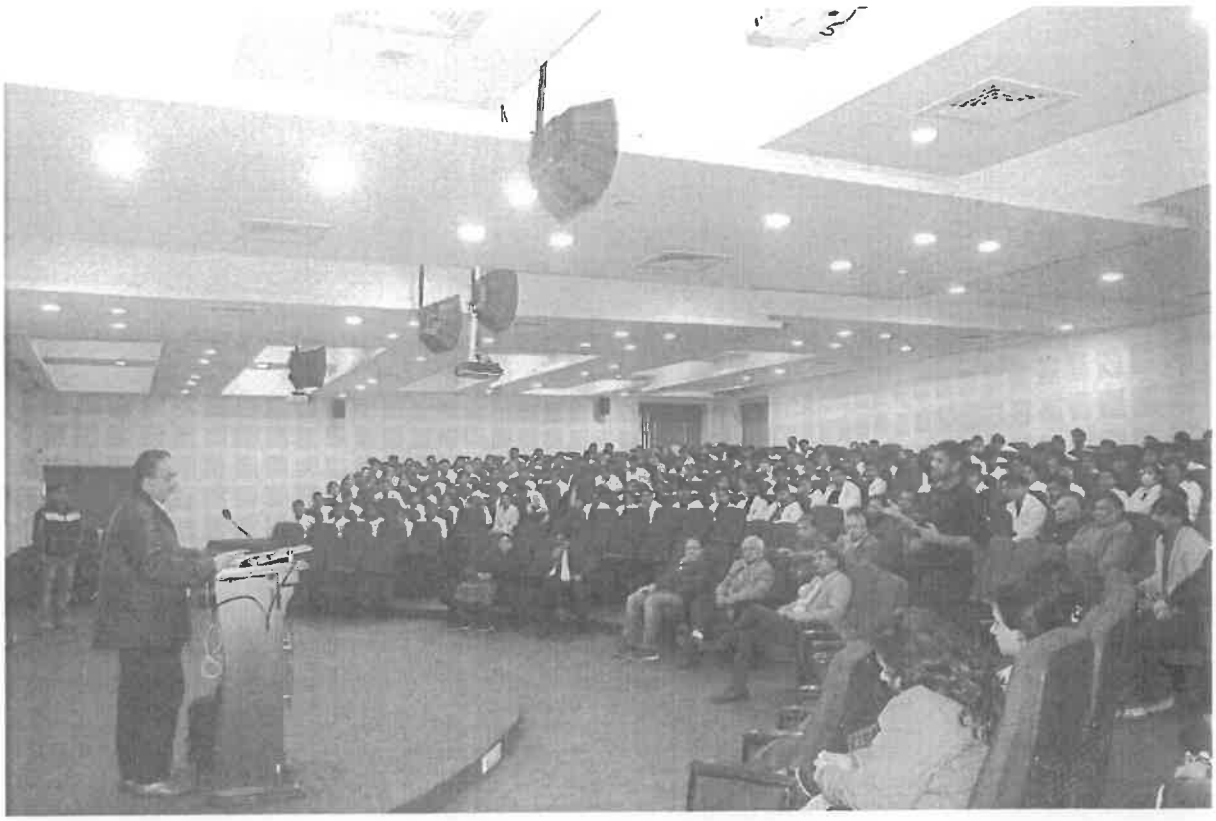
- **Dr. Arun Singh** presented the opening session on **environmental health risks**, covering the major hazards such as **air pollution, waterborne diseases**, and **exposure to hazardous chemicals**. He discussed the health implications and the measures needed to reduce exposure and risk in urban and rural settings.
- **Dr. Ajay Agarwal** highlighted the environmental impacts of **climate change** and its correlation with public health outcomes, focusing on **extreme weather events, vector-borne diseases**, and **respiratory issues**. He emphasized the importance of **policy frameworks** for mitigating environmental health hazards.
- **Dr. Swati Khan** discussed the **prevention strategies** for environmental health hazards, including the role of **public health systems, health education**, and **environmental health legislation**. She also addressed the importance of **community engagement** and **policy advocacy** to reduce environmental risks.

The seminar attracted over **100 participants**, including **public health professionals, students, policy makers**, and **environmental specialists**. The sessions were **interactive**, featuring **case studies, discussions**, and **practical solutions** for managing environmental health risks.

Outcome:

- Participants gained a **comprehensive understanding** of **environmental health hazards**, including **air pollution, water contamination, toxic chemical exposure**, and **climate change impacts**.
- The seminar emphasized the importance of **prevention strategies**, including **policy development, public health education**, and **collaboration** among environmental and health professionals.
- Faculty, students, and public health professionals were provided with the **tools** and **knowledge** to **mitigate** and **manage** environmental health risks effectively in their respective communities.

- The seminar also highlighted the importance of integrating **environmental health considerations** into **public health curricula** and **community health programs** to prepare future professionals to address these challenges.
- Following the seminar, the **Department of Community Medicine** proposed the development of **community outreach programs** and **environmental health training modules** to increase awareness and action on environmental health issues.



Signature
Dean

Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 05.05.2022

Title of the Activity:
Workshop on Biomedical Waste Management

Date & Venue:

- **Date:**04.05.2022
- **Venue:** Lecture Theatre, RMCH

Organized by:
Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- To raise awareness about the significance of **biomedical waste management** in healthcare settings.
- To explore the various types of **biomedical waste** and their proper classification, segregation, collection, transportation, and disposal.
- To provide **practical solutions** and **evidence-based strategies** for managing biomedical waste in compliance with **environmental and health safety regulations**.
- To discuss the **role of healthcare professionals**, hospital staff, and waste management companies in ensuring **safe disposal** and **sustainable practices**.
- To emphasize the importance of **training** and **capacity building** in improving waste management systems within healthcare institutions.

Resource Person(s):

- **Dr. Arun Singh**

- **Dr. Medhavi Agarwal**

- , **Dr. Ajay Agarwal,**

Description:

The workshop began with a **welcome address** by the **Dean of Rohilkhand Medical College**, followed by an introductory note emphasizing the critical importance of **effective biomedical waste management** in ensuring both **environmental sustainability** and **public health safety**.

- **Dr. Arun Singh** initiated the first session, focusing on the **types of biomedical waste**, their categorization, and the **hazards** associated with improper disposal. He also provided insights into national and international **guidelines** for the management of biomedical waste.

- **Dr. Medhavi Agarwal** discussed the **segregation, storage**, and **transportation** of biomedical waste within healthcare facilities. She emphasized **best practices** and **innovative solutions** for reducing contamination risks and **cross-infection** during handling and disposal.

- **Dr. Ajay Agarwal** gave a practical demonstration of **waste disposal technologies**, including **autoclaving, incineration**, and the **use of disposal bins**. He also covered the **legal regulations** governing biomedical waste and the need for **proper documentation** and **monitoring**.

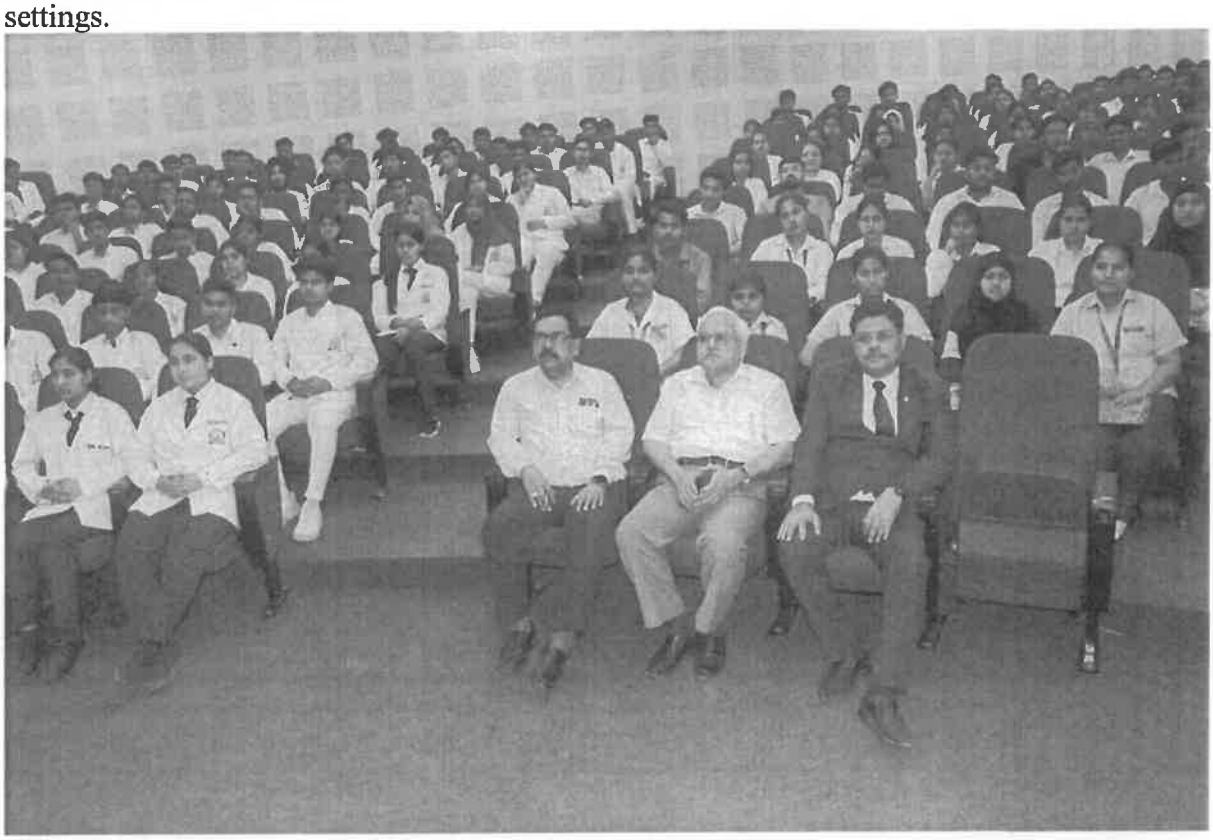
The workshop attracted over **100 participants**, including **hospital administrators, healthcare professionals, waste management experts, students**, and **environmental specialists**. The sessions were **interactive**, featuring **group activities, case studies**, and **discussions** on the challenges of managing biomedical waste in healthcare settings.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Outcome:

- Participants gained a **comprehensive understanding** of the **types of biomedical waste**, the importance of **segregation**, and the **impact of improper waste management** on public health and the environment.
- The workshop highlighted **practical solutions** for the **safe disposal** of biomedical waste and the critical need for **consistent monitoring** of waste management processes within healthcare facilities.
- Faculty, students, and healthcare professionals were equipped with the **tools** and **knowledge** to **improve waste management practices** and ensure compliance with health and environmental regulations.
- The workshop also emphasized the importance of **continuous training** for healthcare staff and **collaboration** with **waste management experts** to ensure a **safe and sustainable waste management system**.
- Following the workshop, the **Department of Community Medicine** proposed the establishment of a **biomedical waste management training module** for healthcare staff and the development of a **hospital certification program** to ensure sustainable practices in local healthcare settings.



Signature
Dean

Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 23ND JANUARY, 2022

Title of the Activity:

Seminar on Role of Doctors in Promoting Sustainability

Date & Venue:

- **Date:** JANUARY 22, 2022
- **Venue:** Lecture Theatre, RMCH

Organized by:
Department of Pharmacology, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- To raise awareness among medical professionals about their crucial role in **promoting sustainability** in healthcare settings and communities.
- To explore how **doctors** can integrate **sustainability principles** into medical practice, healthcare systems, and public health policies.
- To discuss **eco-friendly practices** that can be adopted in healthcare institutions, focusing on reducing waste, conserving resources, and minimizing the carbon footprint.
- To encourage doctors to become **advocates for sustainability**, promoting environmentally-conscious behavior both in their professional roles and personal lives.
- To provide a platform for discussing **innovative solutions** and **best practices** for sustainable healthcare practices.

Description:

The seminar commenced with a **welcome address** by the **Dean of Rohilkhand Medical College**, who emphasized the urgent need for **healthcare professionals**, particularly **doctors**, to be active participants in promoting **sustainability** within the healthcare sector and beyond.

- **Dr. SHALINI CHANDRA**opened the first session by discussing the **environmental impact** of the healthcare sector, including energy consumption, waste production, and

resource depletion. He explained how doctors can contribute to sustainable practices through **eco-friendly approaches** to patient care and **hospital management**.

- **Dr. IRAM SHAFILI** elaborated on the role of **doctors** in **advocating for policy changes** and **public health education** aimed at reducing environmental degradation. She discussed the potential for healthcare professionals to influence both **public policies** and **individual health behaviors** towards more sustainable practices.
- **Dr. ANJU SAXENA**shared insights on **integrating sustainability** into **healthcare systems** by reducing waste, conserving energy, and promoting **green healthcare technologies**. He provided case studies from hospitals that have successfully adopted **sustainable practices** such as **green buildings, solar energy** usage, and **waste management** programs.

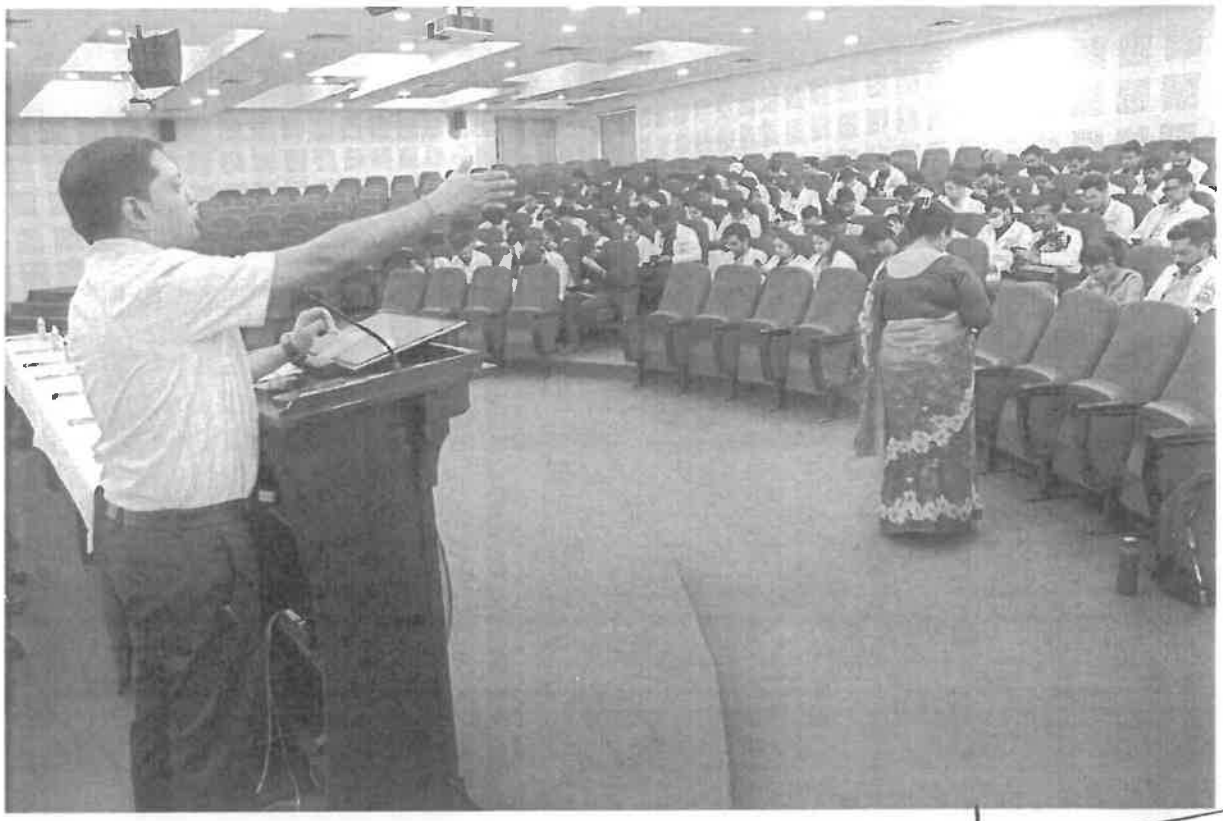
The seminar attracted over **100 participants**, including **doctors, public health professionals, students**, and **environmental specialists**. The sessions were **interactive**, with discussions and case study analyses, encouraging participants to think critically about the intersection of healthcare and environmental sustainability.

Outcome:

- Participants gained a **deeper understanding** of the environmental impact of the healthcare sector and the **role of doctors** in promoting **sustainability** through eco-friendly practices.
- The seminar highlighted **practical steps** for **integrating sustainability** into everyday medical practice, from reducing energy consumption in hospitals to advocating for **sustainable health policies** at the local and national levels.
- Faculty, students, and healthcare professionals were equipped with the **knowledge and tools** to **reduce waste** and **minimize the carbon footprint** of healthcare practices, leading to a more **sustainable healthcare model**.
- The workshop also emphasized the importance of **collaboration** between **healthcare professionals, policymakers**, and **environmental experts** to foster **sustainable health systems** globally.
- As a follow-up, the **Department of Community Medicine** proposed the creation of a **sustainability training module** for healthcare professionals, aiming to integrate **sustainability** into medical curricula and ongoing professional development.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Signature
Dean

Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date:16.10.2021

Title of the Activity: Workshop on Gender Sensitization in Healthcare Settings

Date & Venue

- **Date:** 15.10.2021
- **Venue:** lecture theatre ,Rohillkhand Medical College and Hospital

Organized by:

Department of community Medicine , Rohillkhand Medical college and hospital

Objectives

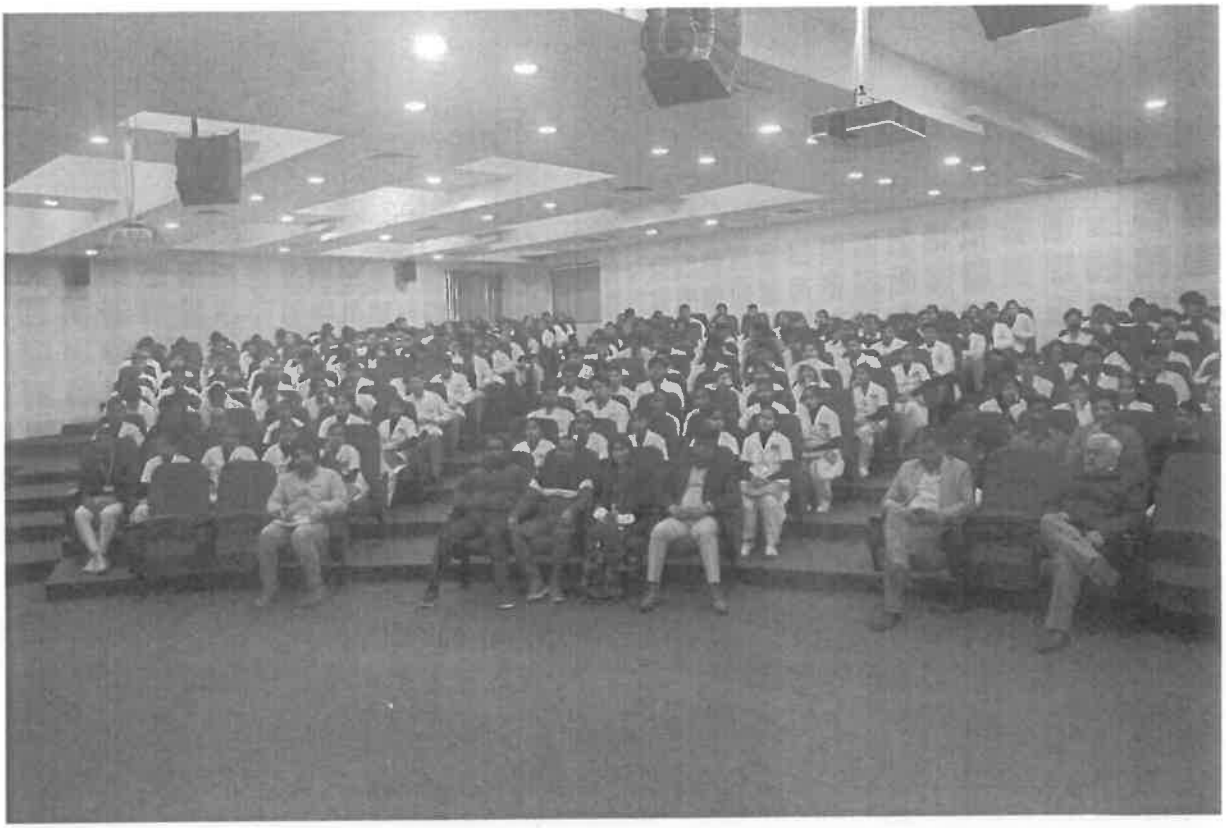
- To increase awareness about gender biases and stereotypes in healthcare practices and patient interactions.
- To promote inclusive, respectful, and gender-sensitive communication among healthcare professionals.
- To educate participants on gender identity, gender roles, and the impact of social conditioning on healthcare delivery.
- To encourage equitable healthcare access and improve the quality of care for all genders, especially marginalized groups.
- To foster a culture of empathy, dignity, and respect in healthcare institutions.

Resource Person(s)

- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Aggarwal**
- **Dr. Deepak Upadhyay**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Description

The workshop began with a welcome address by the Dean of the School of Pharmacy, who emphasized the urgent need for gender-sensitive practices within healthcare systems.

Dr. Rashmi Katiyal opened the session with an insightful presentation on **gender-based health disparities**, highlighting how **social norms and stereotypes** influence access to and quality of care. She emphasized the integration of **gender perspectives into clinical education**.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Dr. Medhavi Aggarwal followed with a talk on **policy-level initiatives and institutional reforms** aimed at reducing gender inequity in healthcare. Her session explored frameworks for **gender mainstreaming in health systems** and offered examples of **successful national and global practices**.

Dr. Deepak Upadhyay led an interactive session on **ethical communication and inclusive patient interaction**. Through case discussions and real-world scenarios, he helped participants recognize **unconscious biases** and foster **respectful care for patients of all gender identities**.

The workshop was attended by more than **120 participants**, including faculty, postgraduate students, nursing staff, and clinical professionals. Sessions were interactive and encouraged **open dialogue, group reflection, and scenario-based discussions**

Outcome

- Participants gained in-depth awareness of **gender-related issues in clinical and institutional healthcare settings**.
- The workshop strengthened understanding of **inclusive communication** and **policy frameworks supporting gender equity**.
- It led to the proposal for integrating **gender sensitization training** into orientation programs for faculty and clinical staff.
- Participants committed to fostering a more **equitable, empathetic, and respectful healthcare environment**.
- A follow-up committee was proposed to design **institutional guidelines and training modules** on gender sensitivity

Signature- DEAN RMCH

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 08.12.2021

Title of the Activity: Workshop on Addressing Gender Bias in Clinical Practice

Date & Venue

- **Date:** 07.12.2021
- **Venue:** Lecture Theatre, Rohilkhand Medical College and Hospital

Organized by:

Department of Community Medicine, Rohilkhand Medical College and Hospital

Objectives

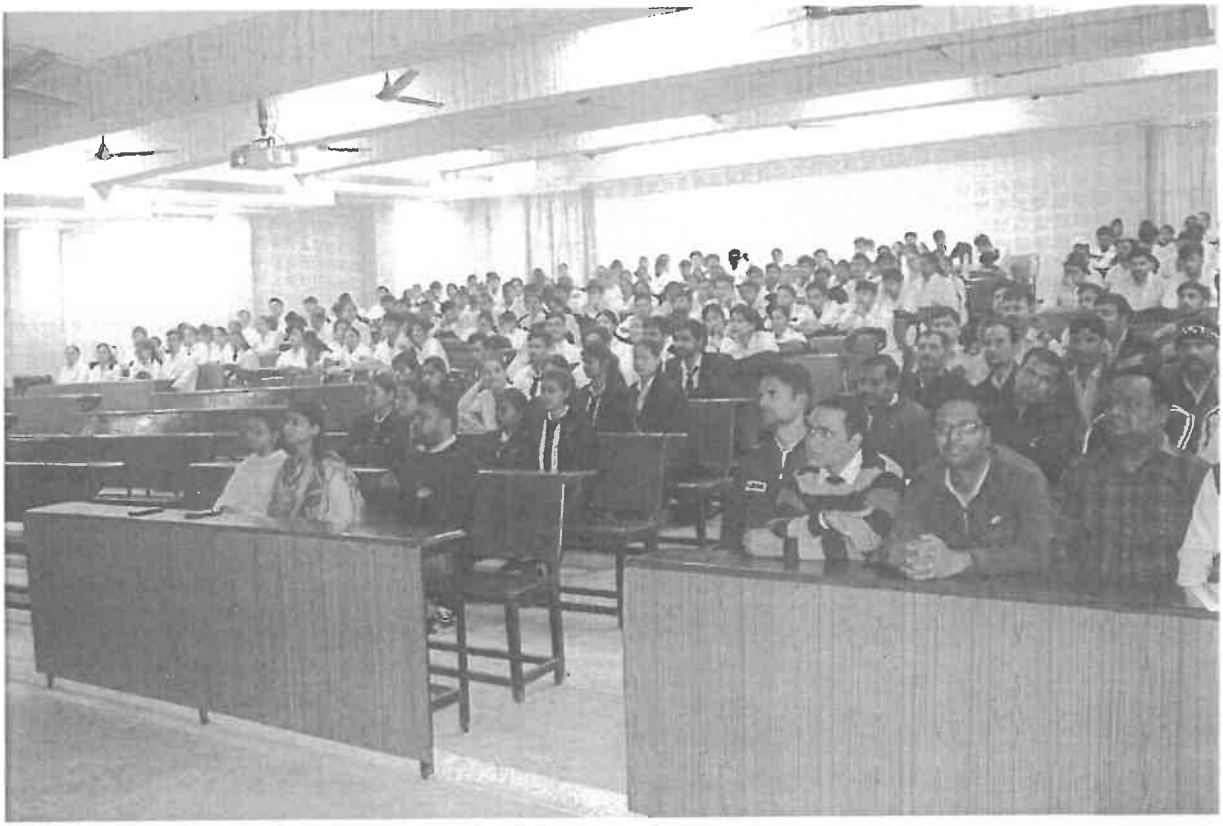
- To raise awareness about **gender bias** and **its impact** on clinical decision-making and patient care.
- To provide strategies for **identifying and addressing unconscious bias** in clinical settings.
- To promote **gender-neutral and equitable healthcare** practices among healthcare professionals.
- To educate participants on the importance of **gender-sensitive communication** in clinical interactions.
- To encourage the creation of a **bias-free** environment that fosters trust and respect for all patients, irrespective of gender.

Resource Person(s)

- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Aggarwal**
- **Dr. Deepak Upadhyay**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Description

The workshop began with a **welcome address** by the **Dean of Rohilkhand Medical College and Hospital**, who emphasized the significance of **addressing gender bias** in clinical practice to ensure fair and equitable patient care.

Dr. Rashmi Katiyal initiated the first session, shedding light on **gender biases** in clinical decision-making. She explained how **cultural norms and personal biases** influence diagnosis and treatment plans. Dr. Katiyal underscored the importance of **self-awareness** in healthcare professionals and integrating **gender-sensitive training** into clinical education.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Dr. Medhavi Aggarwal delivered a session on **structural and institutional reforms** needed to reduce gender bias in healthcare settings. She shared successful examples of **policy changes** and **programs** that have effectively promoted gender equality in healthcare systems. Her session focused on creating **inclusive policies** to ensure that all patients, regardless of gender, receive appropriate care.

Dr. Deepak Upadhyay conducted a hands-on, interactive session aimed at **identifying unconscious biases** in clinical practice. Using **real-life case studies** and **role-playing exercises**, participants learned how to approach **patient care** from a **gender-neutral perspective**. Dr. Upadhyay emphasized **effective communication** strategies that promote understanding and trust across gender identities.

The workshop was attended by **over 120 participants**, including **faculty members, postgraduate students, nursing staff,** and **clinical professionals**. The sessions encouraged **active participation, thoughtful discussions**, and **role-playing exercises** to identify and confront gender bias in clinical practice

Outcome

- Participants gained a comprehensive understanding of how **gender bias** impacts **clinical decision-making** and patient outcomes.
- The workshop equipped attendees with tools and techniques to recognize and address **unconscious bias** in clinical settings.
- A proposal was made to integrate **gender bias training** into the **orientation and ongoing training** of healthcare professionals at the institution.
- Participants expressed a commitment to **creating a more equitable and respectful clinical environment** for all patients, regardless of their gender.
- A **follow-up committee** was formed to develop **guidelines** and **training modules** for addressing **gender bias** in clinical practice.

Signature
Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 03.05.2022

Title of the Activity: Workshop on Gender Identity and Inclusive Medical Care

Date & Venue

- **Date: 02.05.2022**
- **Venue:** Lecture Theatre, Rohilkhand Medical College and Hospital

Organized by:

Department of Obstetrics and Gynecology, Rohilkhand Medical College and Hospital

Objectives

- To enhance understanding of **gender identity** and its significance in medical care.
- To address the importance of providing **inclusive medical care** for all gender identities, including non-binary and transgender individuals.
- To educate healthcare professionals on **best practices** for **gender-affirming care.**
- To create awareness of the **challenges faced by gender-diverse populations** in healthcare settings.
- To promote the integration of **gender-inclusive policies** in healthcare institutions to ensure equitable treatment for all patients.

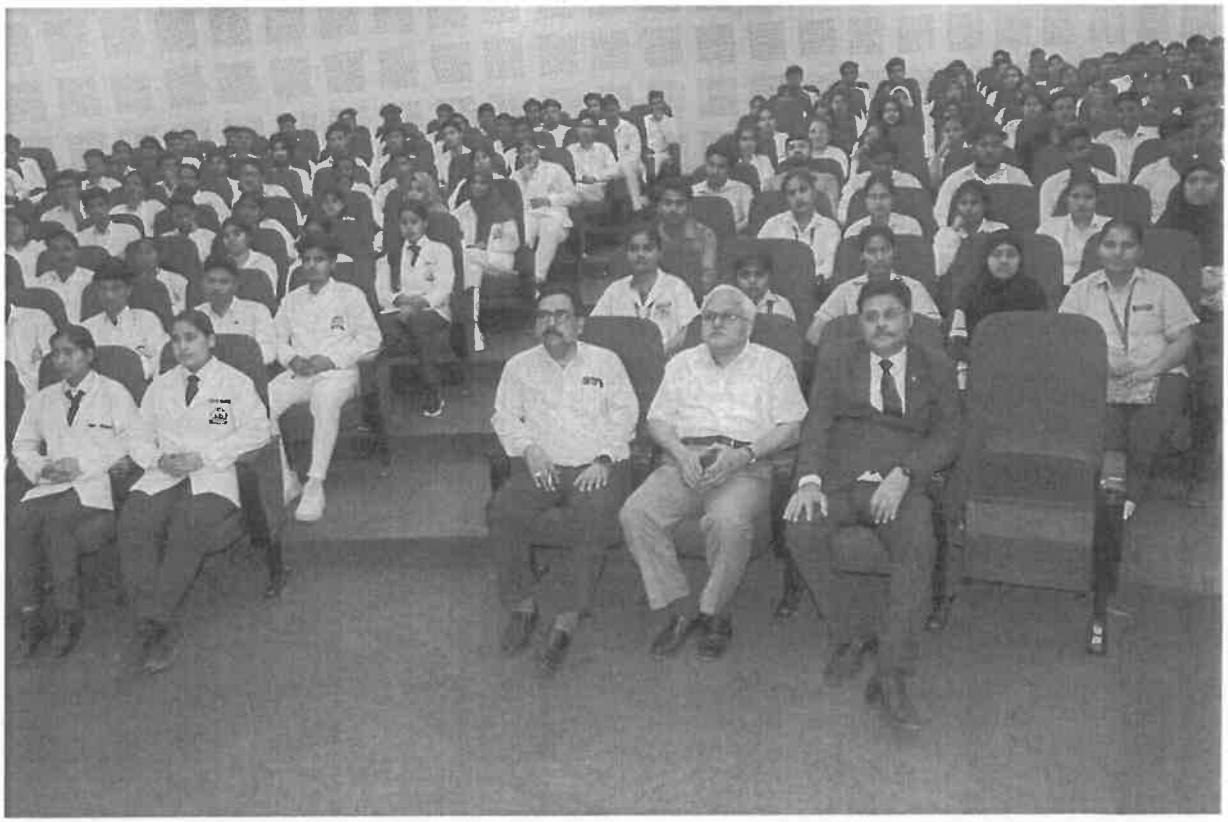
Resource Person(s)

- **Dr. Arun Singh**
- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Aggarwal**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Dr. Deepak Upadhyay**



Description

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The workshop began with a **welcome address** by the **Dean of Rohilkhand Medical College and Hospital**, who highlighted the importance of **understanding gender identity** and delivering **inclusive medical care** to foster a respectful and supportive healthcare environment for all patients.

Dr. Rashmi Katiyal started the session by explaining the **concept of gender identity**, the **spectrum of gender**, and the significance of **respecting and affirming patients' gender identity**. She also discussed **gender dysphoria**, **social and medical transition**, and the importance of **culturally competent care** in supporting gender-diverse individuals.

Dr. Medhavi Aggarwal followed with a session on **inclusive healthcare policies** and the necessary **institutional reforms** required to provide **gender-affirming care**. She emphasized creating **inclusive spaces** within healthcare systems by implementing **supportive policies** and provided examples of **global best practices**.

Dr. Deepak Upadhyay then led an interactive session on **effective communication with gender-diverse patients**. He addressed the importance of using **appropriate language and pronouns** and highlighted **case studies** to demonstrate how healthcare providers can build trust and offer respectful care for gender-diverse patients.

Dr. Arun Singh wrapped up the workshop with a session focused on **psychosocial challenges** faced by gender-diverse individuals and the **role of healthcare providers** in addressing these challenges. He shared insights on providing **gender-affirming medical procedures** and improving **mental health support** for gender-diverse populations. Dr. Singh also discussed the importance of **mental health professionals** in providing **holistic care** for patients undergoing gender transition.

The workshop was attended by **over 120 participants**, including **medical faculty, postgraduate students, nursing staff**, and **clinical professionals**. The sessions were **interactive**, with participants engaging in **role-playing exercises, discussions**, and **case studies** to better understand **gender-inclusive medical care**.

Outcome

- Participants gained a comprehensive understanding of **gender identity** and the importance of **gender-affirming care** in medical practice.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- The workshop provided actionable strategies to healthcare professionals for offering **inclusive, gender-sensitive care** to all patients.
- A proposal was made to integrate **gender identity education** and **inclusive care practices** into the **curriculum** and **clinical training** of healthcare professionals.
- Participants committed to promoting **inclusive healthcare environments**, ensuring that patients of all gender identities are treated with **respect, dignity**, and **equality**.
- A **follow-up committee** was established to develop **institutional guidelines** and **training modules** for **gender-inclusive care** and addressing the needs of gender-diverse individuals in healthcare setting

Signature
Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 11.03.2022

Title of the Activity: Workshop on Women's Health Rights and Advocacy

Date & Venue

- **Date11.03.2022**
- **Venue:** Lecture Theatre, Rohilkhand Medical College and Hospital

Organized by:

Department of Obstetrics and Gynecology, Rohilkhand Medical College and Hospital

Objectives

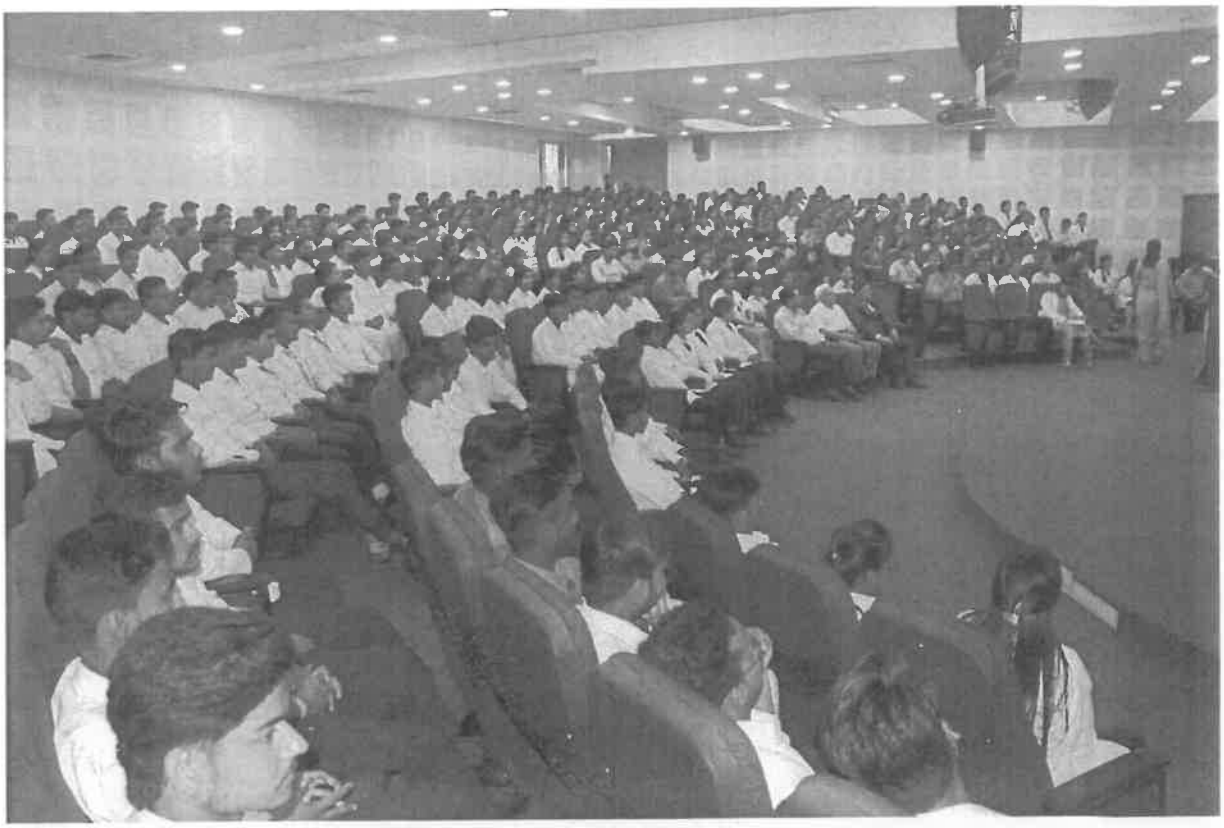
- To increase awareness of **women's health rights** and ensure equitable access to healthcare for all women.
- To discuss the **legal and ethical frameworks** supporting women's health and reproductive rights.
- To educate healthcare professionals on the importance of **advocacy for women's health** in clinical and community settings.
- To explore **policy reforms** and initiatives for improving **women's health services**.
- To foster an understanding of the **intersectionality** in women's health issues, including **socioeconomic factors** and **cultural norms**.

Resource Person(s)

- **Dr. Arun Singh**
- **Dr. Rashmi Katiyal**
- **Dr. Ajay Aggarwal**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Description

The workshop commenced with a **welcome address** by the **Dean of Rohilkhand Medical College and Hospital**, who stressed the importance of **women's health rights** and the role of healthcare professionals in **advocating** for women's access to quality care.

Dr. Rashmi Katiyal opened the session by providing an overview of **women's health rights**, focusing on **reproductive health** and the importance of **safe, accessible healthcare**. She discussed **legal frameworks** such as the **National Health Policy** and the role of healthcare professionals in ensuring women's rights to informed consent, privacy, and equitable treatment.

Dr. Ajay Aggarwal followed with a session on **policy-level initiatives** and **global best practices** for improving women's health services. He discussed the **challenges faced by women** in accessing quality

healthcare, particularly in **marginalized communities**, and the importance of **advocacy** in driving **policy changes**. Dr. Aggarwal highlighted successful **advocacy campaigns** that have led to significant improvements in **maternal health** and **family planning services**.

Dr. Arun Singh led an interactive session on **empowering healthcare professionals** as advocates for women's health rights. He explored how **clinicians, nurses**, and **community workers** can identify barriers to healthcare access and actively advocate for **policy reforms** and **community outreach programs** that improve **women's health outcomes**. Dr. Singh also discussed the importance of addressing **intersectional challenges** such as **gender-based violence** and **cultural norms** that affect women's health.

The workshop was attended by **over 120 participants**, including **medical faculty, postgraduate students, nursing staff**, and **clinical professionals**. The sessions were **interactive**, with participants engaging in **discussions, group activities**, and **case studies** to develop skills in **advocacy** and improve **women's healthcare access**.

Outcome

- Participants gained a comprehensive understanding of **women's health rights** and their role in advocating for these rights.
- The workshop emphasized the need for **legal and policy reforms** to improve **women's health services** and **accessibility**.
- Healthcare professionals learned strategies for **advocacy** and how to engage in **community-level interventions** to address **gender-based disparities** in healthcare.
- A proposal was made to **integrate women's health rights** education into **medical and nursing curricula** to equip future professionals with the knowledge to advocate for women's health needs.
- A **follow-up committee** was established to work on **developing institutional guidelines** and **training modules** on **women's health rights advocacy** and **reproductive health**.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 11.03.2022

Title of the Activity: Workshop on Gender-Based Violence and Medical Response

Date & Venue

- **Date:** 10.03.2022
- **Venue:** Lecture Theatre, Rohilkhand Medical College and Hospital

Organized by:

Department of Obstetrics and Gynecology, Rohilkhand Medical College and Hospital

Objectives

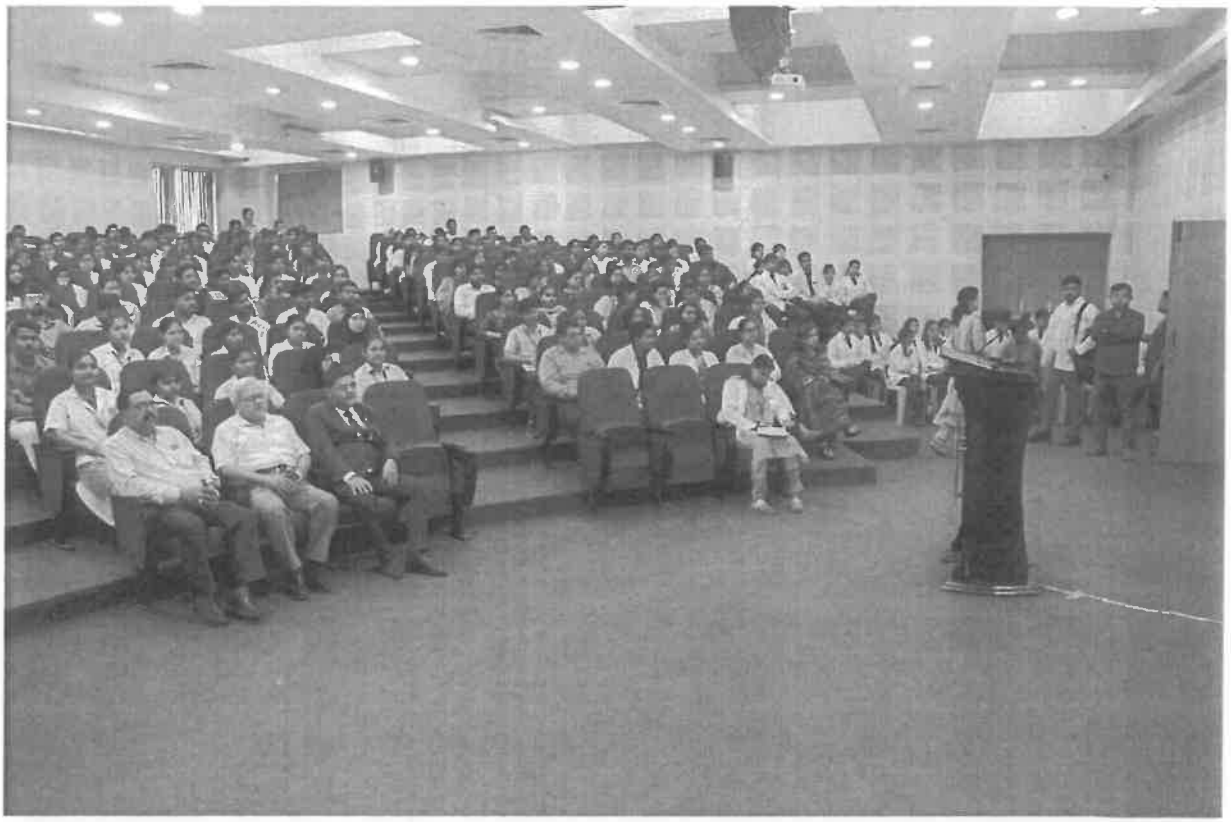
- To raise awareness about the impact of **gender-based violence (GBV)** on health and the role of healthcare professionals in identifying and addressing it.
- To educate medical professionals on **appropriate medical responses** to survivors of **gender-based violence**.
- To discuss **legal and ethical issues** in providing care to survivors of GBV.
- To promote **interdisciplinary collaboration** between healthcare providers, legal professionals, and social workers in supporting survivors.
- To equip healthcare professionals with practical skills and knowledge on **trauma-informed care** and **confidentiality** in handling GBV cases.

Resource Person(s)

- **Dr. Arun Singh**
- **Dr. Rashmi Katiyal**
- **Dr. Ajay Aggarwal**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Description

The workshop began with a **welcome address** by the **Dean of Rohilkhand Medical College and Hospital**, who highlighted the crucial role that healthcare professionals play in addressing **gender-based violence** and supporting survivors.

Dr. Rashmi Katiyal opened the session with a comprehensive overview of **gender-based violence**, focusing on its various forms, including **physical**, **sexual**, **emotional**, and **economic abuse**. She discussed the **health consequences** of GBV on women and men, particularly in terms of **mental health**,

sexual and reproductive health, and **chronic conditions**. Dr. Katiyal emphasized the importance of **recognizing signs of abuse** and responding in a **non-judgmental** and **supportive** manner.

Dr. Ajay Aggarwal followed with a session on the **medical response to survivors of GBV**, focusing on **evidence collection, documentation,** and the **medical examination** required when treating survivors. He provided practical guidance on conducting a **forensic examination**, maintaining **chain of custody**, and offering **medical care** that addresses both immediate and long-term health needs of survivors.

Dr. Aggarwal also discussed the **ethical** considerations, including **informed consent** and the **privacy** of patients.

Dr. Arun Singh led an interactive session on **trauma-informed care**. He explained the psychological impact of gender-based violence on survivors, including **PTSD, depression**, and **anxiety disorders**, and the importance of providing **holistic care**. Dr. Singh highlighted the role of **mental health professionals** in supporting survivors and the need for **collaborative efforts** between healthcare professionals and **social services** to ensure comprehensive care. He also addressed **confidentiality** and **mandatory reporting** guidelines for healthcare providers when dealing with cases of GBV.

The workshop was attended by **over 120 participants**, including **medical faculty, postgraduate students, nursing staff**, and **clinical professionals**. The sessions were **interactive**, with participants engaging in **discussions, role-playing exercises**, and **case studies** to practice their responses and learn how to provide **compassionate, effective care** for survivors of gender-based violence.

Outcome

- Participants gained a deeper understanding of the **health implications** of **gender-based violence** and the critical role of healthcare professionals in **identifying, supporting**, and **caring** for survivors.
- The workshop provided actionable knowledge on **trauma-informed care, evidence collection**, and the **medical response** to GBV survivors.
- Healthcare professionals were equipped with practical tools for maintaining **confidentiality**, obtaining **informed consent**, and working with **interdisciplinary teams** to provide **holistic care**.
- A proposal was made to integrate **GBV training** into the **curriculum** for medical students and clinical staff, focusing on **sensitive and effective care**.
- A **follow-up committee** was established to develop **institutional guidelines** and **training modules** for **gender-based violence response** in healthcare settings.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

List of Activities that Integrates Crosscutting Issues for Year 2022-23

Sr. No.	Name of the Activity	Organised by	Date of the Activity
1.	Workshop on Medical Negligence and Legal Implications	Pathology	18.10.2022
2.	Seminar on Ethical Practices in Medical Research	Microbiology	19.10.2022
3.	Workshop on Conflict of Interest in Healthcare	ENT	12.10.2022
4.	Seminar on Whistleblowing and Ethical Responsibility	Community Medicine	24.10.2022
5.	Workshop on End-of-Life Decisions and Ethics	Surgery	25.10.2022
6.	Workshop on Population Explosion and Public Health Planning	Anatomy	16.11.2022

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

7.	Seminar on Mental Health in Young Adults	Psychiatry	24.11.2022
8.	Workshop on Rising Chronic Diseases in Middle Age	Medicine	01.11.2022
9.	Seminar on Digital Natives and Mental Wellness	Psychiatry	25.11.2022
10.	Workshop on Changing Family Structures and Health Support	Community Medicine	19.11.2022
11.	Workshop on Patients' Rights and Responsibilities	Community Medicine	12.03.2023
12.	Seminar on The Role of State in Ensuring Right to Health	Pharmacology	13.04.2023
13.	Workshop on Legal Aid and	Pathology	15.05.2023

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

	Medical Care		
14.	Seminar on Rights-Based Approach to Primary Healthcare	Community Medicine	16.10.2022
15.	Workshop on Health Insurance and Affordability Rights	Microbiology	01.12.2022
16.	Seminar on Housing Conditions and Disease Burden	Pathology	11.03.2023
17.	Workshop on Trust Building in Doctor-Patient Relationship	Orthopedics	22.12.2022
18.	Workshop on Health Impact and Migration	Psychiatry	17.02.2023
19.	Workshop on Moral Reasoning in Clinical Decision-Making	Anatomy	02.12.2022

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

20.	Seminar on Genetics and Lifestyle Interactions	Obstetrics & Gynecology	20.01.2023
21.	Seminar on the Role of Values in Mental Wellbeing	Ophthalmology	22.04.2023
22.	Workshop on Early Childhood Development and Health	Pediatrics	24.04.2023
23.	Workshop on Conflict Resolution and Value-Based Leadership	ENT	22.05.2023
24.	Seminar on the Influence of Media on Health Choices	Community Medicine	19.10.2022
25.	Workshop on Early Childhood Development and Health	Pediatrics	23.12.2022

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

26.	Workshop on Sustainable Development Goals in Healthcare	Community Medicine	05.03.2023
27.	Seminar on Eco-Friendly Lifestyle and Health Benefits	Medicine	19.04.2023
28.	Workshop on Climate Crisis and Disease Patterns	Community Medicine	12.11.2022
29.	Seminar on Water Sanitation and Hygiene (WASH) in Healthcare	Microbiology	26.10.2022
30.	Seminar on Water Sanitation and Hygiene (WASH) in Healthcare	Community Medicine	05.03.2023
31.	Workshop on LGBTQ+ Health and Gender Inclusion	Community Medicine	01.02.2023
32.	Seminar on Reproductive	Obstetrics & Gynecology	13.03.2023

	Rights and Gender Equity		
33.	Workshop on Empowering Women in Medical Education	Obstetrics & Gynecology	15.03.2023
34.	Seminar on Gender Justice and Health Determinants	Obstetrics & Gynecology	17.03.2023
35.	Workshop on Menstrual Health Awareness and Gender Myths	Community Medicine	18.03.2023

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 19.10.2022

Title of the Activity

Workshop on Medical Negligence and Legal Implications

Date & Venue

- **Date**: October 18, 2022
- **Venue**: LT 8, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

1. **Understand the Legal Definition and Scope of Medical Negligence**
   - Define what constitutes medical negligence and distinguish it from acceptable clinical risk and error.
2. **Explore the Essential Elements of a Negligence Claim**
   - Learn the four key components of a negligence claim: duty of care, breach of duty, causation, and damages.
3. **Recognize Common Types and Causes of Medical Negligence**
   - Identify frequent areas of litigation such as misdiagnosis, surgical errors, medication mistakes, and failure to obtain informed consent.
4. **Review Legal Frameworks and Regulatory Bodies**
   - Understand the legal and regulatory landscape governing medical practice, including the roles of courts, medical councils, and consumer protection acts.
5. **Understand the Process of Legal Investigation and Litigation**
   - Gain insight into how negligence cases are investigated, including the role of medical records, expert witnesses, and documentation.
6. **Learn Risk Management Strategies to Prevent Legal Liability**
   - Explore how clinical guidelines, documentation, communication, and consent processes help reduce the risk of negligence claims.
7. **Analyze Case Studies of Medical Negligence**
   - Examine real-world legal cases to understand how courts assess evidence and determine liability and compensation.
8. **Discuss the Ethical Dimensions of Medical Negligence**

- Reflect on the moral obligations of healthcare professionals to admit errors, disclose adverse outcomes, and maintain professional accountability.

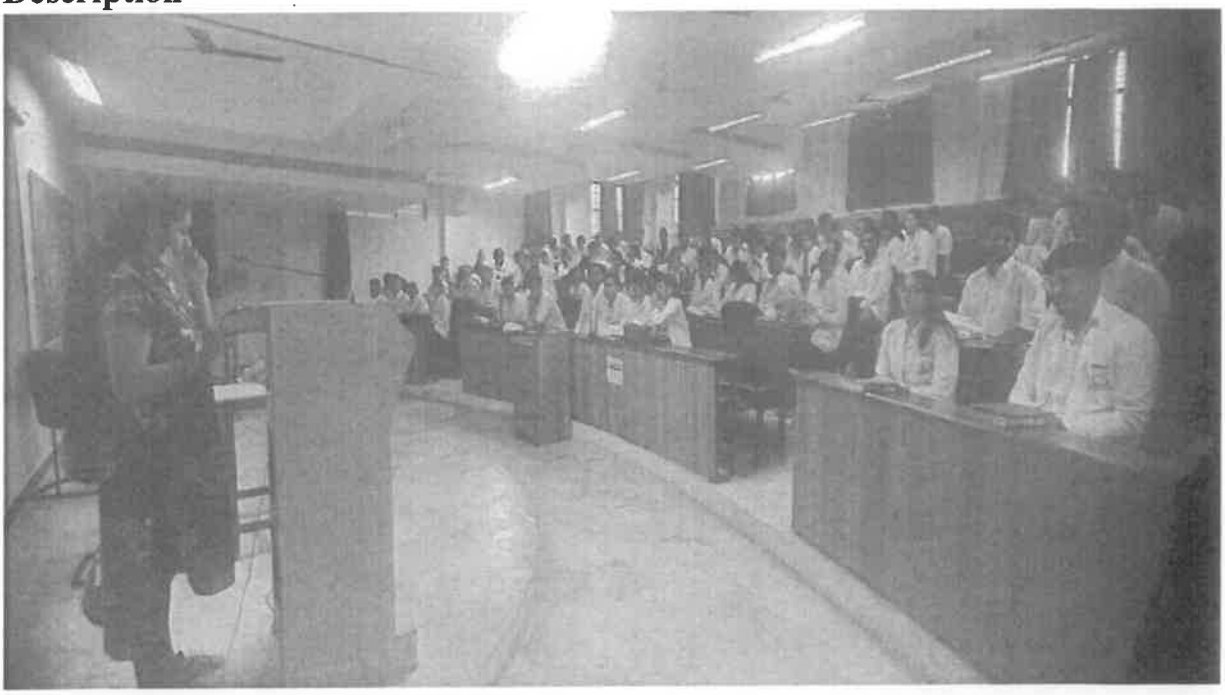
9. **Develop Skills for Legal Preparedness in Clinical Practice**
   - Equip participants with practical tools to protect themselves legally through proper documentation, communication, and adherence to professional standards.
10. **Promote a Culture of Safety and Accountability**

- Encourage institutions and individuals to foster environments where transparency, continuous learning, and ethical conduct are prioritized to minimize harm and litigation.

Resource Person(s)

1) **Dr. Shalini Chandra**
2) **Dr. Iram**
3) **Dr. Anju Saxena**

Description



- In the evolving landscape of healthcare, the responsibilities of medical professionals extend beyond clinical excellence to include legal awareness and ethical accountability. With rising patient expectations, increased litigation, and growing public scrutiny, understanding medical negligence and its legal implications is more critical than ever. This workshop offers healthcare

providers, medical students, administrators, and legal professionals a comprehensive exploration of medical negligence—what it is, how it occurs, and what can be done to prevent it.

- Through interactive lectures, real-world case analyses, and practical exercises, participants will examine the legal standards governing the duty of care, the factors that contribute to negligence claims, and the processes involved in investigation and litigation. The workshop will cover national laws and regulatory frameworks, including medical council guidelines, consumer protection laws, and institutional policies.
- Participants will also explore the ethical dimensions of medical error—how to approach transparency, disclosure, and communication with patients and families in ways that maintain trust and uphold professional integrity. A significant focus will be placed on proactive strategies to mitigate risk, such as proper documentation, effective communication, adherence to clinical protocols, and legal preparedness.
- This workshop empowers healthcare professionals not only to protect themselves legally but also to improve patient safety, institutional practices, and ethical decision-making in challenging clinical environments.

Key Topics Include:

- **Definition and Types of Medical Negligence:** Understanding the legal concept of negligence and differentiating it from adverse outcomes due to known risks.
- **Elements of Negligence Claims:** Duty of care, breach, causation, and harm—how they apply in real legal cases.
- **Common Areas of Legal Risk:** Including misdiagnosis, surgical errors, prescription mistakes, delayed treatment, and informed consent issues.
- **Legal Frameworks and Bodies:** Overview of relevant laws, medical councils, and consumer protection acts involved in medical accountability.
- **The Litigation Process:** Understanding how negligence cases are handled, from investigation and documentation to court proceedings and expert testimony.
- **Ethical Aspects of Negligence:** Discussing the responsibility to disclose errors, apologize, and maintain professional standards.
- **Case Study Analysis:** In-depth examination of landmark and current legal cases involving medical negligence.
- **Risk Prevention Strategies:** Tools and best practices to reduce exposure to litigation, including patient communication, proper documentation, and team-based care.
- **Institutional and Professional Accountability:** Encouraging healthcare systems to support safety culture, continuous learning, and transparent error reporting.

Outcome

1. **Define medical negligence and its legal implications**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Clearly articulate the concept of medical negligence and differentiate it from unavoidable clinical complications or accepted risks in treatment.

2. **Identify the essential elements of a negligence claim**
   - Explain the four key components of a legal negligence case: duty of care, breach of duty, causation, and harm (damages).
3. **Recognize common areas of medical practice vulnerable to negligence claims**
   - Identify high-risk scenarios such as diagnostic errors, surgical mistakes, informed consent failures, and medication errors.
4. **Interpret the relevant legal and regulatory frameworks**
   - Demonstrate understanding of the laws, medical council guidelines, and consumer protection acts governing professional accountability in healthcare.
5. **Understand the litigation process related to medical negligence**
   - Outline the legal procedures involved in a negligence case—from complaint and investigation to court proceedings and expert testimony.
6. **Apply ethical principles to error disclosure and patient communication**
   - Practice ethical approaches to addressing medical errors, including disclosure, apology, and maintaining patient trust.
7. **Analyze real-world case studies involving medical negligence**
   - Evaluate the decision-making, outcomes, and legal reasoning in actual negligence cases and apply lessons learned to clinical practice.
8. **Implement strategies for risk reduction and legal preparedness**
   - Apply preventive measures such as clear documentation, informed consent, patient-centered communication, and adherence to clinical protocols.
9. **Promote a culture of accountability and patient safety**
   - Advocate for a healthcare environment that supports learning from mistakes, encourages transparency, and prioritizes ethical conduct.
10. **Enhance professional and institutional responsiveness to legal challenges**
    Strengthen preparedness for dealing with legal claims at both individual and organizational levels, including communication with legal teams and compliance officers.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 20.10.2022

Title of the Activity

Workshop on Ethical Practices in Medical Research

Date & Venue

- **Date**: October 19, 2022
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

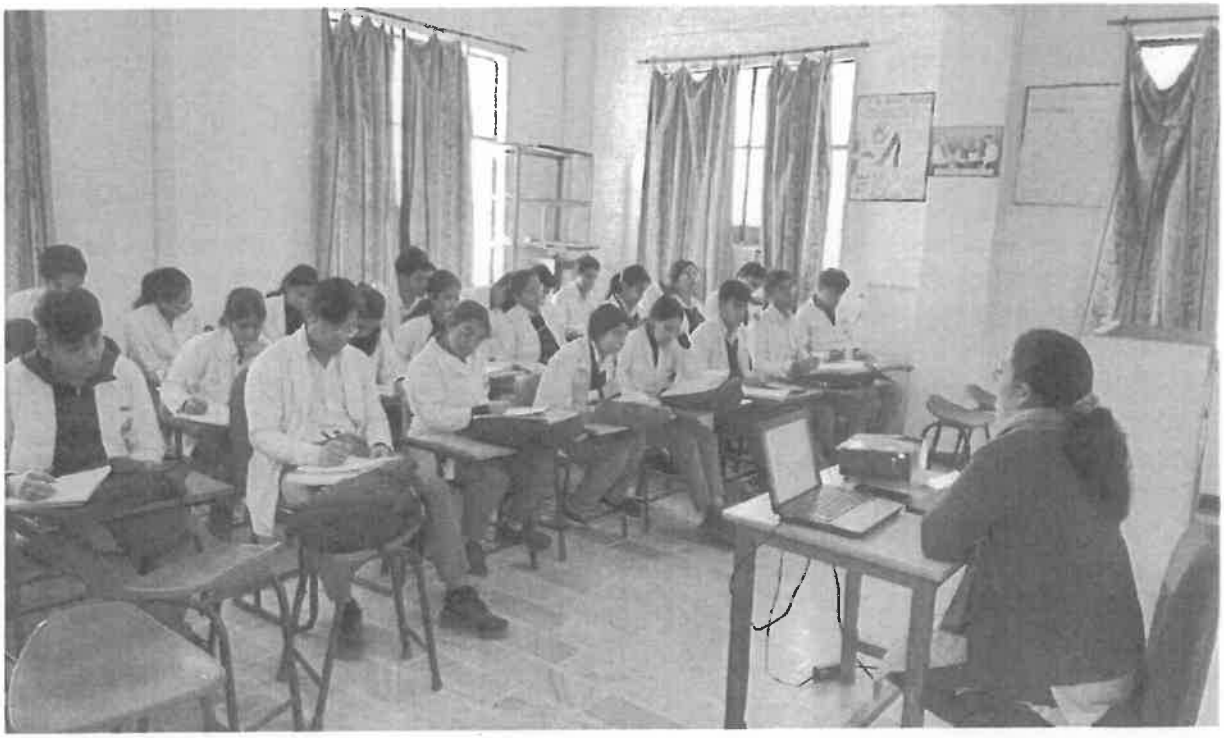
Objectives

- **Understand the Ethical Principles Governing Medical Research**
  - Explore foundational ethical principles such as respect for persons, beneficence, non-maleficence, and justice as outlined in international guidelines like the Belmont Report and Declaration of Helsinki.
- **Recognize the Role and Responsibilities of Researchers in Ethical Conduct**
  - Clarify the ethical duties of principal investigators and research teams in ensuring participant safety, integrity of data, and transparency in research conduct.
- **Explore the Importance of Informed Consent in Research**
  - Understand the process of obtaining valid, voluntary, and informed consent from research participants, including special considerations for vulnerable populations.
- **Review National and International Research Ethics Guidelines and Regulations**
  - Familiarize participants with regulatory frameworks such as ICMR (India), CIOMS, FDA (U.S.), and GDPR (Europe) relevant to medical and clinical research.
- **Understand the Role of Institutional Review Boards (IRBs)/Ethics Committees**
  - Learn how IRBs function, what they look for during protocol reviews, and the importance of ethical approval before commencing research.
- **Identify and Manage Conflicts of Interest**
  - Discuss financial, professional, and personal conflicts of interest in research and strategies for disclosing and managing them appropriately.
- **Address Issues of Scientific Misconduct and Data Integrity**

  - Recognize unethical practices such as fabrication, falsification, and plagiarism, and understand the mechanisms for prevention and accountability.
- **Discuss Ethical Considerations in Emerging Research Areas**
  - Examine the unique ethical challenges in genomics, AI in healthcare, digital health studies, and international collaborative research.
- **Promote Equity and Justice in Research Participation**
  - Ensure fair selection of research subjects and equitable access to research benefits, particularly for marginalized or underserved populations.
- **Foster a Culture of Ethical Research and Responsible Conduct**
- Encourage institutions and individuals to adopt best practices, promote training in research ethics, and support ongoing ethical reflection in research settings.

Resource Person(s)

1) **Dr. Ved Prakash**
2) **Dr. Saumya**
3) **Dr. Deepika**



BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

- In an era of rapid scientific advancement and increasing public engagement with medical research, the ethical responsibilities of researchers have never been more critical. Ethical practices not only safeguard the dignity, rights, and welfare of research participants but also uphold the integrity and credibility of scientific findings. This comprehensive workshop is designed to equip healthcare professionals, researchers, postgraduate students, and ethics committee members with the essential knowledge and skills required to conduct ethically sound and legally compliant research.
- The workshop delves into foundational ethical principles such as respect for persons, beneficence, non-maleficence, and justice—guiding values that shape the ethical conduct of research involving human participants. Participants will explore real-world ethical challenges encountered in clinical trials, biomedical studies, and emerging research fields such as genetics, artificial intelligence, and digital health.
- Through interactive sessions, group discussions, and case-based learning, the workshop will offer practical insights into obtaining informed consent, ensuring participant safety, addressing scientific misconduct, and navigating complex situations involving vulnerable populations, data privacy, and conflicts of interest.
- Participants will also gain a deep understanding of the role and functioning of Institutional Review Boards (IRBs) or Ethics Committees and the regulatory frameworks that govern human subjects research, including guidelines from the Declaration of Helsinki, CIOMS, ICMR, and national ethical review systems.

Key Learning Areas Include:

- **Core Principles of Research Ethics**
  Understand the ethical foundations of human research and how they translate into everyday research practices.
- **Informed Consent in Research**
  Learn how to design and implement a meaningful, transparent, and legally valid consent process that respects participants' autonomy.
- **Research Involving Vulnerable Populations**
  Explore ethical considerations when conducting research with children, elderly, mentally impaired individuals, or socioeconomically disadvantaged groups.
- **Scientific Misconduct and Integrity**
  Identify forms of research misconduct (fabrication, falsification, plagiarism) and discuss policies and practices to promote scientific integrity.
- **Regulatory Frameworks and Ethics Committees**
  Review national and international regulations governing medical research and the critical role of Institutional Review Boards (IRBs) in protecting participants.

- **Conflict of Interest Management**
  Learn how to identify, disclose, and mitigate financial or personal interests that could compromise research objectivity.
- **Ethical Challenges in Emerging Research Areas**
  Examine the evolving ethics of research in genomics, big data, AI in healthcare, telemedicine studies, and cross-border collaborations.
- **Justice and Fair Participant Selection**
  Address the ethical imperative of ensuring fair selection of research subjects and equitable access to research benefits and burdens.

Outcome

- **Explain core ethical principles in medical research**
  - Demonstrate understanding of principles such as autonomy, beneficence, non-maleficence, and justice as they apply to human subject research.
- **Describe the importance and process of informed consent**
  - Articulate the ethical and legal significance of informed consent and identify key elements that make consent valid, voluntary, and comprehensible.
- **Recognize the ethical responsibilities of researchers**
  - Understand the obligations of researchers to protect participant welfare, ensure data integrity, and uphold transparency and accountability.
- **Navigate national and international research ethics guidelines**
  - Interpret ethical codes and regulations such as the Declaration of Helsinki, CIOMS guidelines, ICMR guidelines, and applicable local laws and institutional policies.
- **Understand the role of Ethics Committees/IRBs**
  - Explain the function and authority of Institutional Review Boards, including their review criteria, responsibilities, and communication with investigators.
- **Identify and address conflicts of interest in research**

- Recognize financial, institutional, and personal conflicts of interest and describe appropriate methods for disclosure and management.

- **Detect and prevent scientific misconduct**
  - Identify forms of misconduct including fabrication, falsification, and plagiarism, and apply principles of research integrity to prevent such behavior.

- **Evaluate ethical considerations in research with vulnerable populations**
  - Assess additional safeguards needed when conducting research involving children, the elderly, mentally impaired individuals, or disadvantaged communities.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 13.10.2022

Title of the Activity

Workshop on Conflict of Interest in Healthcare

Date & Venue

- **Date**: October 12, 2022
- **Venue**: Auditorium, Rohilkhand Medical College and Hospital, Bareilly International University

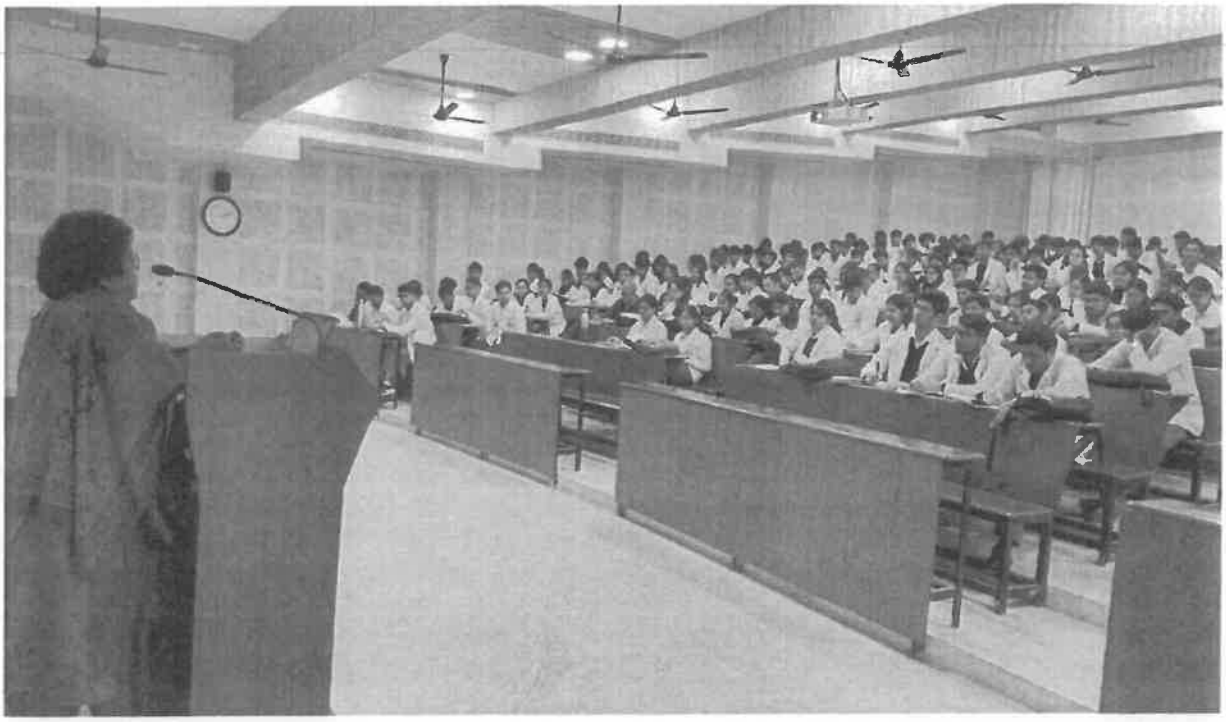
Objectives

- **Define Conflict of Interest (COI) in the Healthcare Context**
  - Introduce the concept of COI and distinguish between actual, perceived, and potential conflicts in clinical, academic, and research settings.
- **Identify Common Sources and Scenarios of COI in Healthcare**
  - Explore how financial incentives, industry relationships, personal interests, and dual roles can create conflicts in patient care, procurement, and professional decision-making.
- **Understand the Ethical and Professional Implications of COI**
  - Discuss how unmanaged conflicts can undermine trust, compromise patient safety, and damage institutional credibility.
- **Review National and International Guidelines on COI Disclosure and Management**
  - Familiarize participants with relevant policies and frameworks, such as institutional policies, WHO and ICMR guidelines, and codes from professional councils or associations.
- **Explore COI in Clinical Research and Publication Ethics**
  - Analyze how conflicts affect research integrity, authorship, peer review, and reporting of study outcomes.
- **Provide Tools for Identifying and Disclosing COI**
  - Train participants in using disclosure forms, decision-making tools, and institutional reporting systems to maintain transparency.
- **Develop Strategies to Manage and Mitigate COI**
  - Offer practical approaches to addressing conflicts, including recusal, transparency, third-party oversight, and institutional policies.
- **Examine Case Studies of COI in Healthcare Practice**

  - Apply ethical reasoning to real-world scenarios to understand consequences and best practices for handling conflicts.
- **Promote a Culture of Integrity and Accountability**
  - Encourage healthcare institutions and professionals to foster environments where ethical concerns are openly addressed and transparency is valued.
- **Support Ethical Decision-Making in COI Situations**
- Equip participants with ethical frameworks and communication skills to navigate and resolve conflict of interest dilemmas responsibly.

Resource Person(s)

1) **Dr. Abhinav Shrivastava**
2) **Dr. Helena**
3) **Dr. Shraddha**



Description

- In healthcare, maintaining trust and integrity is paramount—both in the care we provide and in the research and policy decisions we make. Conflict of interest (COI) occurs when

personal, professional, or financial interests have the potential to interfere with one's objectivity, professional judgment, or duties to patients. This workshop delves into understanding COI in various healthcare contexts and provides strategies for managing and mitigating these conflicts to protect patients, research integrity, and institutional credibility.

- Healthcare professionals, researchers, administrators, and policymakers will benefit from this comprehensive workshop, which offers practical guidance on identifying, disclosing, and managing conflicts of interest in clinical practice, research, and healthcare management. The session will cover the ethical, legal, and professional implications of COI, using real-world case studies and offering tools and frameworks for navigating COI scenarios.
- Through interactive lectures, group discussions, and role-playing exercises, participants will gain the skills necessary to uphold transparency and accountability in their professional practices. Emphasis will be placed on fostering a culture of ethical decision-making and ensuring that healthcare organizations support policies that promote openness and prevent conflicts from compromising patient care or research outcomes.
- Participants will also explore the broader implications of COI in healthcare policy and the critical role of ethical standards in shaping public trust. Special attention will be given to the COI risks in emerging areas such as digital health, pharmaceutical partnerships, and the growing intersection of healthcare and industry.

Key Learning Areas:

1. **Defining Conflict of Interest in Healthcare**
   Understanding COI and its potential impact on patient care, decision-making, clinical research, and public health policy.
2. **Sources of Conflict of Interest in Healthcare**
   Identifying common sources of COI such as financial ties to pharmaceutical companies, medical device manufacturers, professional relationships, and personal interests.
3. **Ethical and Legal Implications of COI**
   Analyzing the ethical dilemmas and legal responsibilities of healthcare providers when facing potential or actual conflicts of interest.
4. **Guidelines, Policies, and Regulations**
   Reviewing national and international COI disclosure and management guidelines, including policies set by professional bodies, hospitals, and research institutions.
5. **COI in Clinical Practice and Patient Care**
   Discussing how COI may influence clinical decision-making, prescribing practices, and patient trust.
6. **COI in Clinical Research**
   Examining the impact of COI on research design, data interpretation, publication ethics, and the integrity of scientific findings.
7. **Strategies for Identifying and Disclosing COI**
   Practical tools for identifying potential conflicts and the proper mechanisms for disclosing them transparently to patients, colleagues, and institutions.

8. **Managing and Mitigating COI**
   Exploring strategies to manage COI, including recusal, third-party oversight, public disclosure, and institutional review processes.
9. **Case Studies and Real-World Scenarios**
   Hands-on analysis of healthcare COI cases, discussing real-life examples of ethical dilemmas and learning from them.
10. **Promoting a Culture of Ethical Practice**
    Encouraging institutions and individuals to adopt a proactive approach to COI, promoting transparency, accountability, and ethical decision-making within healthcare organizations.

Outcome

- **Define Conflict of Interest (COI) in Healthcare**
  - Explain what constitutes a conflict of interest in clinical, research, and healthcare management contexts and differentiate between actual, perceived, and potential conflicts.
- **Identify Common Sources and Scenarios of COI**
  - Recognize various sources of COI in healthcare, including financial relationships, personal interests, and dual roles, and understand how these can impact clinical decision-making and research.
- **Understand the Ethical and Legal Implications of COI**
  - Discuss the ethical concerns COI raises, such as the potential harm to patient care and research integrity, and recognize the legal responsibilities of healthcare professionals in managing COI.
- **Interpret National and International Guidelines on COI**
  - Demonstrate knowledge of guidelines and regulatory frameworks for COI management, including those set by professional organizations, hospitals, and research institutions.
- **Analyze the Role of COI in Clinical Practice and Patient Care**
  - Evaluate how COI may influence clinical decision-making, prescriptions, and recommendations, and understand the potential risks to patient safety and trust.
- **Assess COI in Clinical Research and Publication Ethics**
  - Understand the impact of COI on the design, conduct, and reporting of clinical research, and explore best practices for ensuring research integrity in the face of COI.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Apply Tools and Mechanisms for COI Disclosure**
  - Use disclosure forms, reporting systems, and decision-making frameworks to identify and appropriately disclose conflicts of interest in healthcare settings.
- **Develop Strategies for Managing and Mitigating COI**
  - Implement practical approaches to managing COI, including recusal from decision-making, third-party oversight, transparent reporting, and institutional policies for managing conflicts.
- **Examine Case Studies of COI in Healthcare**
  - Analyze real-world COI cases, identifying the ethical issues involved, the consequences of mishandling conflicts, and the strategies employed to address them.
- **Promote a Culture of Integrity and Ethical Practice in Healthcare**
  - Advocate for the adoption of ethical standards and practices within healthcare institutions, fostering transparency, accountability, and continuous ethical reflection in the workplace.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 25.10.2022

Title of the Activity

Workshop on Whistleblowing and Ethical Responsibility

Date & Venue

- **Date**: October 24, 2022
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

1. **Define Whistleblowing and Ethical Responsibility in Healthcare**
   - Clarify the concept of whistleblowing and its importance in maintaining ethical standards within healthcare organizations, focusing on patient safety, compliance, and institutional integrity.
2. **Understand the Legal Frameworks and Protections for Whistleblowers**
   - Review relevant legal protections for whistleblowers, such as national and international laws, and institutional policies that safeguard those who report unethical or illegal practices.
3. **Identify Ethical Dilemmas and Scenarios That May Require Whistleblowing**
   - Discuss common ethical challenges healthcare professionals might face that could prompt whistleblowing, such as patient neglect, fraud, or conflicts of interest.
4. **Analyze the Consequences of Whistleblowing for Individuals and Organizations**
   - Examine both the positive and negative implications of whistleblowing, including potential career risks, organizational impacts, and public benefits.
5. **Explore the Role of Healthcare Professionals in Upholding Ethical Standards**
   - Emphasize the responsibility of healthcare professionals to act as ethical stewards and report misconduct, particularly in environments where patient welfare or institutional integrity is at stake.
6. **Provide Practical Tools for Effectively Reporting Ethical Violations**
   - Equip participants with practical knowledge on how to report ethical violations, including the appropriate channels, procedures, and documentation methods.
7. **Address Barriers to Whistleblowing and How to Overcome Them**

- Discuss common barriers that deter individuals from whistleblowing, such as fear of retaliation, lack of support, or uncertainty about the reporting process, and strategies for overcoming these challenges.

8. **Foster a Supportive Culture for Whistleblowers Within Healthcare Institutions**
   - Explore ways healthcare organizations can create environments where ethical concerns can be raised safely and without fear of retaliation, promoting transparency and accountability.
9. **Analyze Case Studies of Whistleblowing in Healthcare**
   - Study real-life case studies where whistleblowing played a critical role in exposing unethical practices, learning from successes and failures.
10. **Promote Ethical Decision-Making and Responsibility Among Healthcare Professionals**
    - Encourage participants to take ownership of their ethical responsibilities, building a commitment to speak up when patient safety or ethical standards are compromised.

Resource Person(s)

1) **Dr. Rashmi Katyal**
2) **Dr. Deepak Upadhyay**
3) **Dr. Ajay Kumar Agarwal**



BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

- In healthcare, maintaining ethical standards and patient safety is paramount. However, the realities of clinical and organizational environments may sometimes lead to unethical practices, whether intentional or through negligence. Whistleblowing plays a critical role in identifying, addressing, and preventing these unethical practices by allowing individuals to report issues that could harm patients, violate laws, or undermine the integrity of the healthcare system.
- This workshop is designed to empower healthcare professionals, administrators, and ethics committee members to understand the ethical responsibilities that come with whistleblowing and to recognize the importance of upholding these standards within their organizations. The session explores the ethical, legal, and practical aspects of whistleblowing, emphasizing the protection and support systems available to individuals who report wrongdoing.
- Participants will gain a comprehensive understanding of how to identify situations that require whistleblowing, the legal and institutional protections afforded to whistleblowers, and the steps to take to report unethical behavior safely and effectively. Emphasis will be placed on overcoming barriers to whistleblowing, such as fear of retaliation and professional risks, and on fostering a supportive culture that encourages transparency and ethical conduct.
- Through interactive case studies, group discussions, and role-playing exercises, attendees will explore real-world examples where whistleblowing was pivotal in uncovering unethical practices in healthcare. The workshop will also focus on strategies healthcare institutions can adopt to create environments where ethical concerns are welcomed and addressed without fear of retribution.
- Ultimately, this workshop will provide participants with the tools and confidence to uphold the highest ethical standards in their professional roles and to contribute to creating a safer, more accountable healthcare system.

Key Learning Areas:

1. **Understanding Whistleblowing in Healthcare**
    - Explore the role of whistleblowing as a tool for ensuring ethical conduct in healthcare, focusing on its significance in safeguarding patient care and organizational integrity.
2. **Legal Protections for Whistleblowers**
    - Discuss the national and international legal frameworks that protect whistleblowers, such as whistleblower protection laws, confidentiality rights, and anti-retaliation policies.
3. **Ethical Dilemmas Leading to Whistleblowing**
    - Analyze common ethical challenges in healthcare that might require whistleblowing, such as fraud, mismanagement, patient abuse, and unsafe clinical practices.

4. **Consequences of Whistleblowing**
   - Examine both the positive and negative outcomes of whistleblowing for individuals (career risks, emotional impact) and organizations (reputation, trust), and how to navigate these consequences.
5. **Practical Steps in Reporting Ethical Violations**
   - Equip participants with actionable steps for reporting unethical behavior, including identifying appropriate channels, maintaining confidentiality, and documenting concerns properly.
6. **Barriers to Whistleblowing**
   - Discuss the common barriers to whistleblowing, such as fear of retaliation, lack of clear reporting structures, or organizational pressure to remain silent, and how to address and overcome these obstacles.
7. **Building a Supportive Culture for Whistleblowing**
   - Explore how healthcare institutions can foster a culture of openness, transparency, and ethical accountability, encouraging staff to report concerns without fear of retaliation.
8. **Case Studies of Whistleblowing in Healthcare**
   - Review real-life case studies where whistleblowing led to positive changes or prevented harm, as well as cases where it was mishandled, to understand both successes and pitfalls.
9. **Developing Ethical Responsibility in Healthcare Professionals**
   - Reinforce the ethical responsibility of healthcare professionals to speak up when they encounter unethical practices, and discuss how personal integrity and ethical decision-making are integral to the profession.
10. **Institutional Accountability and Whistleblower Support**
    - Discuss the role of institutions in ensuring that whistleblowers are supported, protected, and provided with the resources needed to report violations safely and effectively.

Outcome

- **Define Whistleblowing and Its Role in Healthcare Ethics**
  - Understand the concept of whistleblowing and its importance in maintaining ethical standards, patient safety, and organizational integrity within healthcare.
- **Identify Ethical Dilemmas That May Require Whistleblowing**
  - Recognize situations in healthcare settings where whistleblowing might be necessary, such as instances of fraud, patient neglect, or unsafe practices that jeopardize patient care.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Understand the Legal Protections for Whistleblowers**
    - Articulate the legal rights and protections available to whistleblowers, including confidentiality, anti-retaliation laws, and institutional safeguards that encourage reporting of unethical behavior.
- **Evaluate the Potential Consequences of Whistleblowing**
    - Analyze the personal, professional, and organizational implications of whistleblowing, considering both positive outcomes (e.g., improved patient safety) and potential risks (e.g., career impact, retaliation).
- **Develop Skills for Effectively Reporting Ethical Violations**
    - Gain practical knowledge on how to report unethical behavior, including identifying appropriate channels, documenting concerns, and following established procedures for reporting.
- **Recognize and Overcome Barriers to Whistleblowing**
    - Identify common obstacles to whistleblowing, such as fear of retaliation, lack of institutional support, or uncertainty about the reporting process, and develop strategies for overcoming these challenges.
- **Foster a Culture of Ethical Responsibility and Transparency**
    - Promote an understanding of how healthcare institutions can create an ethical work environment that encourages openness, transparency, and support for individuals who report unethical conduct.
- **Analyze Real-World Case Studies of Whistleblowing in Healthcare**
    - Study examples of successful and unsuccessful whistleblowing cases to understand the ethical, legal, and organizational complexities involved and learn best practices for handling such situations.
- **Empower Healthcare Professionals to Uphold Ethical Standards**
    - Reinforce the ethical responsibility of healthcare professionals to act with integrity, ensuring patient safety and the adherence to ethical guidelines in all aspects of care and research.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Support Institutional Accountability in Whistleblower Protection**
    - Learn how healthcare institutions can implement policies and create environments that support and protect whistleblowers, ensuring ethical standards are upheld across the organization.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 26.10.2022

Title of the Activity

Workshop on End of life decisions and Ethics

Date & Venue

- **Date**: October 25, 2022
- **Venue**: LT 8, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- **Define End-of-Life Care and Key Ethical Issues**
  - Understand the critical ethical concepts and issues surrounding end-of-life care, including autonomy, dignity, patient rights, and the physician's role in decision-making.
- **Examine Legal and Ethical Frameworks Governing End-of-Life Decisions**
  - Review national and international guidelines, laws, and ethical principles that shape end-of-life care decisions, such as advance directives, living wills, and the right to die.
- **Explore the Ethical Implications of Palliative Care and Euthanasia**
  - Discuss the ethical considerations of palliative care, euthanasia, physician-assisted suicide, and the moral complexities these decisions present for healthcare providers and families.
- **Evaluate the Role of Healthcare Providers in End-of-Life Decision-Making**
  - Analyze the responsibilities and challenges faced by healthcare providers in respecting patient autonomy while balancing the ethical obligation to do no harm.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

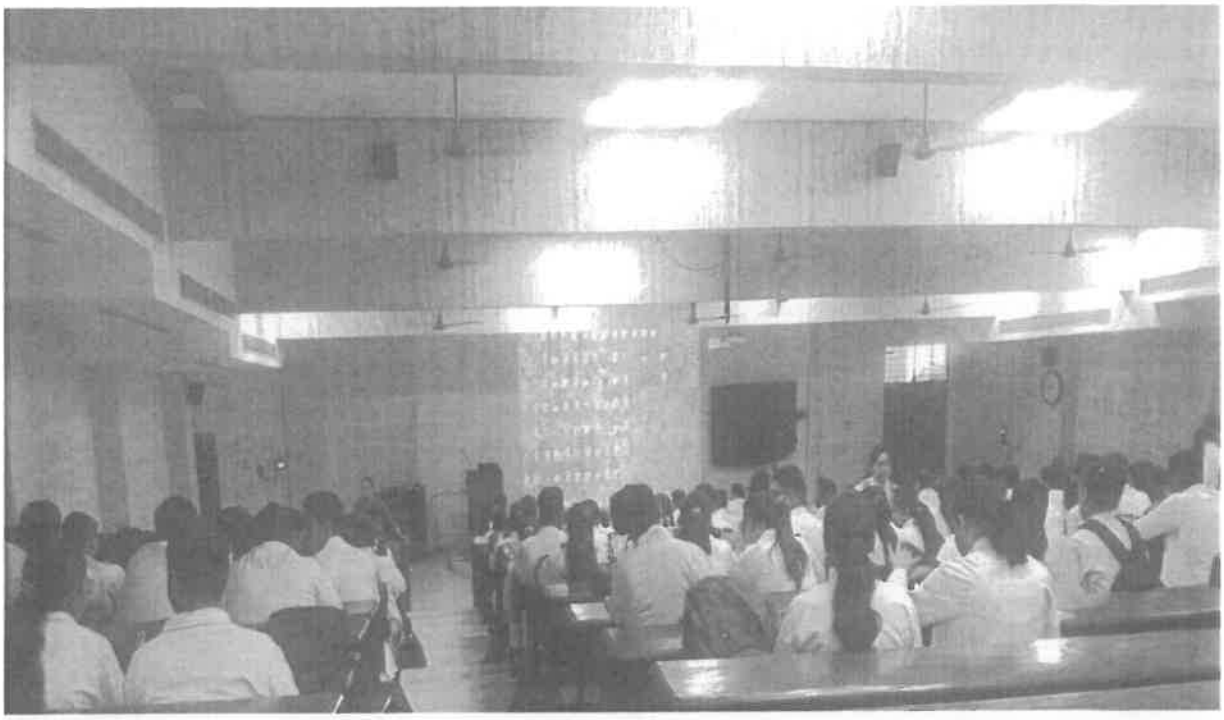
- **Understand the Importance of Communication in End-of-Life Decisions**
    - Learn effective communication strategies for discussing end-of-life care with patients and families, ensuring transparency, sensitivity, and respect for the patient's wishes.
- **Discuss Cultural and Religious Considerations in End-of-Life Ethics**
    - Examine how cultural, spiritual, and religious beliefs can impact end-of-life decisions, and how healthcare providers can navigate these differences while respecting patient values.
- **Explore the Concept of "Quality of Life" and Its Influence on Decision-Making**
    - Investigate how the subjective concept of "quality of life" factors into end-of-life care decisions, including considerations of pain management, dignity, and the patient's overall well-being.
- **Address the Challenges of Withholding or Withdrawing Life-Sustaining Treatment**
    - Delve into the ethical and moral issues surrounding decisions to withhold or withdraw life-sustaining treatments, such as ventilation, feeding tubes, and CPR, and the role of healthcare professionals in these decisions.
- **Recognize the Role of Families in End-of-Life Decisions**
    - Discuss the complexities of involving family members in end-of-life decision-making, particularly when their wishes may conflict with the patient's desires or medical recommendations.
- **Promote a Holistic Approach to End-of-Life Care**
    - Encourage a patient-centered, holistic approach to end-of-life care that integrates medical, ethical, and emotional support for both the patient and their loved ones.

Resource Person(s)

1) **Dr. Sharad Seth**
2) **Dr. Chandresh Gangwar**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Description

- End-of-life decisions present some of the most challenging and ethically complex situations faced by healthcare professionals, patients, and families. These decisions encompass a range of issues, including the right to die, autonomy, the role of family members, and the appropriate use of life-sustaining treatments. As medical technology advances, allowing for the prolongation of life even in cases of terminal illness, the need for careful, compassionate, and ethically sound decision-making becomes ever more critical.
- This workshop is designed to provide healthcare professionals, bioethicists, policy makers, and support staff with the necessary knowledge and tools to navigate the ethical challenges surrounding end-of-life care. It will explore the key ethical principles, including patient autonomy, beneficence, non-maleficence, and justice, in the context of terminal illness and death. Participants will also learn about the legal frameworks that govern end-of-life decisions, such as advance directives, Do Not Resuscitate (DNR) orders, and the various forms of assisted dying in jurisdictions where they are legal.
- The workshop will cover a wide range of critical topics, from palliative and hospice care to the ethical implications of euthanasia and physician-assisted suicide. Special attention will be given to effective communication strategies, as discussions about death and dying are inherently emotional and sensitive. The role of cultural and religious beliefs in shaping end-of-life decisions will also be explored, as these factors can significantly influence how patients and their families approach such decisions.

- Through case studies, role-playing exercises, and guided discussions, participants will engage with real-world scenarios that require ethical analysis and decision-making. They will have the opportunity to practice navigating conversations about end-of-life care with patients and their families, respecting patient autonomy while considering the complex ethical dilemmas that can arise.
- By the end of the workshop, participants will be better equipped to handle end-of-life decisions with empathy, professionalism, and respect for both the patient's and the family's wishes. This session aims to foster a deeper understanding of the moral, legal, and emotional complexities of end-of-life care, providing participants with the skills to support patients and families through one of the most difficult transitions in life

Key Learning Areas:

1. **Ethical Principles in End-of-Life Care**
   - Understand and apply key ethical principles such as autonomy, beneficence, non-maleficence, and justice in the context of end-of-life decisions.
2. **Legal and Institutional Frameworks**
   - Review the legal frameworks governing end-of-life decisions, including advance directives, living wills, Do Not Resuscitate (DNR) orders, and regulations related to euthanasia and physician-assisted suicide.
3. **Palliative and Hospice Care Ethics**
   - Discuss the role of palliative and hospice care in ensuring comfort and dignity for terminally ill patients, and how these services align with ethical principles.
4. **Euthanasia and Physician-Assisted Suicide**
   - Explore the ethical, legal, and social debates surrounding euthanasia and physician-assisted suicide, including differences in policies across regions.
5. **Effective Communication in End-of-Life Decisions**
   - Learn strategies for discussing end-of-life care with patients and their families in a compassionate and respectful manner, ensuring transparency and informed decision-making.
6. **Cultural and Religious Considerations**
   - Examine how cultural, spiritual, and religious values can impact end-of-life decisions and explore how to respect these differences while maintaining ethical standards of care.
7. **The Role of Family in End-of-Life Decisions**
   - Understand the complexities and emotional challenges of involving families in decision-making, especially when family members' wishes may conflict with those of the patient or the medical team.
8. **Quality of Life in End-of-Life Care**

- Discuss how "quality of life" is defined in the context of terminal illness, and how healthcare professionals can assess and prioritize quality of life considerations in their treatment plans.

9. **Withholding and Withdrawing Life-Sustaining Treatment**
   - Examine the ethical considerations involved in withholding or withdrawing life-sustaining treatments, such as ventilators or feeding tubes, and how these decisions are made in collaboration with patients and families.
10. **Holistic and Patient-Centered End-of-Life Care**
    - Emphasize the importance of a holistic, patient-centered approach to end-of-life care, integrating medical, ethical, emotional, and spiritual support for both patients and families.

Outcome

- **Articulate Key Ethical Principles in End-of-Life Care**
  - Define and apply the core ethical principles, including autonomy, beneficence, non-maleficence, and justice, in the context of making end-of-life decisions.
- **Understand Legal Frameworks and Patient Rights**
  - Recognize the legal guidelines surrounding end-of-life decisions, including advance directives, Do Not Resuscitate (DNR) orders, and the legal implications of euthanasia and physician-assisted suicide where applicable.
- **Evaluate the Role of Palliative and Hospice Care**
  - Demonstrate an understanding of the ethical role of palliative and hospice care in providing comfort and dignity to patients at the end of life, ensuring ethical and compassionate care in these settings.
- **Assess Ethical Implications of Euthanasia and Physician-Assisted Suicide**
  - Analyze the ethical, moral, and legal considerations surrounding euthanasia and physician-assisted suicide, including arguments for and against these practices and their legal status in different regions.
- **Implement Effective Communication in End-of-Life Conversations**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Develop and practice strategies for effective and empathetic communication with patients and families regarding end-of-life care, addressing sensitive topics with respect and transparency.

- **Respect Cultural and Religious Influences on End-of-Life Decisions**
  - Understand how cultural, spiritual, and religious beliefs influence end-of-life decisions and how to navigate these differences while maintaining ethical and patient-centered care.

- **Navigate Family Involvement in End-of-Life Decisions**
  - Address the complexities of family involvement in end-of-life decisions, including how to mediate between patient wishes and family opinions, and the importance of respecting the patient's autonomy.

- **Evaluate Quality of Life in End-of-Life Care**
  - Explore the concept of "quality of life" from an ethical perspective, assessing how to make decisions that prioritize the well-being, dignity, and comfort of the patient in terminal stages of life.

- **Understand the Ethics of Withholding and Withdrawing Life-Sustaining Treatment**
  - Recognize the ethical considerations of withholding or withdrawing life-sustaining treatments (e.g., mechanical ventilation, feeding tubes) and the balance between prolonging life and respecting patient wishes.

- **Promote a Holistic and Patient-Centered Approach to End-of-Life Care**
  - Emphasize the importance of a holistic approach to care at the end of life, integrating physical, emotional, social, and spiritual support to ensure comprehensive and compassionate patient care.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 17.11.22

Title of the Activity

Workshop on population explosion and public health planning

Date & Venue

- **Date**: 16.11.2022
- **Venue**: Seminar Room ,Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

1. **Enhance Knowledge on Geriatric Care**: Provide participants with an in-depth understanding of the physiological, psychological, and social aspects of aging.
2. **Identify Common Health Issues in the Elderly**: Discuss prevalent health conditions among older adults and their implications on healthcare systems.
3. **Promote Interdisciplinary Collaboration**: Encourage teamwork among healthcare professionals to deliver holistic care to the elderly.
4. **Develop Strategies for Effective Geriatric Care**: Formulate actionable plans to improve the quality of life for older adults through preventive and therapeutic measures.

Activities

Department:- Anatomy

- **Expert Lectures**: Renowned geriatric specialists delivered presentations on topics such as age-related diseases, cognitive decline, and the importance of early diagnosis.
- **Interactive Workshops**: Hands-on sessions were conducted to demonstrate practical approaches in managing common geriatric conditions, including mobility issues and polypharmacy.
- **Case Studies**: Real-life scenarios were analyzed to foster critical thinking and problem-solving skills among participants.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Panel Discussions**: Healthcare providers from various disciplines engaged in discussions to share insights and best practices in geriatric care.



Outcomes

- **Increased Awareness**: Participants gained a comprehensive understanding of the challenges faced by the aging population and the importance of specialized care.
- **Enhanced Skills**: Healthcare professionals acquired practical skills in managing geriatric patients, leading to improved patient outcomes.
- **Collaborative Networks**: The workshop facilitated the formation of interdisciplinary networks, promoting continuous learning and collaboration in geriatric care.
- **Policy Recommendations**: Discussions led to the development of policy suggestions aimed at integrating geriatric care into mainstream healthcare services.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 25.11.2022

Title of the Activity

Seminar on Mental Health in Young Adults

Date & Venue

- **Date**: 24.11.2022
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Department :- Psychiatry

Objectives:

- To educate medical students and faculty on common mental health issues in young adults.
- To highlight early warning signs of mental distress.
- To discuss preventive strategies and support systems.
- To encourage a stigma-free environment for mental health dialogue.

Participants:

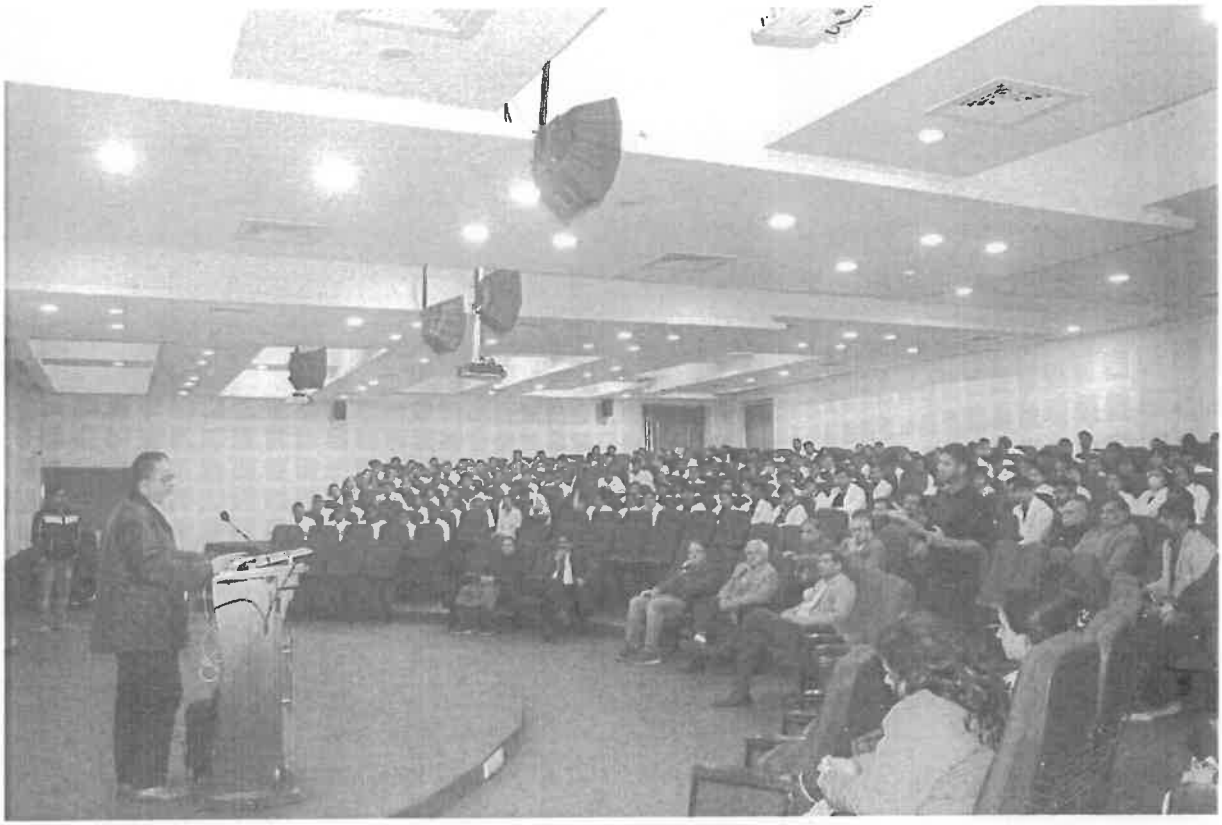
- MBBS and Nursing students
- Interns and postgraduate students
- Faculty from Psychiatry, Psychology, and Community Medicine
- Counselors and invited mental health professional

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

4. Activities Conducted:

- **Expert Lectures:** Focused on identifying, managing, and supporting mental health needs in youth.
- **Interactive Session:** Participants asked questions and shared thoughts on mental wellness.
- **Resource Materials:** Handouts on coping strategies and helpline numbers were distributed.
- **Awareness Posters:** Displayed in the hall to visually communicate key mental health messages.



BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

5. Outcomes:

- Attended by over 120 students and staff.
- Students reported increased understanding of youth-specific mental health issues.
- Positive feedback on the inclusion of practical stress management techniques.
- Recommendations made for regular mental health counseling services in the institution.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 02.11.2022

Title of the Activity

Workshop on rising chronic diseases in middle age

Date & Venue

- **Date**: 01.11.2022
- **Venue** :Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

1. Introduction:

The Department of Medicine at Rohilkhand Medical College and Hospital organized a workshop on **Rising Chronic Diseases in Middle Age** to address the growing prevalence of lifestyle-related chronic conditions such as hypertension, diabetes, cardiovascular diseases, and obesity. This workshop was designed to raise awareness among healthcare students and professionals about the risks, prevention strategies, and management approaches for these diseases in middle-aged adults.

2. Objectives:

- To raise awareness about the increasing prevalence of chronic diseases in middle-aged individuals.
- To discuss the risk factors, including lifestyle choices, diet, and genetics, contributing to these diseases.
- To explore preventive measures, early diagnosis, and management strategies for chronic diseases.
- To highlight the critical role healthcare professionals play in managing and mitigating chronic diseases.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

3. Participants:

- MBBS and Nursing students
- Postgraduate students in Medicine, Surgery, and Public Health
- Faculty members from Medicine, Family Medicine, and related specialties
- Healthcare professionals, including dietitians and physiotherapists
- Medical residents and interns

4. Key Highlights:

- **Expert Lectures:** The workshop featured comprehensive talks by experts in Internal Medicine, Endocrinology, Cardiology, and Public Health. These sessions provided in-depth insights into the pathophysiology, risk factors, and modern treatment approaches for chronic diseases.
- **Case Study Analysis:** Attendees were engaged in group discussions focusing on real-world case studies involving middle-aged individuals with chronic conditions. This allowed participants to apply theoretical knowledge to practical situations and understand the complexities involved in chronic disease management.
- **Interactive Sessions:** Participants had the opportunity to interact with experts during Q&A sessions, where they could address specific queries related to the prevention and treatment of chronic diseases. This fostered an engaging and informative environment.
- **Health Awareness Materials:** During the workshop, participants were provided with pamphlets and handouts on maintaining a healthy lifestyle, the importance of regular screenings, and the role of physical activity and diet in managing chronic conditions.
- **Networking Opportunities:** The event facilitated networking among healthcare professionals from different disciplines, creating an interdisciplinary platform for discussing the management of chronic diseases in middle-aged adults.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



5. Outcomes :

- The workshop saw a participation of over 120 attendees, including students, faculty, and healthcare professionals.
- There was an increased understanding among participants about the rise of chronic diseases in middle-aged individuals, with particular focus on the role of lifestyle and genetics.
- Positive feedback was received regarding the practical approach of the workshop, particularly the case study discussions and expert advice on managing chronic diseases.
- Participants expressed interest in future workshops and suggested organizing follow-up programs focused on continuous medical education and public health initiatives related to chronic disease prevention.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 26.11.2022

Title of the Activity

Seminar on digital natives and mental wellness

Date & Venue

- **Date**: 25.11.2022
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

1. Introduction:

The Department of Psychiatry at Rohilkhand Medical College and Hospital organized a seminar titled **"Digital Natives and Mental Wellness"**, focusing on the mental health challenges faced by the current generation of digital natives—individuals who have grown up in a world immersed in digital technology. The seminar aimed to raise awareness about the impact of technology on mental health and provide strategies for maintaining mental wellness in an increasingly digital world.

2. Objectives:

- To explore the concept of "digital natives" and how the digital world influences mental health.
- To discuss the psychological impacts of excessive screen time, social media, and digital interactions on young people.
- To raise awareness about mental health issues such as anxiety, depression, and digital addiction.
- To provide practical strategies for managing digital health and maintaining mental wellness.
- To foster open conversations about the role of healthcare professionals in supporting mental health in the digital age.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

3. Participants:

- MBBS and Nursing students
- Postgraduate students in Psychiatry, Psychology, and Public Health
- Faculty members from Psychiatry, Psychology, and related fields
- Mental health professionals, including counselors and clinical psychologists
- Medical residents and interns

4. Key Highlights:

- **Expert Lectures:** The seminar included talks by mental health professionals who discussed the psychological implications of digital technology on young people. Topics covered included the rise of anxiety and depression linked to social media, screen time, and the constant connection to digital devices.
- **Interactive Sessions:** A key feature of the seminar was the interactive sessions, where students and faculty engaged in discussions about the pressures of digital life and its effects on mental well-being. Participants were encouraged to share their experiences and thoughts on managing mental health in the digital age.
- **Mental Wellness Strategies:** Experts provided actionable advice on managing digital consumption, including techniques for digital detox, managing online relationships, and building resilience against the pressures of the digital world.
- **Mental Health Resources:** Participants were introduced to mental health apps, online resources, and helplines designed to support individuals struggling with digital addiction and other mental health issues.
- **Awareness Campaign:** Throughout the seminar, posters and pamphlets were distributed with tips for maintaining mental wellness in a digital world. These materials aimed to educate students on recognizing early signs of mental distress and seeking timely help.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



5. Outcomes:

- Over 100 participants, including students and faculty members, attended the seminar.
- Participants gained a deeper understanding of how technology, especially social media, can influence mental health, leading to increased levels of stress, anxiety, and depression among young adults.
- Feedback collected at the end of the seminar showed that attendees found the discussion on mental wellness strategies, such as digital detox and mindfulness practices, highly valuable.
- Several participants suggested incorporating more workshops and practical sessions focusing on mental health management in the digital age.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Person(s)

DrMedhavi Agarwal

Dr Deepak Upadhyay

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 21.11.2022

Title of the Activity

Workshop on changing family structures and health support

Date & Venue

- **Date**: 19.11.2022
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

1. Introduction:

The Department of Community Medicine at Rohilkhand Medical College and Hospital organized a one-day workshop titled **"Changing Family Structures and Health Support."** The workshop aimed to explore how evolving family structures are influencing health care needs and support systems. The focus was on understanding the implications of changing family dynamics, such as nuclear families, single-parent households, and multigenerational living, and how these changes affect health management and support in contemporary society.

2. Objectives:

- To examine the impact of changing family structures on healthcare needs and delivery.
- To discuss how family support systems influence the management of chronic diseases, elderly care, and mental health issues.
- To explore new approaches for integrating family support into healthcare planning and services.
- To understand the role of healthcare professionals in supporting individuals and families facing these changes.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

3. Participants:

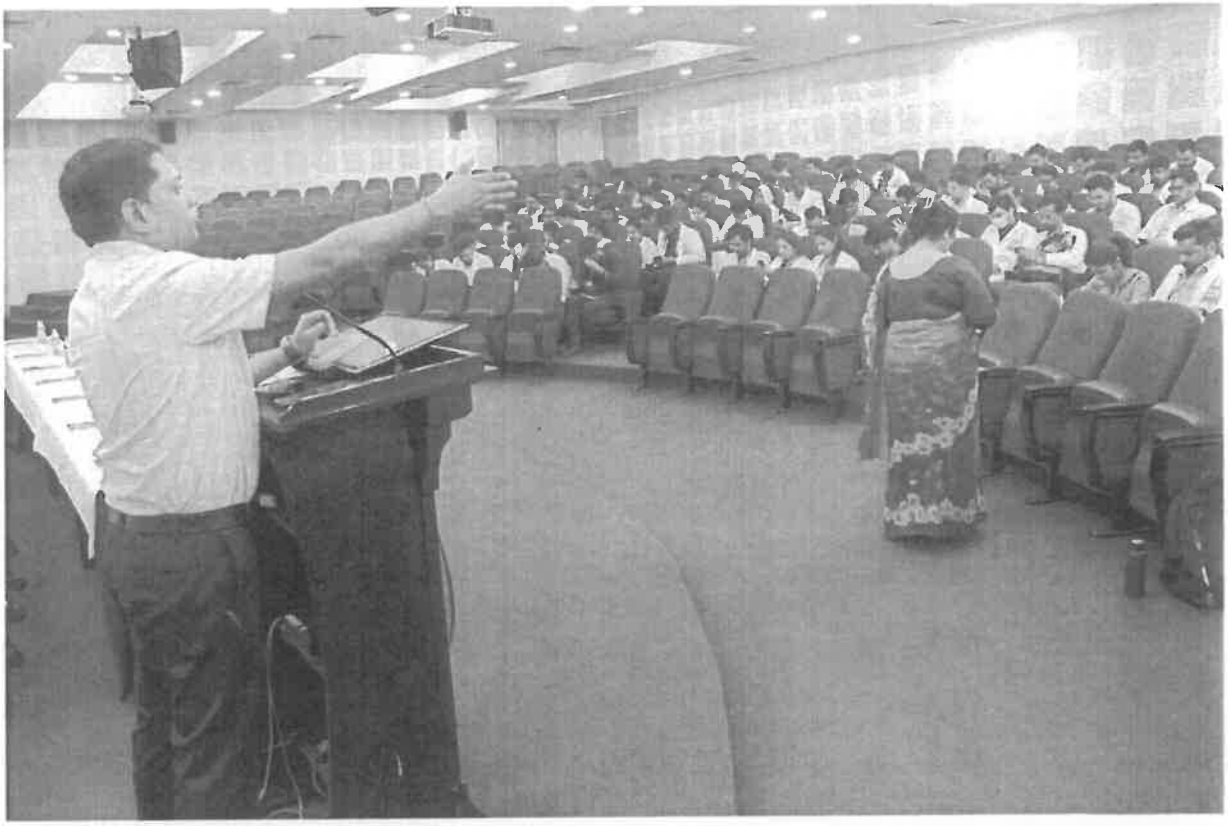
- MBBS and Nursing students
- Postgraduate students in Community Medicine, Psychiatry, and Public Health
- Faculty from Community Medicine, Family Medicine, and Geriatrics
- Healthcare professionals including social workers, counselors, and psychologists
- Medical residents and interns

4. Key Highlights:

- **Expert Lectures:** The workshop included insightful lectures from experts in Community Medicine, Family Medicine, and Social Work. These sessions focused on how changing family structures impact health outcomes, such as mental health, caregiving for elderly family members, and chronic disease management.
- **Case Study Discussions:** Participants were divided into small groups to analyze case studies of patients from diverse family backgrounds, including nuclear families, elderly living alone, and multigenerational households. Each group discussed how family dynamics influenced the patient's healthcare needs and the types of support required.
- **Interactive Sessions:** The workshop featured open discussions on the challenges that healthcare professionals face when treating individuals from non-traditional family structures. Participants were encouraged to share their experiences and strategies for addressing family-related healthcare concerns.
- **Role of Healthcare Providers:** Several sessions highlighted the crucial role that healthcare providers play in bridging the gap between medical care and family support, including educating families on caregiving, mental health support, and navigating healthcare systems.
- **Resource Materials:** Participants were provided with handouts on creating family-centered healthcare plans, resources for supporting elderly and mentally ill patients in diverse family settings, and the importance of community-based health support systems.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



5. Outcomes and Feedback:

- Over 100 participants, including students and faculty members, attended the workshop.
- The workshop highlighted the importance of considering family dynamics when planning healthcare interventions, especially in the management of chronic diseases and elderly care.
- Positive feedback was received, particularly regarding the real-world relevance of the case study discussions and the practical suggestions offered for integrating family support into healthcare plans.
- Attendees expressed interest in further workshops focusing on specific aspects of healthcare in changing family structures, such as caregiving challenges, mental health, and eldercare.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 13.03.23

Title of the Activity

Workshop on Patients' Rights and Responsibilities

Date & Venue

- **Date**: March12, 2023
- **Venue**: Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To raise awareness about the rights and responsibilities of patients within the healthcare system.
- To educate healthcare professionals, students, and patients about the importance of respecting both the rights and responsibilities of patients for improved healthcare delivery.
- To discuss legal frameworks and ethical considerations surrounding patient care, focusing on enhancing patient autonomy and informed decision-making.
- To foster better communication between healthcare providers and patients to promote mutual respect and trust.
- To explore strategies to ensure that patients are well-informed about their rights and responsibilities and are empowered to actively participate in their healthcare decisions.

Resource Persons

1. **Dr. Rashmi Katiyal**
2. **Dr. Medhavi Agarwal**
3. **Dr. Deepak Upadhyay**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The **Workshop on Patients' Rights and Responsibilities** was conducted at Rohilkhand Medical College and Hospital to address the key elements of patients' rights and responsibilities within the healthcare system. The workshop aimed to provide healthcare professionals, students, and patients with a deeper understanding of patient rights and responsibilities, and how these elements contribute to the quality of healthcare services.

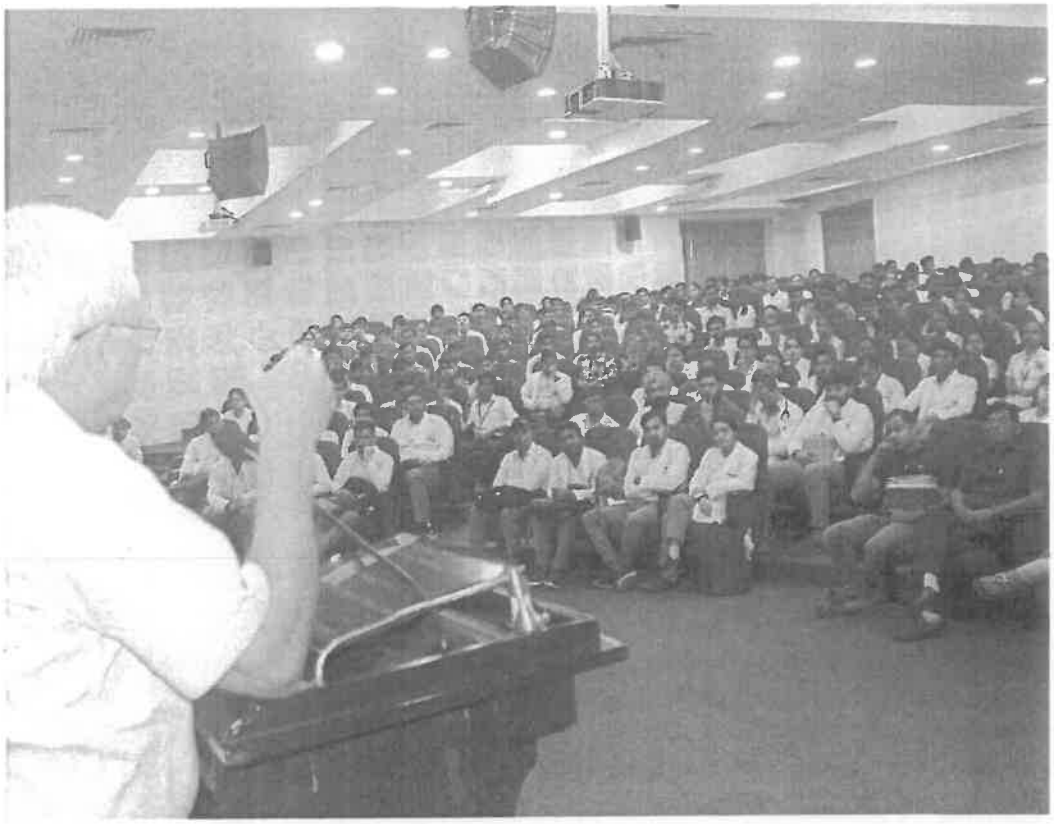
Agenda Highlights:

- **Welcome Address**: The workshop commenced with a Welcome Address by [Insert Name/Designation], emphasizing the importance of understanding both the rights and responsibilities of patients in the healthcare process to ensure ethical, transparent, and patient-centered care.
- **Keynote Presentation**: The keynote speaker, an expert in health law, discussed the **legal rights of patients**, including the right to informed consent, the right to privacy and confidentiality, the right to non-discrimination, and the right to access healthcare. The session also addressed patients' responsibilities, such as adhering to prescribed treatment plans, respecting healthcare professionals, and maintaining open communication.
- **Session on Ethical Considerations**: This session focused on the ethical responsibilities of both healthcare providers and patients in ensuring quality care. Discussions centered on patient autonomy, confidentiality, the importance of informed decision-making, and fostering mutual respect.
- **Panel Discussion**: The panel consisted of healthcare professionals, legal experts, and patient advocacy leaders. They discussed real-world challenges related to balancing patient rights with healthcare providers' duties. The discussion emphasized how hospitals and medical staff can ensure patients' rights are upheld while managing healthcare delivery effectively.
- **Interactive Q&A Session**: The workshop concluded with a lively Q&A session, encouraging participants to ask questions about patient rights, share personal experiences, and discuss challenges related to ensuring patient dignity and rights in medical settings.

The session was interactive and served as an essential learning opportunity for participants to understand the critical role that both patients and healthcare providers play in ensuring positive outcomes in healthcare.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Increased understanding of patients' legal and ethical rights within the healthcare system.
- Improved awareness among healthcare providers and patients about the mutual responsibilities they hold in ensuring effective treatment.
- Enhanced communication between healthcare providers and patients, ensuring that patients are well-informed and respected throughout their treatment process.
- Strengthened advocacy for the protection of patient rights and responsibilities, leading to a more patient-centered healthcare environment.
- Empowered participants to actively engage in promoting a healthcare culture where patients' autonomy and dignity are respected, and their rights are fully upheld.

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 14.04. 2023

Title of the Activity

Seminar on The Role of State in Ensuring Right to Health

Date & Venue

- **Date**: April 13, 2023
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To explore the role of the state in ensuring the right to health for all citizens, with an emphasis on legal, ethical, and policy frameworks.
- To analyze current healthcare policies and their impact on public health, focusing on access to healthcare services for all, especially vulnerable populations.
- To discuss the state's responsibilities in promoting health equity, addressing health disparities, and providing essential health services.
- To understand the challenges faced by healthcare systems in implementing the right to health, and propose strategies for improvement.
- To engage students, healthcare professionals, and policymakers in discussions on strengthening the healthcare system through state interventions and policies.

Resource Persons

1. **Dr. Shalini Chandra**
2. **Dr. Iram Khan**
3. **Dr. Anju**
4. **Dr. Manohar**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

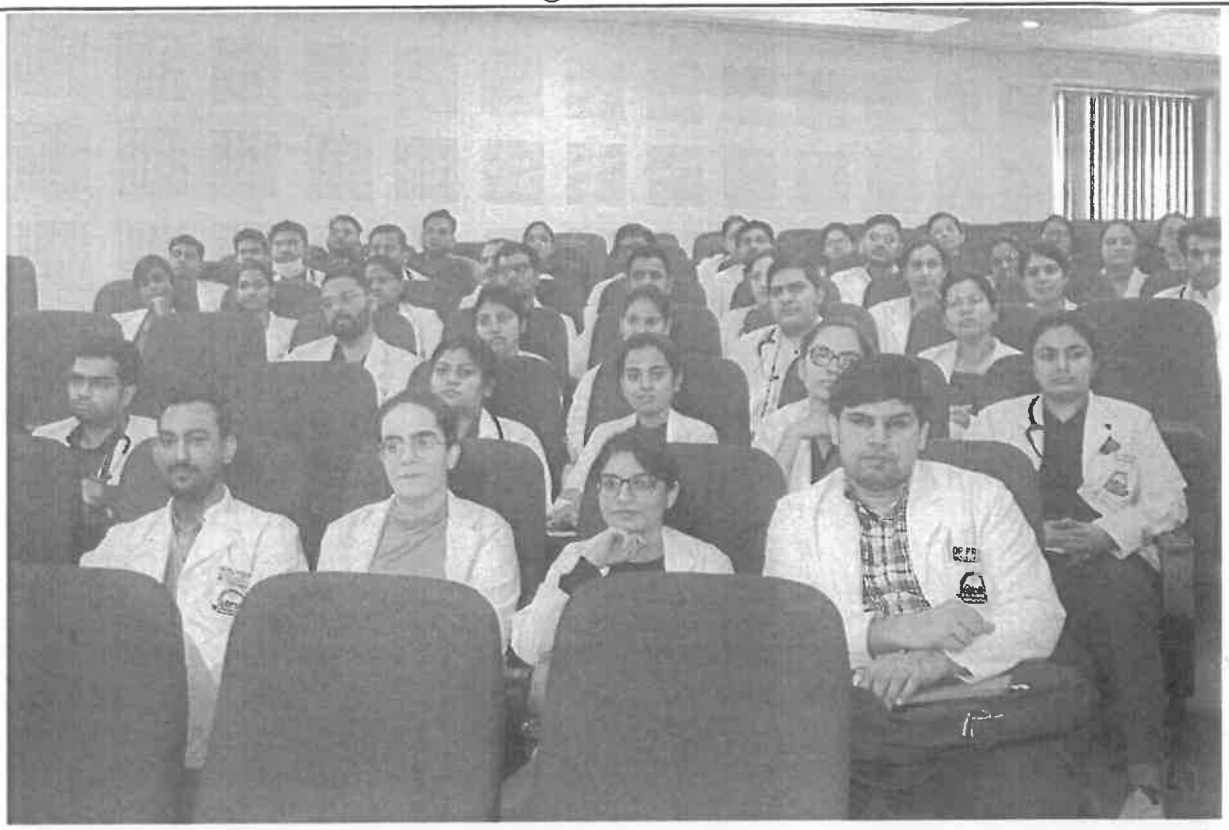
The **Seminar on The Role of State in Ensuring Right to Health** was held at **Rohilkhand Medical College and Hospital**, with the objective of addressing the crucial role the state plays in safeguarding the right to health for all citizens. The seminar brought together healthcare professionals, academicians, students, and policymakers to engage in a thought-provoking discussion on how the state ensures equitable access to healthcare services, particularly for marginalized groups.

Agenda Highlights:

- **Welcome Address**: The seminar commenced with an introductory address by the organizing committee, emphasizing the importance of understanding the state's role in upholding the right to health, especially in light of the evolving healthcare needs of the population.
- **Keynote Presentation**: A distinguished expert in public health law and policy delivered the keynote address, providing insights into the legal aspects of the right to health, with a focus on international frameworks (such as the Universal Declaration of Human Rights) and national legislation, including India's **Right to Health** and the **National Health Policy**. The speaker highlighted the key provisions related to state responsibility in providing accessible, affordable, and quality healthcare services to its citizens.
- **Session on Healthcare Access and Health Equity**: This session explored the various mechanisms by which the state can ensure healthcare access for all, focusing on health equity. Discussions centered on strengthening healthcare systems, improving public health infrastructure, and promoting universal health coverage.
- **Panel Discussion**: The panel featured policymakers, health experts, and academics who discussed the challenges faced by the government in ensuring the right to health, such as inadequate healthcare resources, inefficiencies in service delivery, and disparities in healthcare access, particularly in rural areas. The panel also explored strategies to address these challenges, such as policy reforms and collaborative efforts with non-governmental organizations.
- **Interactive Q&A Session**: The seminar concluded with a dynamic Q&A session, where participants were able to ask questions, share their experiences, and discuss the role of the state in improving the healthcare system. Several key issues, including the importance of public-private partnerships and the role of education in promoting health rights, were addressed.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Enhanced understanding of the state's responsibility in ensuring the right to health and the frameworks available to support this mandate.
- Increased awareness of existing healthcare policies and programs aimed at improving health access and equity, including the role of the government in addressing systemic healthcare gaps.
- Strengthened engagement between healthcare professionals, students, and policymakers on how to better implement the right to health in India and across different regions.
- Identification of key policy recommendations to improve the accessibility, affordability, and quality of healthcare services for underserved populations.
- Development of collaborative strategies for future advocacy efforts aimed at advancing the right to health through public policies and state intervention.

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 16.05.23

Title of the Activity

Workshop on Legal Aid and Medical Care

Date & Venue

- **Date**: May 15, 2023
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To explore the intersection of legal aid and medical care, focusing on how legal support can enhance healthcare access and protect patient rights.
- To raise awareness about the legal rights of patients, including access to healthcare, informed consent, confidentiality, and the right to receive proper medical care.
- To discuss the role of healthcare professionals in facilitating access to legal aid for patients facing healthcare-related legal challenges.
- To foster collaboration between legal and healthcare professionals in promoting the welfare of patients, particularly those from marginalized and vulnerable groups.
- To train participants on how to effectively navigate the legal frameworks in healthcare and ensure that patients' legal rights are upheld in medical settings.

Resource Persons

1. **Dr. Nitesh Mohan**
2. **Dr. Mithila Bisht**
3. **Dr. Anjana Arya**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

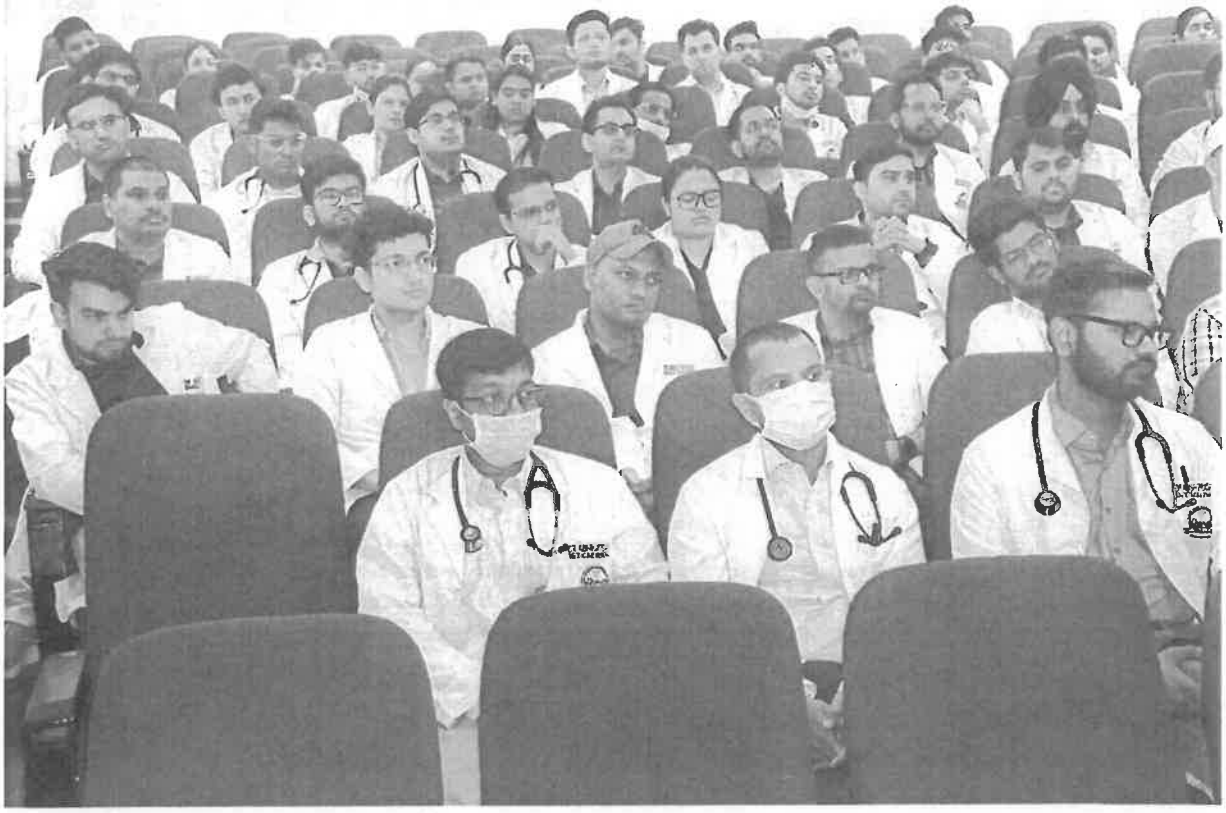
The **Workshop on Legal Aid and Medical Care** was organized at **Rohilkhand Medical College and Hospital** with the aim of highlighting the importance of providing legal assistance to patients in navigating healthcare systems. The workshop brought together healthcare professionals, legal experts, students, and patient advocates to discuss the integration of legal aid with medical care and its impact on patient rights and healthcare delivery.

Agenda Highlights:

- **Welcome Address**: The workshop began with a Welcome Address by [Insert Name/Designation], who set the tone for the day's discussions, emphasizing the importance of ensuring that patients have access to both medical care and legal support when needed.
- **Keynote Presentation**: A distinguished legal expert delivered the keynote address on the **role of legal aid in healthcare**. The speaker discussed various aspects of healthcare law, including the **Patient Rights Charter**, the **Medical Negligence Act**, and other critical legal frameworks that protect patients' rights to quality care. The session provided an overview of how legal aid can be effectively utilized by healthcare professionals to safeguard patient rights, especially in cases of medical malpractice, abuse, or neglect.
- **Session on Patient Rights and Legal Frameworks**: This session focused on the legal rights of patients, such as the right to informed consent, the right to privacy and confidentiality, and the right to access healthcare. Participants also learned about the legal responsibilities of healthcare providers and how to handle legal challenges in clinical settings.
- **Panel Discussion**: The panel featured a mix of healthcare professionals and legal experts who discussed real-world case studies of how legal aid has been integrated into medical care. Topics included medical negligence, patients' rights in public and private hospitals, and the role of legal professionals in advocating for patients in healthcare settings. The panel also addressed how healthcare workers can guide patients to appropriate legal resources when necessary.
- **Interactive Q&A Session**: The workshop concluded with an engaging Q&A session, where participants had the opportunity to raise questions, share experiences, and discuss practical challenges and solutions related to the intersection of legal aid and healthcare. Topics such as navigating legal issues in rural settings and the role of healthcare institutions in educating patients about their rights were discussed.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Increased understanding of the legal rights of patients and the role of legal aid in ensuring access to healthcare and protecting patient welfare.
- Enhanced awareness among healthcare providers about their role in supporting patients through legal channels, particularly in cases of medical negligence, malpractice, and rights violations.
- Strengthened collaboration between healthcare professionals and legal experts, fostering an integrated approach to patient care that includes legal support.
- Empowered participants to better advocate for patients' legal rights, navigate legal frameworks in healthcare, and ensure ethical and fair treatment.
- Development of strategies for integrating legal aid services into healthcare institutions, ensuring that patients can easily access the support they need when encountering legal issues related to their care.

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 17.10.2022

Title of the Activity

Seminar on Rights-Based Approach to Primary Healthcare

Date & Venue

- **Date**: October 16, 2022
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To introduce and discuss the concept of a rights-based approach to primary healthcare, focusing on how healthcare services should be aligned with human rights principles.
- To explore the role of healthcare professionals in promoting and upholding the rights of patients, particularly in the context of primary healthcare settings.
- To analyze the legal, ethical, and social aspects of primary healthcare and how they relate to patients' rights to health and healthcare services.
- To understand the impact of policies and legal frameworks on the delivery of primary healthcare services, particularly in marginalized and underserved communities.
- To provide healthcare professionals with practical tools and strategies for integrating human rights into primary healthcare practice.

Resource Persons

1. **Dr. Rashmi Katiyal**
2. **Dr. Medhavi Agarwal**
3. **Dr. Deepak Upadhyay**

Description

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The **Seminar on Rights-Based Approach to Primary Healthcare** was held at **Rohilkhand Medical College and Hospital**, bringing together healthcare professionals, academicians, and students to discuss the importance of integrating human rights principles into primary healthcare delivery. The seminar emphasized the need to shift from a purely medical model of healthcare to one that recognizes healthcare as a fundamental human right, ensuring equitable access to quality healthcare for all individuals, especially the underserved and vulnerable populations.

Agenda Highlights:

- **Welcome Address**: The seminar began with a Welcome Address by the organizing committee, which underscored the importance of integrating a rights-based approach into primary healthcare services to improve health outcomes and ensure social justice.
- **Keynote Presentation**: A renowned expert in public health policy and human rights delivered the keynote address, highlighting the **rights-based approach** to healthcare. The presentation focused on the principles of human rights as they apply to healthcare delivery, including the right to access essential services, the right to non-discrimination, the right to participation in healthcare decision-making, and the right to the highest attainable standard of health.
- **Session on Legal and Ethical Aspects**: This session explored the **legal frameworks** that protect healthcare rights in India, such as the **National Health Policy**, the **Right to Health** framework, and international human rights instruments like the **Universal Declaration of Human Rights** and the **International Covenant on Economic, Social, and Cultural Rights (ICESCR)**. Discussions included how these laws and policies can guide the implementation of a rights-based approach to primary healthcare.
- **Panel Discussion**: The panel brought together healthcare professionals, legal experts, and policymakers to discuss the practical challenges and opportunities in implementing a rights-based approach in primary healthcare settings. The panel discussed issues such as ensuring equitable access to services for marginalized communities, overcoming barriers to healthcare access, and the role of healthcare workers in advocating for patients' rights.
- **Interactive Q&A Session**: The seminar concluded with an interactive Q&A session, where participants had the opportunity to ask questions, share experiences, and engage in discussions on how they can incorporate a rights-based approach into their own practice. Topics included the role of patient advocacy, addressing healthcare inequities, and ensuring that human rights principles are upheld in everyday healthcare practice.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Increased awareness and understanding of the rights-based approach to primary healthcare and its importance in ensuring equitable and accessible healthcare for all.
- Enhanced knowledge among healthcare professionals about the legal, ethical, and policy frameworks that guide the rights of patients and the responsibilities of healthcare providers.
- Strengthened advocacy for a human rights-based framework in the delivery of primary healthcare services, especially for marginalized and vulnerable populations.
- Empowered healthcare professionals with practical tools and strategies to integrate a rights-based approach into their clinical practice and community outreach activities.
- Identification of actionable steps for improving healthcare access and equity through policy reform, community engagement, and advocacy efforts.

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 02.12.2022

Title of the Activity

Workshop on Health Insurance and Affordability Rights

Date & Venue

- **Date**:01.12.2022
- **Venue**:Seminar Room, Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To educate healthcare professionals, students, and the community about the role of health insurance in ensuring affordability and accessibility to healthcare services.
- To explore the key principles of health insurance, including the concepts of universal health coverage (UHC) and the right to health.
- To discuss how health insurance policies can address issues of affordability and reduce financial barriers to healthcare access, particularly for low-income and vulnerable populations.
- To provide participants with a deeper understanding of the legal and policy frameworks related to health insurance in India.
- To foster dialogue about the future of health insurance systems in India and globally, with a focus on improving equity and inclusivity in healthcare delivery.

Resource Persons

1. **Dr. Ved Prakash**
2. **Dr. Saumya Agarwal**
3. **Dr. Deepika**

Description

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

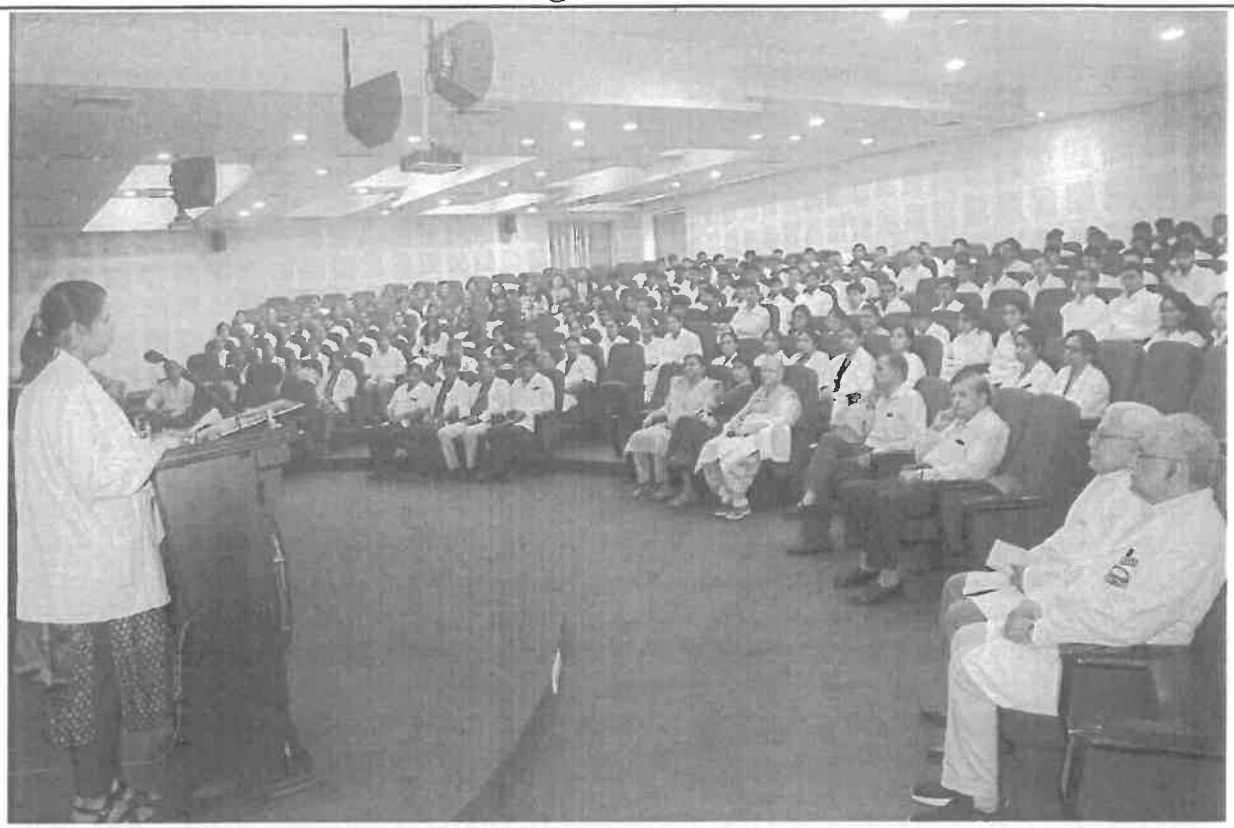
The **Workshop on Health Insurance and Affordability Rights** was conducted at **Rohilkhand Medical College and Hospital** to address the growing need for education on health insurance and its role in ensuring affordable healthcare for all. This workshop brought together healthcare professionals, students, insurance experts, and community members to discuss the critical relationship between health insurance, affordability, and access to care.

Agenda Highlights:

- **Welcome Address**: The workshop began with a Welcome Address by [Insert Name/Designation], emphasizing the importance of understanding health insurance as a tool for improving healthcare affordability and achieving health equity.
- **Keynote Presentation**: The keynote speaker, an expert in health insurance and public health policy, delivered an insightful presentation on the **fundamentals of health insurance** systems, with a focus on how they impact affordability and access to healthcare. The presentation covered various models of health insurance (private vs. public), the role of government schemes such as **Ayushman Bharat**, and the importance of integrating health insurance into national health policies.
- **Session on Health Insurance Models in India**: This session provided an in-depth look at the existing **health insurance models** in India, such as the **Pradhan Mantri Jan Arogya Yojana (PMJAY)** and the challenges and successes associated with their implementation. Discussions revolved around the need for more inclusive insurance models that cater to rural, underprivileged, and marginalized populations.
- **Panel Discussion on Affordability and Equity**: The panel featured a mix of healthcare professionals, insurance experts, and policy advocates who discussed the barriers to healthcare access, particularly in terms of affordability. The panel examined how health insurance could serve as a financial safety net for families and reduce out-of-pocket expenses, which are a significant barrier to access for many Indian families.
- **Interactive Q&A Session**: The workshop concluded with a Q&A session, allowing participants to ask questions about the intricacies of health insurance policies, how they can advocate for better insurance coverage for underserved populations, and how healthcare professionals can assist patients in navigating insurance options.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome

- Increased understanding of health insurance systems and how they can help reduce the financial burden of healthcare, ensuring greater accessibility and affordability for all.
- Enhanced knowledge about government initiatives such as **Ayushman Bharat** and **PMJAY**, and how these programs are contributing to the improvement of healthcare affordability in India.
- Participants gained valuable insights into the legal and policy frameworks governing health insurance in India, and how these frameworks can be improved to ensure better access to quality healthcare.
- Strengthened capacity among healthcare professionals to guide patients through health insurance processes and advocate for policies that promote affordability and equity in healthcare.
- Identified actionable strategies for improving health insurance coverage for low-income groups and marginalized populations.

Signature

Dean, Rohilkhand Medical College And Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 12.03.2023

Title of the Activity

Seminar on Housing Conditions and Disease Burden

Date & Venue

Date:11.03.2022

Venue: Lecture Theatre, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

Department of Community Medicine, Rohilkhand Medical College and Hospital,Barielly International University

Objectives

- To explore the link between inadequate housing conditions and disease prevalence in urban and rural settings.
- To raise awareness among healthcare professionals about environmental health determinants.
- To promote intersectoral collaboration for improving housing standards as a public health strategy.
- To identify evidence-based interventions to mitigate disease burden related to poor living conditions.

Resource Person(s)

- Dr.Nitesh Mohan (Head of Department,Pathology)
- Dr.Mithila Bisht

- Dr.Divya Bajpai

Description

This seminar focused on the significant yet often overlooked role of housing conditions in influencing disease patterns, especially among vulnerable populations. The event commenced with a **Welcome Address** who highlighted the intersection between living environments and public health outcomes.

A **Keynote** delved into empirical studies linking overcrowding, poor ventilation, lack of sanitation, and substandard housing materials to the spread of communicable and non-communicable diseases.

The seminar featured a **Panel Discussion**, where experts from the fields of public health, urban planning, and community development discussed the systemic and policy-level changes needed to address housing-related health issues.

An **Interactive Session** with students and faculty explored case studies of slum health programs, successful housing interventions, and actionable strategies for community-based improvements.



BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Outcome

- Improved awareness of the critical role of housing in disease prevention.
- Recognition of housing as a core component of public health planning.
- Strengthened dialogue between healthcare, policy, and community stakeholders.
- Encouragement of research and fieldwork projects focusing on environmental determinants of health.

Signature
Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 23.12.2022

Title of the Activity

Workshop on Trust Building in Doctor-Patient Relationship

Date & Venue

- **Date:** December 22, 2022
- **Venue**: Seminar room, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

- Department of Orthopedics, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives

- To highlight the importance of trust as a foundational element in the doctor-patient relationship.
- To educate healthcare professionals and students on strategies to build and sustain trust in clinical settings.
- To address barriers to trust and explore solutions for transparent, empathetic communication.

Resource Person(s)

- **Dr. M M Nagar(Head of Department,Orthopedics)**
- **Dr. Varun Aggarwal**
- **Dr. Irfan Hussain**

BAREILLY INTERNATIONAL UNIVERSITY

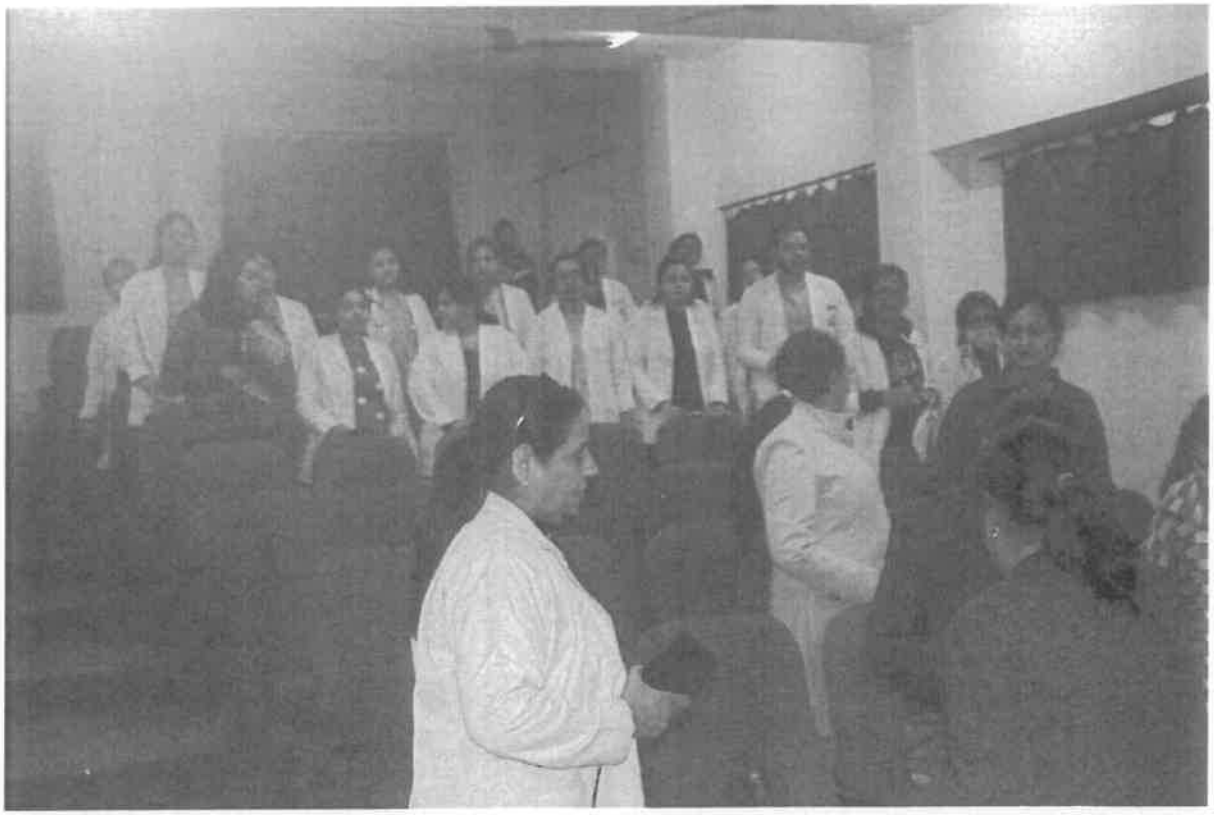
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The workshop emphasized the significance of trust in the healthcare system and the role of physicians in nurturing it. Sessions delved into the psychological and communicative aspects of trust, focusing on transparency, empathy, consistency, and respect.

The event commenced with a **Welcome Address,** stressing the ethical responsibility of healthcare providers to build trust with patients. A **Keynote Presentation** followed, illustrating real-life instances where trust positively influenced diagnosis, treatment adherence, and patient satisfaction.

Interactive segments included group discussions, experience sharing, and role plays aimed at highlighting trust-building behaviors such as active listening, cultural competence, and accountability. Participants examined common scenarios of mistrust and collaboratively developed solutions to overcome them.



Outcome

- Deeper understanding of the dynamics of trust in the doctor-patient relationship.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Strengthened resolve among participants to practice honest and compassionate care.
- Improved communication skills fostering trust and rapport with patients.
- Reinforcement of ethical and humanistic principles in medical practice.
- Recognition of trust as a key driver of better healthcare outcomes.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 18.02.2023

Title of the Activity

Workshop on Health Impact and Migration

Date & Venue

Date: February 17, 2023
Venue: Lecture Theatre, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

Department of Psychiatry,Rohilkhand Medical College and Hospital

Objectives

- To understand the health implications of internal and cross-border migration.
- To examine the challenges faced by migrant populations in accessing healthcare services.
- To discuss public health strategies for addressing health disparities among migrants.
- To build capacity among students and professionals to provide inclusive healthcare.

Resource Person(s)

- **Dr.Siddartha(Head of Department,Psychiatry)**
- **Dr.Ramzan Ali**
- **Dr.Arpit Jaiswal**

Description

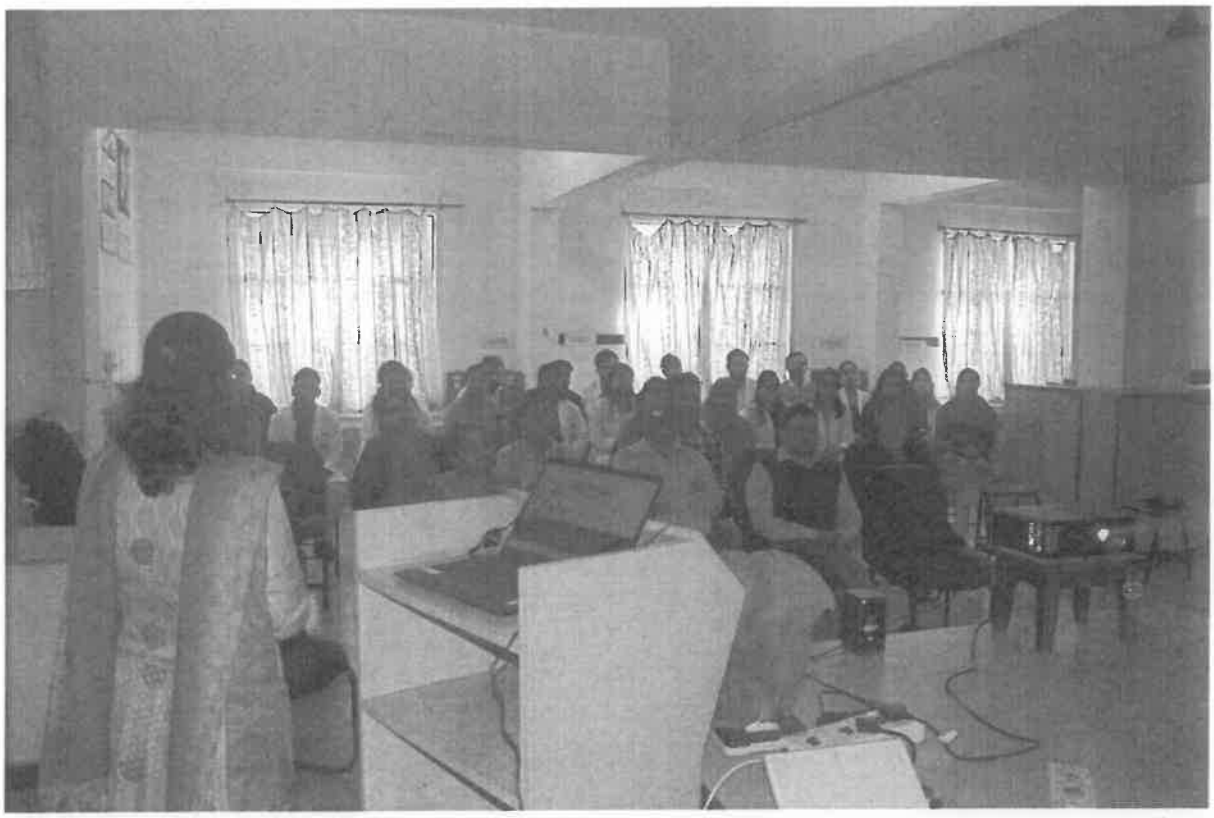
The workshop addressed the intersection of migration and public health, focusing on the health risks, barriers, and inequities experienced by migrant populations.

The event opened with a **Welcome Address** introduced the significance of understanding migration as a social determinant of health.

A **Keynote Session** highlighted the vulnerability of migrant groups to communicable diseases, occupational hazards, mental health disorders, and lack of continuity in care. He emphasized the need for mobile health services and inclusive health policies.

The workshop also included a **Panel Discussion** on health system responses to migration, featuring real-life case studies from both urban slum settings and cross-border refugee populations.

An **Interactive Group Activity** allowed participants to simulate fieldwork scenarios, emphasizing empathy-driven and culturally competent care for migrant patients.



Outcome

- Increased awareness of the complex health needs of migrant populations.
- Development of skills to design and advocate for inclusive health programs.
- Fostered a multidisciplinary approach toward migration-related health planning.
- Participants expressed a strong interest in community engagement and outreach related to migration.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature
Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 03.12.2022

Title of the Activity:

Seminar on the Influence of Media on Health Choices

Date & Venue

- **Date: 02.12.2022**
- **Venue:** Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

Department of Community Medicine, Rohilkhand Medical College and Hospital Bareilly International University

Objectives

- To explore the role of media in shaping public perceptions of health and wellness.
- To analyze how media messaging influences dietary habits, physical activity, and use of health services.
- To discuss strategies for promoting accurate, evidence-based health information through media platforms.
- To encourage healthcare professionals to critically evaluate and utilize media in patient education and public health campaigns.

Resource Person(s)

Dr. Rashmi Katiyal

Dr. Medhavi Agarwal

Dr. Deepak Upadhyay

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The seminar addressed how various forms of media—television, social media, print, and digital platforms—affect health choices across diverse populations. Discussions included both the benefits and risks of media influence, such as the spread of misinformation, body image concerns, and promotion of unhealthy lifestyles, as well as the use of media for health advocacy and education.

The event commenced with a Welcome Address emphasizing the media's power in shaping health behavior. A Keynote Presentation presented data and case studies on media-driven health trends and campaigns.

An Interactive Session engaged participants through discussions on media literacy, real-world examples of media impact, and designing effective communication for health promotion. Group discussions focused on practical strategies for leveraging media for public health awareness, especially in youth and rural populations.



Outcome

- Increased awareness of media's impact on individual and public health behavior.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Enhanced ability to critically analyze health-related media content.
- Improved skills for developing and disseminating health messages via media channels.
- Promoted interdisciplinary collaboration between healthcare and media professionals.
- Fostered commitment to ethical and responsible media use in health communication.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 21.01.2023

Title of the Activity

Seminar on Genetics and Lifestyle Interactions

Date & Venue

- **Date:** January 20, 2023
- **Venue:**Demo Room Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

Department of Obstetrics and Gynecology , Rohilkhand Medical College and Hospital,Bareilly International University

Objectives

- To explore the role of genetic predisposition in health and disease.
- To understand how lifestyle factors interact with genetic makeup to influence health outcomes.
- To raise awareness of the potential for personalized lifestyle interventions in disease prevention.
- To discuss advances in genomics and their public health implications.

Resource Person(s)

- **Dr.Kanchan Dalmia(Head of Department,Obstectrics and Gynecology)**
- **Dr.Shobha Mukherjee**
- **Dr.Rashmi Prasad**

Description

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

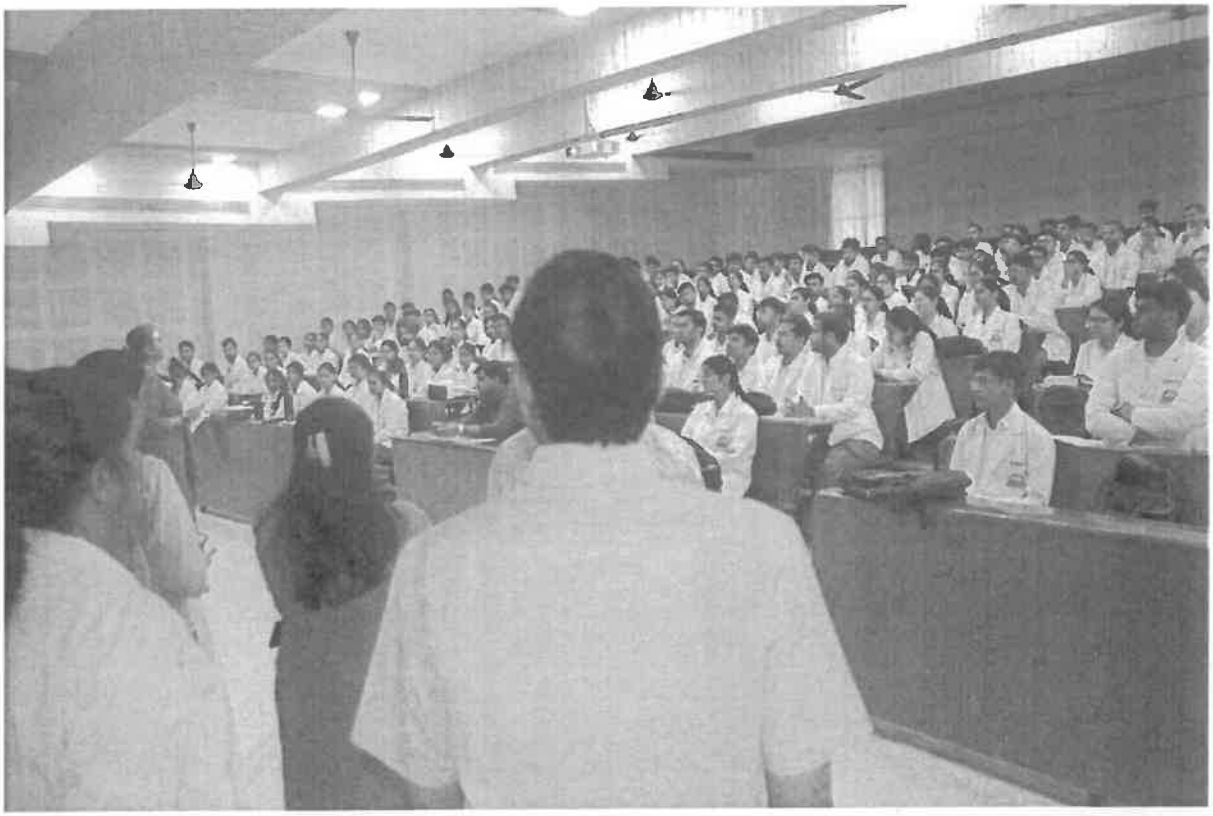
The seminar provided insights into the emerging field of gene-lifestyle interactions and its implications for public health, clinical practice, and preventive medicine.

The session was opened with **Welcome Address**, framing the importance of integrating genetics into community medicine and preventive healthcare.

A **Keynote Lecture** highlighted how lifestyle choices such as diet, physical activity, smoking, and stress interact with genetic profiles to affect the risk of chronic diseases like diabetes, cardiovascular conditions, and cancer.

The seminar also featured a **Panel Discussion** on how genetic screening, nutrigenomics, and precision medicine can be adapted in the Indian healthcare context. Speakers discussed ethical, social, and policy considerations in applying genetic information to public health interventions.

During the **Interactive Segment**, students and professionals analyzed case studies where genetic insights led to successful lifestyle modification and improved outcomes.



Outcome

- Increased knowledge of how genetic factors influence susceptibility to lifestyle-related diseases.

- Encouragement of evidence-based and personalized approaches to disease prevention.
- Stimulated interest in public health genomics and interdisciplinary collaboration.
- Participants expressed intent to pursue further research and training in genetics and lifestyle medicine.

Signature
Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 23.04.2023

Title of the Activity:

Seminar on the Role of Values in Mental Wellbeing

Date & Venue:

- **Date:** April 22, 2023
- **Venue**: Seminar room, Rohilkhand Medical College and Hospital, , Bareilly International University

Organized by:

- Department of Ophthalmology, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives:

- To explore the connection between core human values and mental health.
- To promote value-based approaches in mental wellbeing, focusing on empathy, compassion, resilience, and integrity.
- To foster self-awareness and ethical sensitivity among healthcare professionals and students.
- To encourage supportive environments that nurture psychological resilience and emotional balance.

Resource Person(s):

- **Dr. Ashutosh Dokania(Head of Department, Ophthalmology)**

- **Dr. Ritu Jain**

- **Dr. Tahir**

Description:

The seminar aimed at highlighting the crucial role values play in shaping mental health and emotional well-being. Discussions centered on how values such as empathy, respect, gratitude, and mindfulness contribute to personal resilience, stress management, and positive interpersonal relationships in healthcare settings.

The event commenced with a **Welcome Address** emphasizing the need for integrating human values into daily medical practice for holistic wellbeing. This was followed by a **Keynote Presentation** covering real-life scenarios where value-driven approaches improved mental health outcomes for patients and caregivers alike.

An Interactive Session engaged participants in reflecting on their personal value systems and how these influence their reactions, stress levels, and patient interactions. Group activities and case-based discussions were conducted to facilitate deeper understanding of ethical dilemmas and value conflicts in mental health contexts.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Outcome:

- Enhanced awareness of the impact of values on mental health.
- Strengthened commitment to value-driven practices in personal and professional life.
- Better understanding of strategies to manage emotional stress and promote mental resilience.
- Improved capacity to support patients' psychological needs with empathy and integrity.
- Reinforcement of the role of ethical and moral values in medical education and healthcare practice.

Signature

Dean, Rohilkhand Medical College and Hospital

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 25.04.2023

Title of the Activity

Workshop on Early Childhood Development and Health

Date & Venue

- **Date:** April 24, 2023
- **Venue:** Demo Room, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

- **Department of Paediatrics** , Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To emphasize the importance of early childhood as a critical period for health and development.
- To explore the interplay between nutrition, environment, parental care, and developmental outcomes.
- To enhance the knowledge and skills of healthcare providers in promoting early childhood health.
- To advocate for integrated approaches to early childhood care through education and policy support.

Resource Person(s)

- Dr.Preeti Lata Rai(Head of Department, Paediatrics)
- Dr.Shivani Bansal
- Dr.Ravish Kumar

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The workshop focused on promoting a comprehensive understanding of the health and developmental needs of children from birth to age five.

The session commenced with a **Welcome Address** highlighting early childhood as the foundation of lifelong health and well-being.

Keynote Lecture on early brain development, the impact of nutrition and responsive caregiving, and the risks posed by toxic stress and adverse environments.

This was followed by a **Technical Session** emphasized practical strategies for early identification of developmental delays and the importance of routine health screening and parental guidance.

An **Interactive Workshop** included case-based learning, group discussions, and hands-on demonstrations on growth monitoring, developmental milestones assessment, and community-level interventions



Outcome

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Strengthened understanding among participants of early childhood development principles.
- Improved capacity to implement early intervention and health promotion strategies.
- Encouraged collaboration between paediatric, community, and educational stakeholders.
- Initiated interest in multidisciplinary approaches to early childhood programming.

Signature
Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 23.05.2023

Title of the Activity:

Workshop on Conflict Resolution and Value-Based Leadership

Date & Venue:

- **Date**: May 22, 2023
- **Venue**: Demo room, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by:

- Department of Forensic Medicine, Rohilkhand Medical College and Hospital , Bareilly International University

Objectives:

- To enhance participants' understanding of conflict dynamics and effective resolution strategies.
- To promote leadership grounded in ethical values, empathy, and integrity.
- To develop communication and mediation skills essential for professional collaboration.
- To encourage a culture of mutual respect and constructive dialogue in healthcare settings.

Resource Person(s):

- **Dr. PC Srivastva(Head of Department,Forensic Medicine)**
- **Dr. Agniwesh**

BAREILLY INTERNATIONAL UNIVERSITY

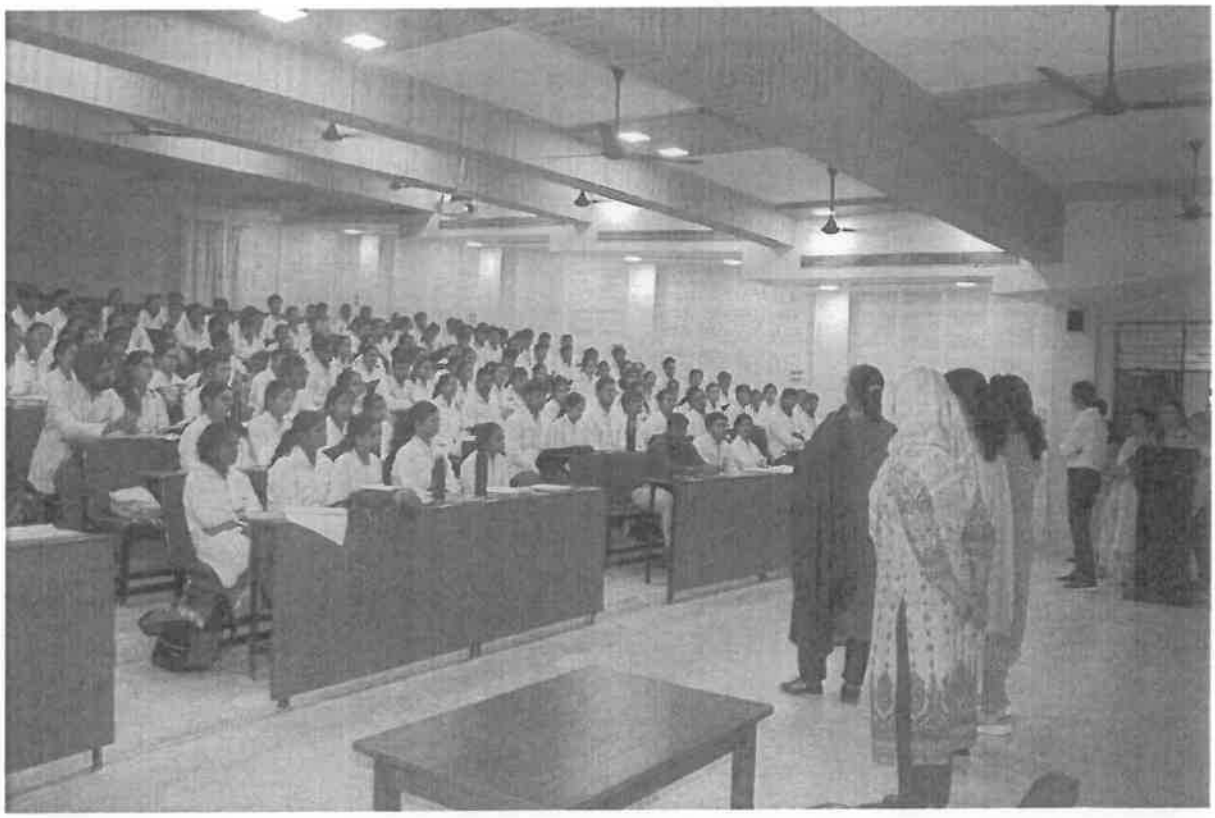
(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description:

The workshop was designed to explore the intersection of conflict resolution and value-based leadership in healthcare environments. It began with a **Welcome Address** that underscored the importance of ethical leadership in building cohesive teams and improving patient care.

The **Keynote Presentation** outlined practical strategies for resolving interpersonal conflicts while maintaining professionalism and respect. Real-world examples were shared to illustrate how value-driven leadership can de-escalate tensions and build trust within medical teams.

Interactive modules encouraged participants to reflect on personal leadership styles, emotional intelligence, and ethical challenges in decision-making. Group discussions and role-plays simulated conflict scenarios to enhance participants' negotiation, active listening, and empathy-based resolution skills.



Outcome:

- Improved awareness of the role of core values in leadership and conflict resolution.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Increased ability to manage conflicts constructively and empathetically.
- Strengthened leadership capacities among healthcare professionals and students.
- Greater appreciation for ethical decision-making and its impact on workplace harmony.
- Reinforced commitment to fostering respectful and inclusive environments in healthcare.

Signature

Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Activity Report

Date: 24.12.2022

Title of the Activity

Workshop on Early Childhood Development and Health

Date & Venue

- **Date:** December 23, 2022
- **Venue:** Demo Room, Rohilkhand Medical College and Hospital, Bareilly International University

Organized by

- **Department of Paediatrics** , Rohilkhand Medical College and Hospital, Bareilly International University

Objectives

- To emphasize the importance of early childhood as a critical period for health and development.
- To explore the interplay between nutrition, environment, parental care, and developmental outcomes.
- To enhance the knowledge and skills of healthcare providers in promoting early childhood health.
- To advocate for integrated approaches to early childhood care through education and policy support.

Resource Person(s)

- Dr.Preeti Lata Rai(Head of Department, Paediatrics)
- Dr.Shivani Bansal
- Dr.Ravish Kumar

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description

The workshop focused on promoting a comprehensive understanding of the health and developmental needs of children from birth to age five.

The session commenced with a **Welcome Address** highlighting early childhood as the foundation of lifelong health and well-being.

Keynote Lecture on early brain development, the impact of nutrition and responsive caregiving, and the risks posed by toxic stress and adverse environments.

This was followed by a **Technical Session** emphasized practical strategies for early identification of developmental delays and the importance of routine health screening and parental guidance.

An **Interactive Workshop** included case-based learning, group discussions, and hands-on demonstrations on growth monitoring, developmental milestones assessment, and community-level interventions



Outcome

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Strengthened understanding among participants of early childhood development principles.
- Improved capacity to implement early intervention and health promotion strategies.
- Encouraged collaboration between paediatric, community, and educational stakeholders.
- Initiated interest in multidisciplinary approaches to early childhood programming.

Signature
Dean, Rohilkhand Medical College and Hospital

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 06.03.2023

TITLE OF THE ACTIVITY:

Workshop on Sustainable Development Goals in Healthcare

Date & Venue:

- **Date**: March 5, 2023
- **Venue**: Lecture Theatre, RMCH
- **Organized by**: Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- **Raise Awareness**: To raise awareness about the importance of sustainable nutrition and food systems for promoting public health and environmental sustainability.
- **Explore Sustainable Food Practices**: To explore sustainable food practices and how they can contribute to better health outcomes, reduce environmental impact, and improve food security.
- **Promote Healthy and Sustainable Diets**: To discuss the role of sustainable diets in the prevention of nutrition-related diseases and how to integrate these practices into healthcare and community-based programs.
- **Role of Healthcare Professionals**: To examine the role of healthcare professionals in advocating for sustainable food systems and promoting nutrition education.
- **Foster Collaboration**: To encourage collaboration between healthcare professionals, nutritionists, agricultural experts, and policymakers to develop and implement sustainable food systems.

Resource Person(s):

- **Dr. Arun Singh**

- **Dr. Medhavi Agarwal**

- **Dr. Ajay Agarwal**

Description:

The workshop began with a welcome address by the Dean of Rohilkhand Medical College, who stressed the critical need for integrating sustainable nutrition practices into public health systems and the growing importance of food systems in ensuring long-term health and environmental sustainability.

- **Session 1**: Dr. Arun Singh initiated the first session by discussing the concept of sustainable nutrition and its connection to public health. He explored how food production and consumption patterns influence not only individual health but also community well-being and the environment. Dr. Singh highlighted the growing burden of diet-related diseases and the role of sustainable food practices in mitigating these challenges.
- **Session 2**: Dr. Medhavi Agarwal focused on the principles of sustainable food systems, including the importance of local food sourcing, reducing food waste, and prioritizing plant-based diets. She also discussed the environmental impact of conventional food production systems and how sustainable agriculture can contribute to healthier diets and reduced ecological footprints. Dr. Agarwal provided practical strategies for incorporating sustainable nutrition into healthcare and community-based programs.
- **Session 3**: Dr. Ajay Agarwal gave a practical demonstration of how sustainable nutrition practices can be applied within healthcare settings. He discussed case studies of hospitals and institutions that have adopted sustainable food systems, focusing on initiatives such as sourcing locally grown produce, reducing food waste, and offering plant-based options. Dr. Agarwal emphasized the importance of integrating nutrition education into public health campaigns and healthcare practice.

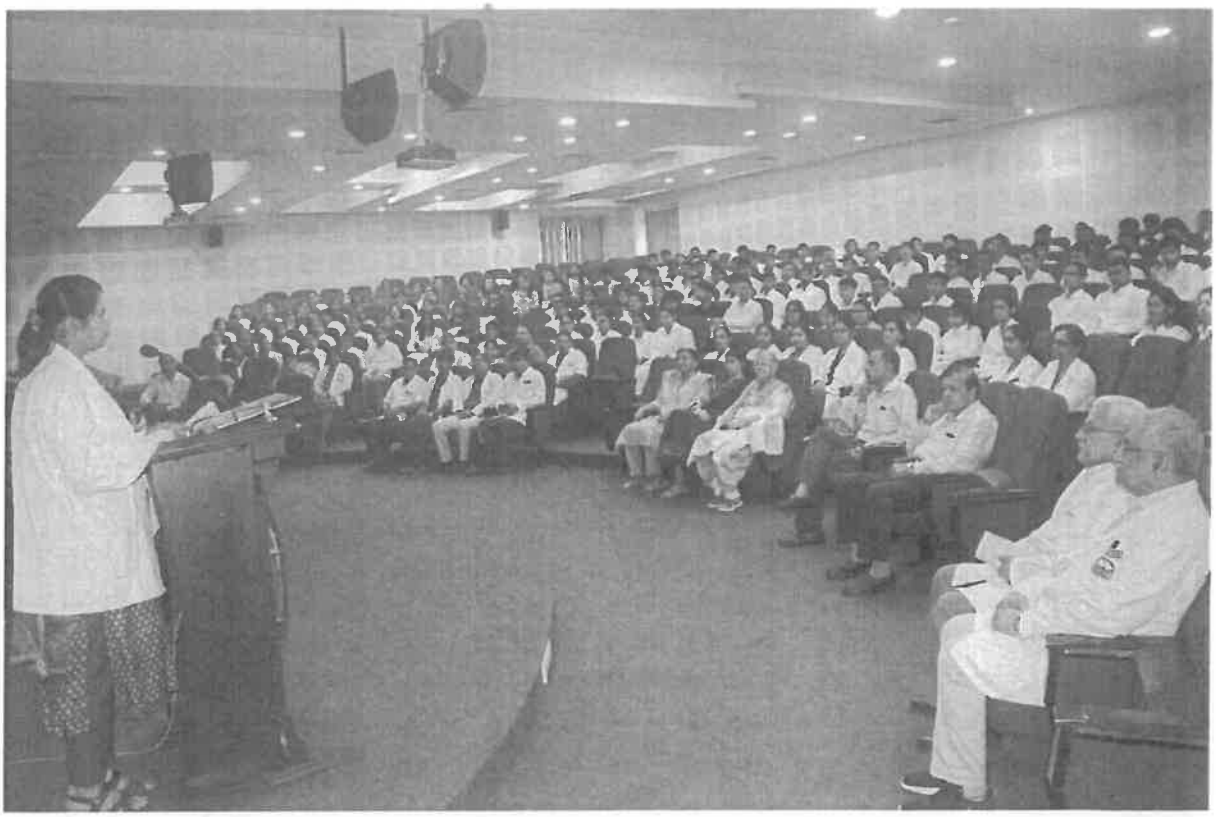
The workshop attracted over 100 participants, including healthcare professionals, students, nutritionists, environmental specialists, and public health experts. The sessions were highly interactive, featuring group discussions, case studies, and brainstorming sessions aimed at developing actionable solutions for integrating sustainable food systems into healthcare and community health initiatives.

Outcome:

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Comprehensive Understanding**: Participants gained a deep understanding of the relationship between nutrition, food systems, and public health, as well as the environmental and health benefits of adopting sustainable food practices.
- **Practical Application**: The workshop provided practical strategies for integrating sustainable food systems into healthcare practices, including promoting plant-based diets, reducing food waste, and supporting sustainable agricultural practices.
- **Role of Healthcare Professionals**: Healthcare professionals were equipped with the knowledge to advocate for sustainable nutrition in clinical settings, educate patients, and influence food policy and practices in hospitals and communities.
- **Collaboration for Sustainability**: The workshop fostered collaboration between healthcare professionals, nutritionists, environmental experts, and policymakers to promote sustainable food systems and healthy diets at the community level.
- **Follow-up**: Following the workshop, the Department of Community Medicine proposed the development of educational modules on sustainable nutrition for healthcare professionals, as well as an advocacy campaign to promote sustainable food systems in local healthcare settings.



Signature
Dean,
Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 20TH APRIL 2023

Title of the Activity:
Seminar on Eco-Friendly Lifestyle and Health Benefits

Date & Venue:

- **Date:** APRIL 19, 2023
- **Venue:** Lecture Theatre, RMCH

Organized by:
Department of Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- To raise awareness about the **health benefits** of adopting an **eco-friendly lifestyle.**
- To explore the direct and indirect connections between **environmental sustainability** and **human health,** particularly focusing on lifestyle choices.
- To discuss how simple, **eco-friendly practices** such as reducing waste, minimizing chemical exposure, and consuming sustainable products can improve overall well-being.
- To encourage individuals to adopt **healthier**, more **sustainable** living habits in their daily routines, and promote a **greener, health-conscious society**.
- To create a platform for **interdisciplinary collaboration** between health experts and environmental advocates in promoting sustainable living.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Description:

The seminar began with a **welcome address** by the **Dean of the Rohilkhand Medical College**, who highlighted the growing importance of an **eco-friendly lifestyle** in tackling both **health issues** and **environmental degradation**.

- **Dr. Arun Singh** delivered the opening session, emphasizing the **health benefits** of reducing exposure to pollutants, adopting a **plant-based diet**, and practicing sustainable habits like walking or cycling instead of using cars. He highlighted how these changes not only benefit **individual health** but also contribute to a **greener environment**.
- **Dr.Malini** expanded on the **mental and physical health benefits** of adopting an eco-friendly lifestyle. She discussed the connection between **stress reduction**, **exercise**, and the benefits of spending time in nature, along with the positive effects of reducing carbon footprints.
- **Dr. Nakul johri** focused on **eco-friendly practices** in daily life, such as minimizing waste, using sustainable products, reducing plastic consumption, and embracing **clean energy sources**. He also shared actionable steps that can be implemented at the individual and community level to create a **healthier planet** and a **healthier population**.

The seminar was attended by over **100 participants**, including **healthcare professionals**, **students**, **environmental advocates**, and **public health experts**. The interactive sessions encouraged participants to **reflect on their own lifestyles** and how small changes can have a **big impact** on both personal well-being and the environment.

Outcome:

- Participants gained a deeper understanding of how adopting an **eco-friendly lifestyle** can lead to significant **health benefits**, including reduced risk of chronic diseases, improved mental health, and enhanced overall well-being.
- The seminar emphasized practical **eco-friendly habits** such as using **public transportation**, adopting a **plant-based diet**, reducing **plastic consumption**, and promoting **energy efficiency**.
- Faculty, students, and healthcare professionals were provided with the **tools** and **knowledge** to implement **eco-friendly practices** in their personal lives and in their professional practices.
- The workshop also highlighted the importance of **community engagement** and **public health advocacy** in promoting a **greener, healthier** lifestyle for all.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- Following the seminar, the **Department of Community Medicine** proposed to develop a **series of educational programs** on sustainable living and its **health benefits**, including **eco-friendly lifestyle modules** for healthcare professionals.



Signature
Dean

Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 14TH NOVEMBER 2022

Title of the Activity:
Workshop on Climate Crisis and Disease Patterns

Date & Venue:

- **Date:** NOVEMBER 12, 2022
- **Venue:** Lecture Theatre, RMCH

Organized by:
Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- To raise awareness about the **impact of climate change** on **disease patterns** and **public health**.
- To explore the relationship between **climate crisis** (including extreme weather events, rising temperatures, and changing ecosystems) and the **emergence and spread of diseases**.
- To provide evidence-based strategies for **mitigating health risks** associated with climate change, focusing on vulnerable populations.
- To discuss the role of healthcare professionals, **policymakers**, and **public health experts** in addressing the **health impacts of climate change**.
- To promote **interdisciplinary collaboration** between **environmental scientists**, **health professionals**, and **government agencies** to mitigate the effects of climate change on public health.

Resource Person(s):

- **Dr. Arun Singh**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Dr. Medhavi Agarwal**

- **Dr. Deepak Upadhyay**

Description:

The workshop began with a **welcome address** by the **Dean of Rohilkhand Medical College**, who emphasized the critical need to address the **intersection of climate change** and **public health** as we face a rapidly changing global environment.

- **Dr. Arun Singh** opened the session by discussing how **climate change** is directly linked to **disease patterns** such as **respiratory illnesses**, **vector-borne diseases**, and **heat-related conditions**. He highlighted how **changing weather patterns**, such as **extreme heatwaves** and **flooding**, increase the risk of diseases and worsen health outcomes, particularly in vulnerable communities.
- **Dr. Deepak Upadhyay** provided a detailed analysis of the **health impacts of climate crisis**, emphasizing the rise of **infectious diseases**, such as **malaria**, **dengue**, and **cholera**, in areas affected by **climate-related shifts**. She discussed **disease surveillance systems** and how healthcare systems can better **prepare** for and **respond** to these emerging threats.
- **Dr. Medhavi Agarwal** focused on the **role of healthcare systems** in adapting to the changing climate and **disease burden**. He shared successful **case studies** of public health interventions aimed at reducing the health risks of climate change and how **policy frameworks** can be strengthened to address this growing issue.

The workshop was attended by over **100 participants**, including **healthcare professionals**, **students**, **public health experts**, and **environmental scientists**. The sessions were highly interactive, with **group discussions**, **case studies**, and **role-playing activities** aimed at exploring practical solutions for addressing the **health impacts of climate change**.

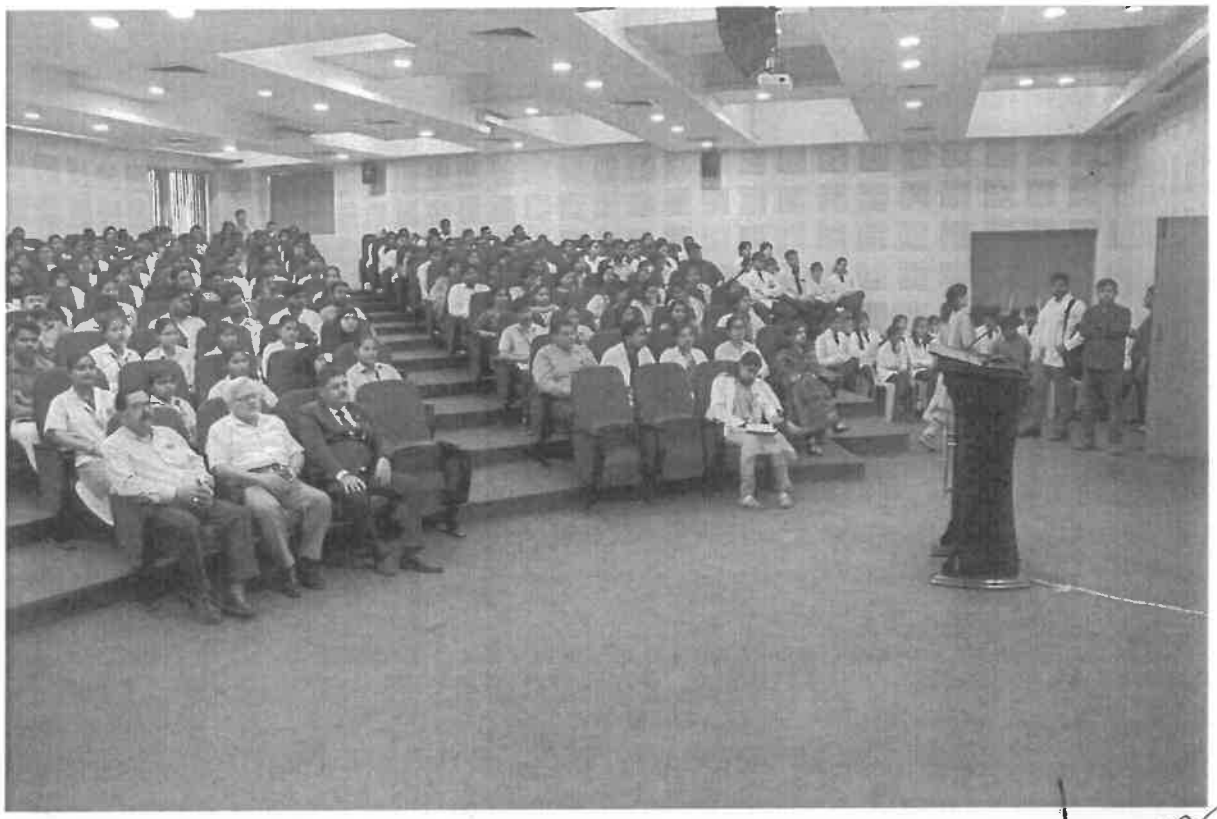
Outcome:

- Participants gained a **comprehensive understanding** of how **climate change** is influencing **disease patterns**, including the spread of **vector-borne diseases**, **respiratory illnesses**, and **waterborne diseases**.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- The workshop provided **evidence-based strategies** for **health professionals** to mitigate the **health risks** associated with climate change, including **disease prevention**, **early warning systems**, and **health system adaptation**.
- Faculty, students, and healthcare professionals were equipped with the **knowledge** and **tools** to integrate **climate change considerations** into **public health planning** and **disease management**.
- The seminar emphasized the need for **stronger interdisciplinary collaboration** between **environmental scientists**, **healthcare providers**, and **policymakers** to effectively combat the health effects of the **climate crisis**.
- Following the workshop, the **Department of Community Medicine** proposed the development of a **climate-health adaptation plan** and **training modules** on climate-induced health risks for future healthcare professionals.



Signature
Dean

Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 27.10.2022

Title of the Activity:
Seminar on Water, Sanitation, and Hygiene (WASH) in Healthcare

Date & Venue:

- **Date:** 26.10.2022
- **Venue:** Lecture Theatre, RMCH

Organized by:
Department of Microbiology, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- To raise awareness about the **importance of Water, Sanitation, and Hygiene (WASH)** in healthcare settings and its impact on **public health**.
- To discuss the **key challenges** related to **water access**, **sanitation**, and **hygiene practices** in healthcare facilities, especially in resource-limited settings.
- To explore the **role of WASH** in preventing **healthcare-associated infections**, improving patient care, and ensuring safety in **healthcare environments**.
- To provide actionable **solutions** and **strategies** for improving **WASH conditions** in healthcare facilities, ensuring a **safe and clean environment** for both patients and healthcare workers.
- To promote interdisciplinary collaboration between **health professionals**, **policy makers**, and **environmental experts** to achieve **global WASH standards** in healthcare institutions.

Description:

The seminar commenced with a **welcome address** by the **Dean of Rohilkhand Medcal College**, who emphasized the critical role of **WASH** in preventing **infections**, improving **patient outcomes**, and ensuring **overall healthcare quality**.

- **Dr. Deepika Singh**delivered the opening session, focusing on the importance of **clean water**, **sanitation**, and **hygiene** in preventing **healthcare-associated infections (HAIs)**. He discussed how inadequate WASH conditions contribute to the spread of **nosocomial infections** and stressed the need for robust **water supply systems**, **proper waste disposal**, and **sanitation protocols** in healthcare settings.
- **Dr. Somaya Aggarwal** explored the **link between WASH practices** and **patient safety**, addressing the practical challenges faced by hospitals and healthcare institutions in implementing effective WASH standards. She highlighted the role of **healthcare workers** in maintaining **hygienic practices** and improving **infection control** measures to minimize the spread of diseases.
- **Dr. Haniya Zafar**discussed the integration of **WASH principles** into **healthcare facility management**, focusing on key aspects such as **wastewater treatment**, **safe drinking water**, **hand hygiene**, and the role of **hospital management** in ensuring long-term sustainability of WASH programs. He also shared successful case studies of healthcare institutions that have improved their WASH standards and reduced infection rates.

The seminar was attended by over **100 participants**, including **healthcare professionals**, **students**, **infection control specialists**, and **policy makers**. The sessions encouraged interactive **discussions**, **group activities**, and **case study analyses**, focusing on practical solutions for **improving WASH conditions** in healthcare facilities.

Outcome:

- Participants gained a comprehensive understanding of the **crucial role** of **Water, Sanitation, and Hygiene** in maintaining **healthcare quality**, preventing infections, and ensuring patient safety in healthcare settings.
- The seminar highlighted the **key challenges** faced by healthcare institutions in implementing effective **WASH systems** and provided **evidence-based strategies** for overcoming these barriers.
- Faculty, students, and healthcare professionals were provided with the **tools** and **knowledge** to improve **WASH practices** in their respective healthcare settings, ensuring **safe and hygienic environments** for both patients and healthcare providers.
- The seminar encouraged **collaboration** between **health professionals**, **policy makers**, and **facility managers** to implement **global WASH standards** and integrate these practices into **national health policies**.
- Following the seminar, the **Department of Microbiology** proposed to launch a **WASH training module** for **healthcare professionals** and to initiate **audit programs** for evaluating **WASH compliance** in healthcare institutions.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Signature
Dean,

Rohilkhand Medical College and Hospital, Bareilly

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 06.03.2023

TITLE OF THE ACTIVITY: Workshop on Sustainable Nutrition and Food Systems

Date & Venue:

- **Date**: March 5, 2023
- **Venue**: Lecture Theatre, RMCH
- **Organized by**: Department of Community Medicine, Rohilkhand Medical College and Hospital, Bareilly

Objectives:

- **Raise Awareness**: To raise awareness among healthcare professionals, nutritionists, and food systems experts about the importance of sustainable nutrition and food systems for public health.
- **Explore Sustainable Practices**: To explore how sustainable nutrition practices can contribute to better health outcomes, reduce environmental impact, and promote food security.
- **Understand the Role of Stakeholders**: To discuss the role of healthcare professionals, policymakers, food systems experts, and other stakeholders in promoting sustainable nutrition practices.
- **Practical Strategies**: To provide practical strategies for integrating sustainable nutrition practices into healthcare, community programs, and food policies.
- **Foster Collaboration**: To foster collaboration between healthcare professionals, nutrition experts, and other sectors (e.g., agriculture, environmental science) to promote sustainable food systems and healthy diets across communities.

Resource Person(s):

- **Dr. Arun Singh**

- **Dr. Medhavi Agarwal**

- **Dr. Ajay Agarwal**

Description:

The workshop began with a welcome address by the Dean of Rohilkhand Medical College , who emphasized the importance of sustainable nutrition and food systems in achieving public health goals and addressing global challenges such as malnutrition, climate change, and food insecurity.

- **Session 1**: Dr. Arun Singh delivered the first session, focusing on the connections between nutrition, health, and sustainability. He highlighted the environmental impact of food production systems and discussed how transitioning to sustainable food systems can contribute to better health and ecological outcomes.
- **Session 2**: Dr. Medhavi Agarwal provided a detailed overview of sustainable nutrition practices and their role in preventing diet-related diseases. She explained the concept of sustainable diets, which emphasize plant-based foods, local sourcing, and reducing food waste. Dr. Agarwal also discussed how healthcare professionals can incorporate these practices into their daily practice and advocate for policy changes that support sustainable food systems.
- **Session 3**: Dr. Ajay Agarwal focused on practical strategies for promoting sustainable food systems within hospitals, clinics, and community settings. He presented case studies of institutions that have adopted sustainable nutrition practices, such as sourcing locally grown food, reducing food waste, and integrating nutrition education into healthcare services.

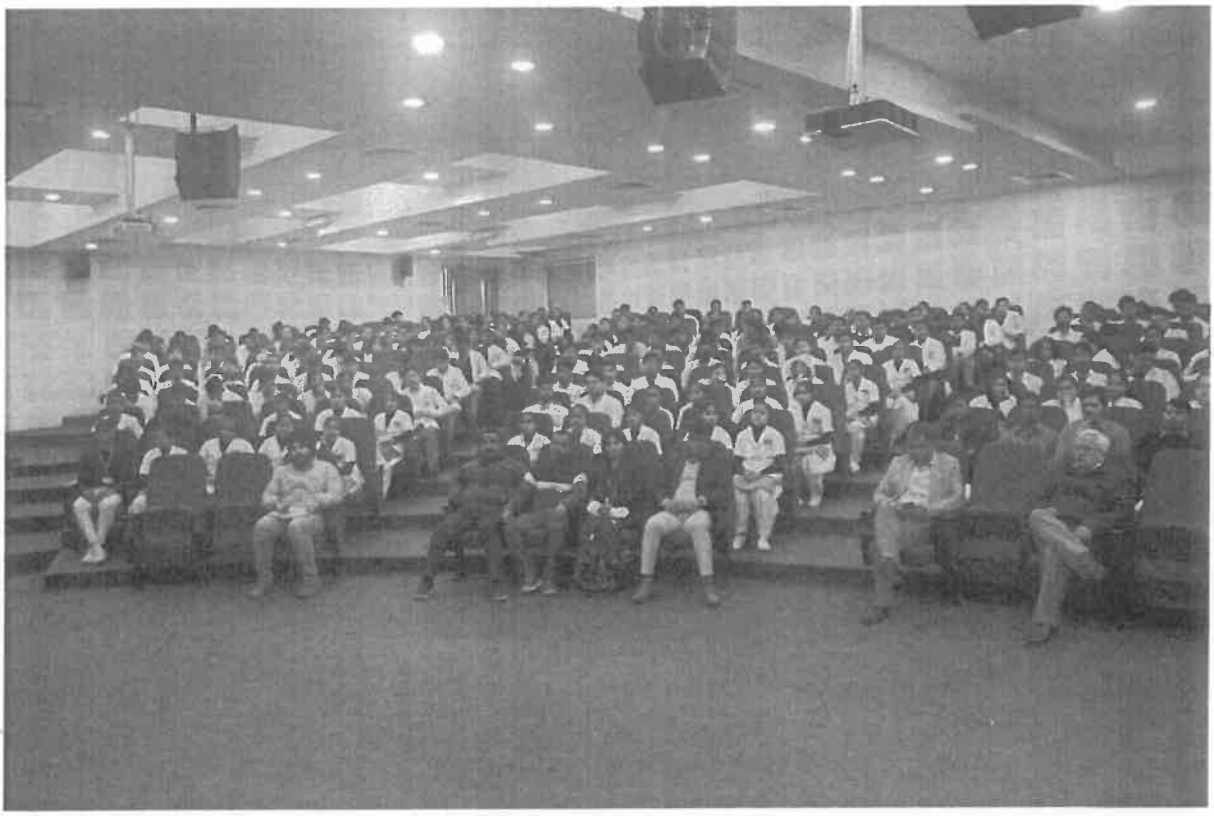
The workshop attracted over 100 participants, including healthcare professionals, students, nutritionists, food system experts, policymakers, and public health advocates. The sessions were highly interactive, featuring group discussions, case studies, and brainstorming sessions designed to identify actionable steps for integrating sustainable nutrition practices into healthcare systems.

Outcome:

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Comprehensive Understanding**: Participants gained a deeper understanding of the relationship between sustainable nutrition and food systems, and their critical role in improving public health outcomes while reducing environmental harm.
- **Practical Application**: The workshop provided practical tools and strategies for healthcare professionals, nutritionists, and policymakers to integrate sustainable nutrition practices into clinical settings, hospital management, and public health programs.
- **Collaboration and Advocacy**: Attendees learned the importance of cross-sectoral collaboration in promoting sustainable food systems, from agriculture and food production to healthcare and public health policies.
- **Actionable Insights**: The workshop provided actionable insights for addressing the challenges of food insecurity, malnutrition, and unsustainable food production practices.
- **Follow-up**: The Department of Community Medicine proposed the creation of training modules and educational resources on sustainable nutrition, with a focus on community health programs, policy advocacy, and nutrition education for healthcare professionals.



Signature
Dean,

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 02.02.2023

Title of the Activity: Workshop on LGBTQ+ Health and Gender Inclusion

Date & Venue

Date:01.02.2023

Venue: Lecture Theatre, Rohilkhand Medical College and Hospital

Organized by:

Department of Community Medicine, Rohilkhand Medical College and Hospital

Objectives

To raise awareness about LGBTQ+ health issues and the unique healthcare needs of gender-diverse individuals.

To promote inclusive healthcare practices and policies for LGBTQ+ patients in medical settings.

To educate healthcare professionals on gender inclusion, focusing on providing respectful and affirming care for all gender identities.

To address the importance of mental health support, access to medical services, and healthcare equity for LGBTQ+ individuals.

To foster a culture of inclusivity and respect for gender diversity in healthcare institutions.

Resource Person(s)

Dr. Arun Singh

Dr. Rashmi Katiyal

Dr. Ajay Aggarwal

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Description

The workshop began with a welcome address by the Dean of Rohilkhand Medical College and Hospital, who highlighted the importance of creating a gender-inclusive and LGBTQ+-friendly healthcare environment.

Dr. Rashmi Katiyal kicked off the session with a comprehensive overview of the healthcare disparities faced by the LGBTQ+ community, particularly focusing on the physical and mental health challenges experienced by non-binary, transgender, and gender-diverse individuals. She discussed the social determinants of health, including discrimination, stigma, and barriers to healthcare access, and stressed the importance of creating an inclusive, supportive environment for LGBTQ+ patients.

Dr. Ajay Aggarwal followed with a session on medical care for LGBTQ+ individuals, focusing on best practices for providing gender-affirming care. He explained the significance of using inclusive language,

understanding gender identities, and the importance of recognizing the healthcare needs of transgender and non-binary individuals. Dr. Aggarwal provided practical insights on how to deliver respectful and confidential care for patients undergoing gender transition and those seeking sexual and reproductive health services.

Dr. Arun Singh led an interactive session on mental health and social challenges that LGBTQ+ individuals face. He emphasized the role of healthcare providers in addressing mental health concerns such as anxiety, depression, and suicidal ideation, which are more prevalent in LGBTQ+ communities due to social isolation and rejection. Dr. Singh also discussed the importance of affirmative counseling and community support in ensuring positive healthcare outcomes for LGBTQ+ patients.

The workshop was attended by over 120 participants, including medical faculty, postgraduate students, nursing staff, and clinical professionals. The sessions were highly interactive, featuring role-playing exercises, case studies, and discussions that encouraged participants to reflect on their practices and explore ways to implement gender-inclusive care in their daily healthcare delivery.

Outcome

Participants gained a comprehensive understanding of LGBTQ+ health issues, including the unique healthcare needs of transgender and non-binary individuals.

The workshop provided practical guidance on gender-affirming care and how to create an inclusive and supportive healthcare environment for LGBTQ+ patients.

Healthcare professionals were equipped with knowledge on mental health and wellness strategies tailored for LGBTQ+ individuals, particularly in terms of affirming communication and culturally competent care.

A proposal was made to integrate LGBTQ+ health education into the medical and nursing curricula, emphasizing the importance of gender inclusion and sensitivity training for all healthcare providers.

A follow-up committee was established to develop institutional guidelines for gender-inclusive healthcare practices and LGBTQ+ patient care.

Signature

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 14.03.2023

Title of the Activity: Seminar on Reproductive Rights and Gender Equity

Date & Venue

- **Date:** 13.03.2023
- **Venue:** Lecture Theatre, Rohilkhand Medical College and Hospital

Organized by:

Department of Obstetrics and Gynecology, Rohilkhand Medical College and Hospital

Objectives

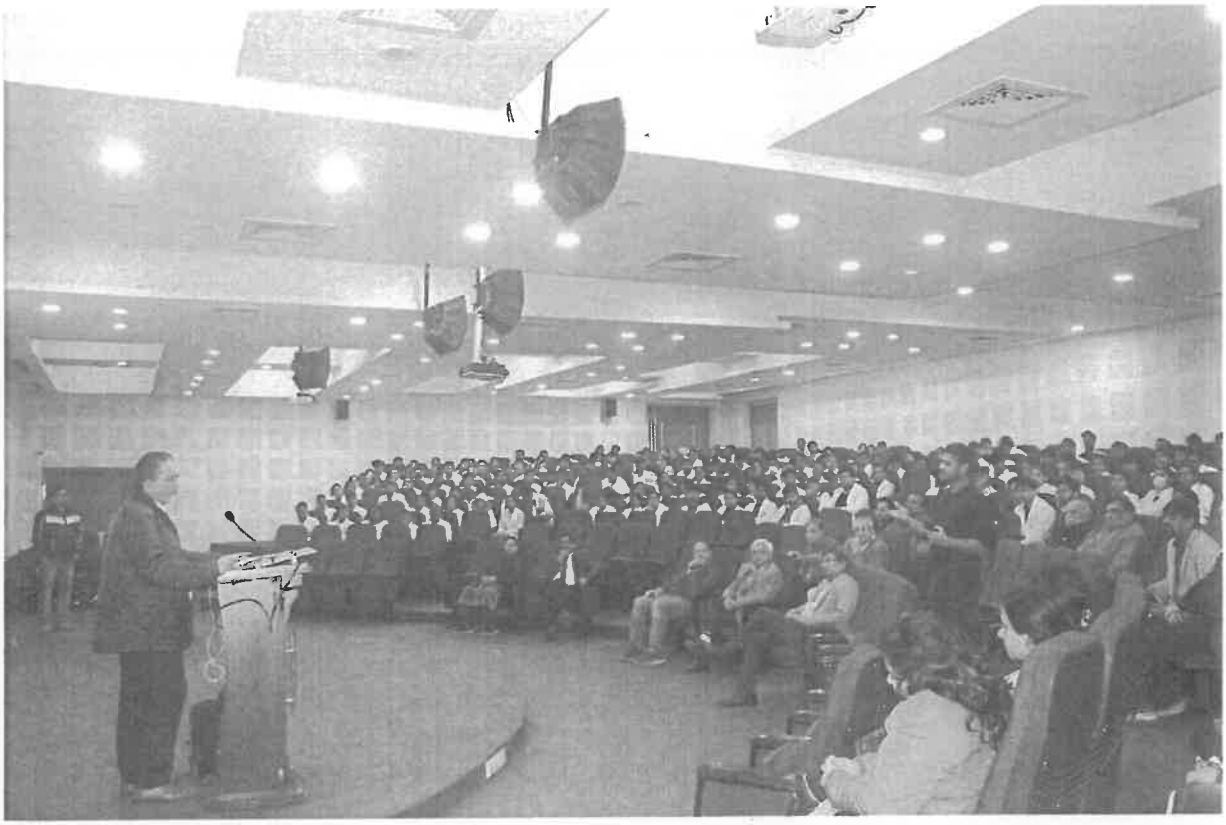
- To raise awareness about the **reproductive rights** of individuals and their importance in ensuring **gender equity**.
- To discuss the **legal frameworks** supporting reproductive rights, particularly in the context of **gender equality**.
- To educate healthcare professionals on the importance of **empowering individuals** with knowledge of their reproductive rights and choices.
- To address **barriers** to accessing **reproductive healthcare services**, especially for **marginalized groups**.
- To promote **gender equity** in the healthcare system by ensuring that both men and women have equal access to reproductive health services.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Resource Person(s)

- **Dr. Arun Singh**
- **Dr. Rashmi Katiyal**
- **Dr. Ajay Aggarwal**



Description

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

The seminar began with a **welcome address** by the **Dean of Rohilkhand Medical College and Hospital**, who emphasized the vital connection between **reproductive rights** and **gender equity** in the context of modern healthcare systems.

Dr. Rashmi Katiyal started the session by providing an **overview of reproductive rights**, defining them as human rights that ensure access to **safe**, **affordable**, and **non-discriminatory** reproductive health services. She explored the **gender inequalities** that affect access to these services and discussed **global policies** advocating for **gender equity** in reproductive healthcare. Dr. Katiyal also talked about the **legal aspects** of reproductive rights, including the **right to family planning**, **safe abortion**, and **maternity care**.

Dr. Ajay Aggarwal then provided a comprehensive discussion on the **challenges** that individuals face in accessing reproductive healthcare, focusing on **socioeconomic** and **cultural barriers**.

He emphasized how issues such as **poverty**, **gender-based violence**, and **cultural taboos** often prevent people from exercising their reproductive rights. Dr. Aggarwal also introduced **policy solutions** that have been implemented globally to address these barriers and improve **reproductive healthcare access**.

Dr. Arun Singh followed with a session on **gender equity** in reproductive health services. He explained how gender biases and stereotypes influence both healthcare delivery and access to services. Dr. Singh highlighted the importance of **empowering both women and men** with knowledge and resources to make informed decisions about their reproductive health. He also discussed the role of healthcare professionals in **advocating for equitable reproductive rights** and the importance of **providing gender-sensitive care**.

The seminar was attended by **over 100 participants**, including **medical faculty**, **postgraduate students**, **nursing staff**, and **community health workers**. The sessions were interactive, with participants engaging in **group discussions**, **role-playing activities**, and **case studies** to explore real-world scenarios and practical solutions to improve **reproductive health access** and **gender equity**.

Outcome

- Participants gained a **deeper understanding** of the intersection between **reproductive rights** and **gender equity** and the **legal frameworks** that protect them.
- The seminar raised awareness of the **barriers** to reproductive healthcare and how these barriers disproportionately affect **marginalized groups**.
- Healthcare professionals learned actionable strategies for **advocating for reproductive rights** and **providing gender-sensitive care** in clinical settings.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- The seminar emphasized the importance of **gender equity** in healthcare and how it can be achieved through **education**, **policy reform**, and **advocacy**.
- A proposal was made to integrate **reproductive rights** and **gender equity** education into medical and nursing curricula to equip future healthcare professionals with the knowledge and skills to address these critical issues.
- A **follow-up committee** was formed to develop **institutional guidelines** for **gender equity** in reproductive health and design **training modules** for healthcare professionals.

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 17.03.2023

Title of the Activity: Workshop on Empowering Women in Medical Education

Date & Venue

- **Date:** 15.03.2023
- **Venue:** Lecture Theatre, Rohilkhand Medical College and Hospital

Organized by:

Department of Obstetrics and Gynecology, Rohilkhand Medical College and Hospital

Objectives

- To raise awareness about the challenges faced by **women** in medical education and the healthcare profession.
- To discuss strategies for **empowering women** in medical education and supporting their success in the medical field.
- To address the importance of **gender equality** in healthcare education and the **need for supportive academic environments** for women in medical schools.
- To provide women with tools and resources to overcome barriers to success and develop leadership qualities in the medical profession.
- To encourage **institutional reforms** and create a culture of **inclusivity** and **equity** in medical education.

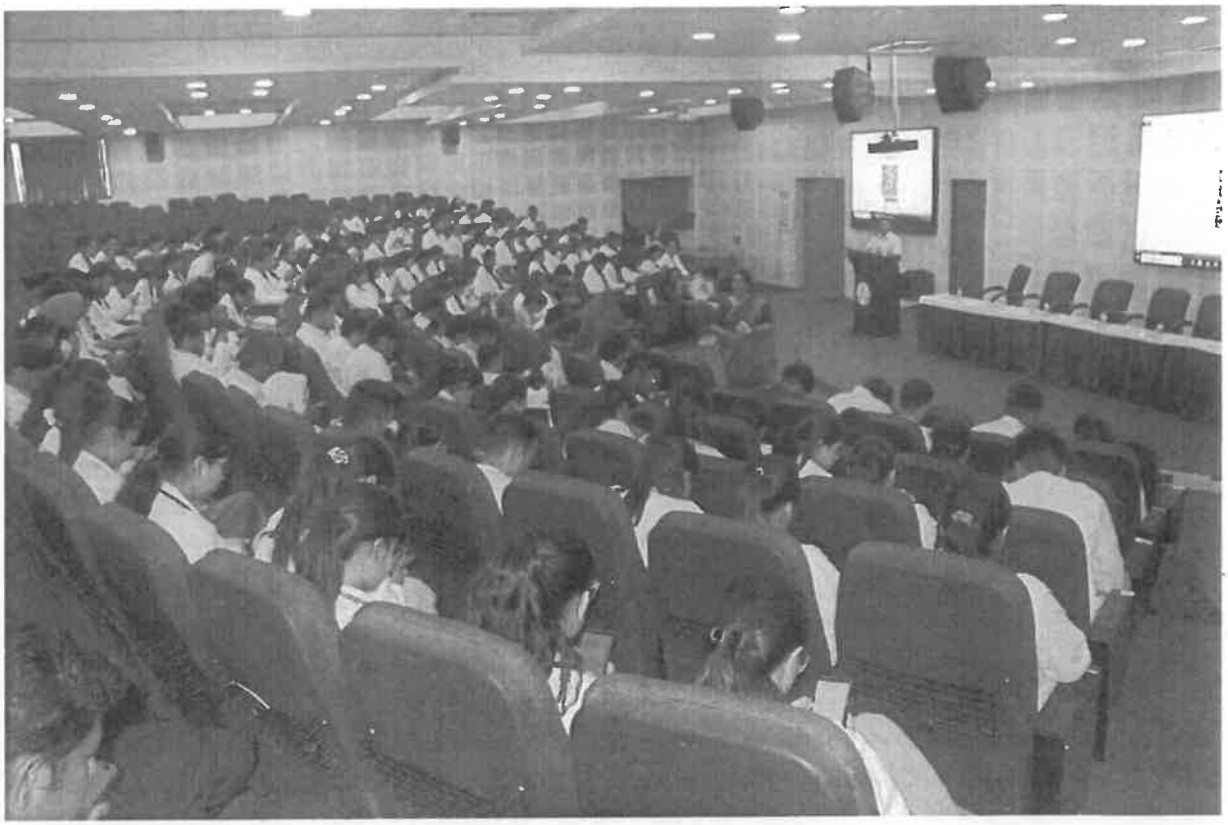
Resource Person(s)

- **Dr. Arun Singh**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Dr. Rashmi Katiyal**
- **Dr. Ajay Aggarwal**



Description

The workshop began with a **welcome address** by the **Dean of Rohilkhand Medical College and Hospital**, who stressed the importance of **empowering women** in the medical field to ensure **gender parity** in healthcare leadership and education.

Dr. Rashmi Katiyal started the session by addressing the **current state of women in medical education**, highlighting the challenges faced by female medical students, including **gender bias, discrimination**, and **work-life balance issues**. She discussed the **importance of role models** and

mentorship for women pursuing careers in medicine and shared strategies for overcoming these barriers, such as creating **inclusive curricula** and **supportive networks** for women students.

Dr. Ajay Aggarwal followed with a talk on the importance of **female leadership** in medical education and practice. He discussed the benefits of having **gender diversity** in medical faculty and leadership positions and how it can enhance educational outcomes and patient care. Dr. Aggarwal also explored the ways in which women can **empower themselves** to take leadership roles, emphasizing the significance of **confidence-building**, **public speaking**, and **assertiveness** in professional settings.

Dr. Arun Singh led an interactive session on **overcoming systemic barriers** to women's advancement in the medical profession. He explored **gender stereotypes** and their impact on female medical students and faculty members, and offered strategies for creating **inclusive academic environments**. Dr. Singh also provided guidance on **negotiating work-life balance**, addressing **mental health challenges**, and navigating **academic pressures** that disproportionately affect women in medicine.

The workshop was attended by **over 100 participants**, including **medical faculty**, **postgraduate students**, **nursing staff**, and **medical professionals**. The sessions included **group discussions**, **interactive case studies**, and **practical exercises** to empower women and provide them with the necessary tools to succeed in the competitive medical field.

Outcome

- Participants gained a deeper understanding of the **challenges** women face in medical education and how to overcome them by creating **inclusive environments** and **supportive mentorship networks**.
- The workshop provided actionable strategies for **empowering women** in medical education, focusing on **leadership development**, **self-confidence**, and **work-life balance**.
- Healthcare professionals learned how to identify and address **gender bias** in medical curricula and provide better support to female students and faculty.
- A proposal was made to integrate **gender sensitivity training** into the **curriculum** for medical faculty and students to foster a more inclusive and **equitable academic environment**.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- A **follow-up committee** was established to design institutional reforms, including **mentorship programs**, **leadership training**, and **gender equity policies** for women in medical education.

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 18.03.2023

Title of the Activity: Workshop on Empowering Women in Medical Education

Date & Venue

- **Date:** 17.03.2023
- **Venue:** Lecture Theatre, Rohilkhand Medical College and Hospital

Organized by:

Department of Obstetrics and Gynecology, Rohilkhand Medical College and Hospital

Objectives

- To raise awareness about the challenges faced by **women** in medical education and the healthcare profession.
- To discuss strategies for **empowering women** in medical education and supporting their success in the medical field.
- To address the importance of **gender equality** in healthcare education and the **need for supportive academic environments** for women in medical schools.
- To provide women with tools and resources to overcome barriers to success and develop leadership qualities in the medical profession.
- To encourage **institutional reforms** and create a culture of **inclusivity** and **equity** in medical education.

Resource Person(s)

- **Dr. Arun Singh**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

- **Dr. Rashmi Katiyal**
- **Dr. Ajay Aggarwal**



Description

The workshop began with a **welcome address** by the **Dean of Rohilkhand Medical College and Hospital**, who stressed the importance of **empowering women** in the medical field to ensure **gender parity** in healthcare leadership and education.

Dr. Rashmi Katiyal started the session by addressing the **current state of women in medical education**, highlighting the challenges faced by female medical students, including **gender bias**, **discrimination**, and **work-life balance issues**. She discussed the **importance of role models** and **mentorship** for women pursuing careers in medicine and shared strategies for overcoming these barriers, such as creating **inclusive curricula** and **supportive networks** for women students.

Dr. Ajay Aggarwal followed with a talk on the importance of **female leadership** in medical education and practice. He discussed the benefits of having **gender diversity** in medical faculty and leadership positions and how it can enhance educational outcomes and patient care. Dr. Aggarwal also explored the ways in which women can **empower themselves** to take leadership roles, emphasizing the significance of **confidence-building**, **public speaking**, and **assertiveness** in professional settings.

Dr. Arun Singh led an interactive session on **overcoming systemic barriers** to women's advancement in the medical profession. He explored **gender stereotypes** and their impact on female medical students and faculty members, and offered strategies for creating **inclusive academic environments**. Dr. Singh also provided guidance on **negotiating work-life balance**, addressing **mental health challenges**, and navigating **academic pressures** that disproportionately affect women in medicine.

The workshop was attended by **over 100 participants**, including **medical faculty, postgraduate students, nursing staff**, and **medical professionals.** The sessions included **group discussions, interactive case studies**, and **practical exercises** to empower women and provide them with the necessary tools to succeed in the competitive medical field.

Outcome

- Participants gained a deeper understanding of the **challenges** women face in medical education and how to overcome them by creating **inclusive environments** and **supportive mentorship networks**.
- The workshop provided actionable strategies for **empowering women** in medical education, focusing on **leadership development, self-confidence**, and **work-life balance**.
- Healthcare professionals learned how to identify and address **gender bias** in medical curricula and provide better support to female students and faculty.
- A proposal was made to integrate **gender sensitivity training** into the **curriculum** for medical faculty and students to foster a more inclusive and **equitable academic environment**.
- A **follow-up committee** was established to design institutional reforms, including **mentorship programs, leadership training**, and **gender equity policies** for women in medical education.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Signature

Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

ACTIVITY REPORT

Date: 18.03.2023

Title of the Activity: Workshop on *Menstrual Health Awareness and Gender Myths*
Venue: Lecture Theatre, Rohilkhand Medical College and Hospital
Date of Report: 18.03.2023

Organized by:
Department of Community Medicine, Rohilkhand Medical College and Hospital

Objectives of the Workshop

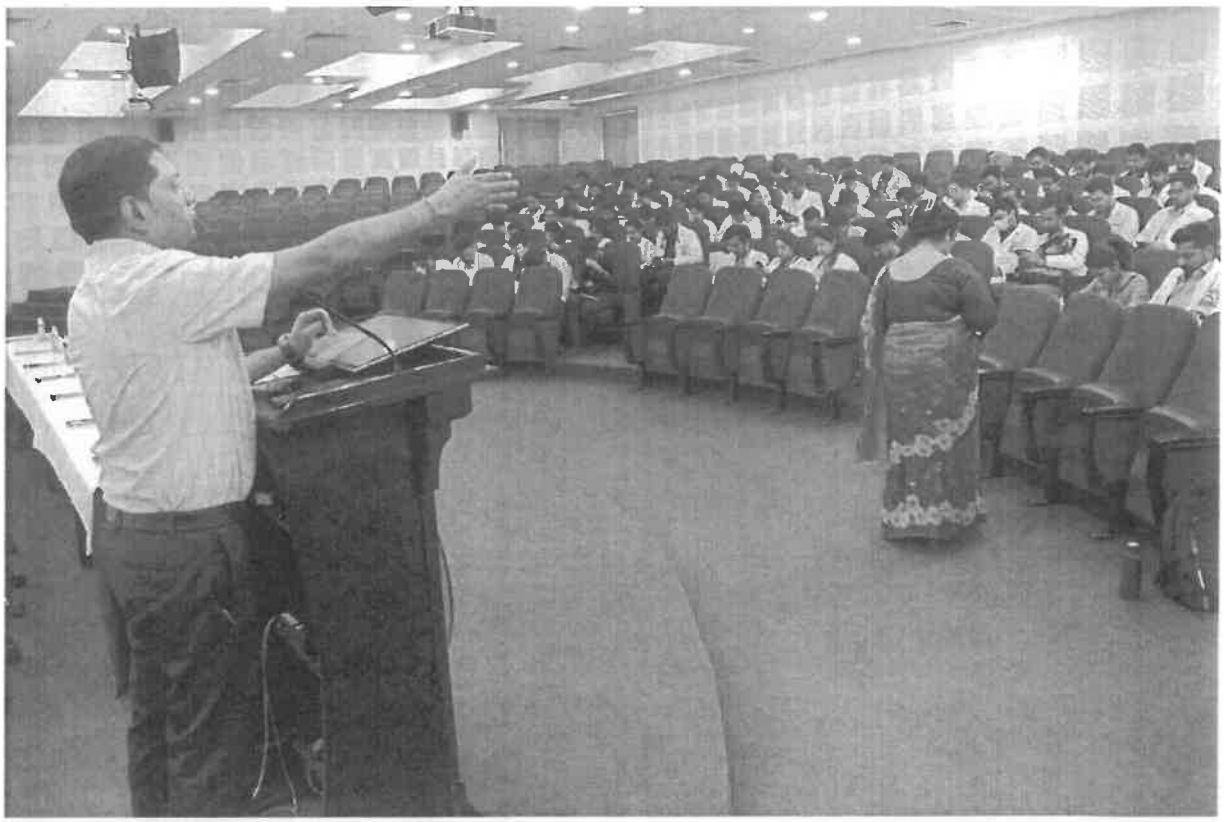
- To raise awareness about menstrual health and hygiene among students and healthcare professionals.
- To dispel common myths and misconceptions related to menstruation.
- To promote open, stigma-free discussions on menstrual health in medical and social settings.
- To empower participants with accurate information to educate others and advocate for menstrual equity.
- To highlight the role of healthcare professionals in addressing gender-based health taboos and improving menstrual care.

Resource Persons

- **Dr. Arun Singh**
- **Dr. Rashmi Katiyal**
- **Dr. Medhavi Aggarwal**

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in



Workshop Description

The workshop began with an inaugural address by the Dean of Rohilkhand Medical College and Hospital, who stressed the importance of addressing menstrual health openly to combat gender stigma and ensure equitable healthcare.

Dr. Rashmi Katiyal led the opening session, focusing on the biology of menstruation and the importance of menstrual hygiene. She emphasized the need for medically accurate education and debunked several common myths that contribute to shame and misinformation around periods. She also discussed the psychological and social effects of menstrual taboos, especially on young women in medical and rural settings.

BAREILLY INTERNATIONAL UNIVERSITY

(Established Under Govt. of U.P. Act 26 of 2016)
Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly-243006 (U.P.) INDIA
Phone: 0581-2526011-12, Fax: 0581 - 2303345
Email: info@biu.edu.in Website: www.biu.edu.in

Dr. Medhavi Aggarwal explored the societal and cultural narratives that perpetuate gender myths related to menstruation. He discussed how these myths influence attitudes in clinical practice, education, and even policy. He also emphasized the importance of involving both men and women in menstrual health education to promote empathy and shared responsibility.

Dr. Arun Singh conducted a highly interactive session involving group discussions and real-life case studies to explore how gender myths affect clinical communication and patient care. He introduced strategies for effective community engagement, especially in rural and underserved areas, to promote menstrual health awareness and combat stigma.

The workshop saw enthusiastic participation from over 120 attendees, including medical students, nursing staff, faculty, and healthcare workers. The sessions included role-plays, myth-busting quizzes, and open forums where participants shared personal stories and solutions for advocacy.

Outcomes

- Participants gained in-depth knowledge of menstrual health and hygiene practices and recognized the need for accurate health education.
- The workshop helped dismantle several prevailing myths around menstruation, fostering a more scientific and empathetic understanding.
- Attendees were encouraged to be agents of change, promoting menstrual health awareness in their communities and clinical settings.
- A proposal was put forward to integrate menstrual health education into the undergraduate curriculum and to host similar workshops regularly.
- A student-led awareness committee was formed to organize outreach programs, especially targeting school-aged girls in nearby communities.

Signature
Dean, Rohilkhand Medical College and Hospital (RMCH)

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY