



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
MEDICAL COLLEGE (ESTD - 1995)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.: 02114 - 308300 ■ Fax : 02114 - 223916.

■ Website : www.mitmimer.com ■ Email : info@mitmimer.com.

**INSTITUTIONAL DISTINCTIVENESS ACTIVITIES
INDEX**

YEAR	PAGE No.
2021	1 to 9
2020	10 to 15
2019	16 to 18
2018	19 to 31
2017	32 to 46
2016	47 to 85
World parliament of science ,religion,philosophy 2018	86 to 91
World peace prayer	92 to 96
Programs starting with world peace prayer	
National round table conference 2017 and 2018	97 to 151



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
(MEDICAL COLLEGE)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O.Talegaon General Hospital, Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

■ Tel. (02114) 308300, 808799040/41/42/43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Date : 14/10/2020

CIRCULAR

In view of the World Bioethics Day on 19th Oct 2020, the Bioethics Unit of MIMER Medical College will be organizing the following activities:

1. Poster Competition for Undergraduate Students, Interns and Postgraduate Students.

The topic for the same is "**Organ Donation**".

All students are requested to actively participate in this event.

E-Certificates will be awarded to all winners and participants.

Please find the instructions below.

2. Talk by Dr.Derek Dsouza, Director, NBCIC, MIMER

Topic : „Informed Consent“

Date : 20th October 2020

Time : 3 to 4pm

Venue : Sushrut hall

All faculty and PG students are requested to attend the same.

Please wear masks and maintain social distance.


PRINCIPAL
Principal
MIMER Medical College
Talegaon Dabhade



c/c to :

1. UG section Notice board
2. PG Section Notice Board
3. All HoDs
4. Medical Superintendent

c/c for information to :

1. Medical Director
2. Executive Director

MIMER MEDICAL COLLEGE,TALEGAON (D)
BIOETHICS UNIT
Instructions for Poster/ E- poster

Topic: ORGAN DONATION

NOTE: E- CERTIFICATES will be awarded to all winners and participants

- The posters will be accepted in the form of E-poster in PDF format and also on chart paper(2 feet X 3 feet) scanned as PDF.
- Poster submission deadline: **17th Oct 2020 by 4 pm**
Poster size and format for E-poster:
 1. E- poster must be submitted in PDF format.
 2. It is recommended to make poster in power point presentation(landscape or portrait) in only one slide and save it as PDF with file name in format-name_rollno_batch.(e.g, RamKulkarni_12_1st MBBS).
 3. Font size of the text should be **14** and font style should be **Times New Roman**.
 4. Kindly use both upper and lower case letters for general context.
 5. Make sure there is enough contrast between colour of text and poster background.
 6. For illustrations/images -use only static images. Explanatory illustrations should be used instead of text whenever possible.
 7. Upload your poster in PDF format to email id:director.nbcic@mitmimer.com
 8. Kindly write your name and batch in the subject of the mail.

Poster size and format for Poster:

1. Poster size is chart drawing paper – 2 feetX 3 feet.
 2. Scan the poster in PDF format and save file name in format-name_rollno_batch.(e.g,RamKulkarni_12_1st MBBS).
 3. Kindly write your name and batch in the subject of the mail.
 4. All posters to be submitted to Dr. Janice Jaison in Pathology Department.
- **KINDLY NOTE THE DEADLINE FOR THE SUBMISSION OF POSTER/E-POSTER IS ON OR BEFORE 17th Oct 2020 by 4 pm**
For any queries contact: Dr Derek Dsouza: 9823544840



MAEER's MIMER MEDICAL COLLEGE & DR BSTR
HOSPITAL, TALEGAON DABHADE, PUNE
WORLD BIOETHICS DAY 2020

REPORT

In view of the World Bioethics Day on 19th Oct 2020, the Bioethics Unit of MIMER Medical College organized the following activities:

- 1. Poster Competition** for Undergraduate Students, Interns and Postgraduate Students was organized on Monday, 19th October 2020. The topic for the same was "**Organ Donation**".
UG & PG students actively participated in this event.
E-Certificates were awarded to all winners and participants..
- 2. A Talk** was delivered by Director of National Bioethics Curriculum Implementation Committee, Dr.Derek Dsouza, Director
Topic : „Informed Consent“
Date : 20th October 2020 (Tuesday)
Time : 3 to 4pm
Venue : Sushrut hall

Various ethical issues arising out of organ donation were discussed.

The attendees actively participated in the deliberations of the activity.

53 Faculty and 18 PG students attended the same maintaining the COVID norms.


PRINCIPAL
Principal
MIMER Medical College
Talegaon Dabhade



M.I.M.E.R. MEDICAL COLLEGE, TALEGAON DABHADE

I M.B.B.S. BATCH (2020-21)

ANATOMY DEPARTMENT

Life Skills training for First MBBS Students


Speaker:- Dr. Aneesh Bhat

Time:- 9.00 to 10.00am

Day:- Thursday/ Friday

Date:- 18/02/2021

Sessions	Date	Topic
I	18/2/2021	Self Awareness
II	04/03/2021	Critical Thinking
III	25/03/2021	Creative Thinking
IV	08/04/2021	Analytical Thinking
V	15/04/2021	Stress Management
VI	29/04/2021	Decision Making
VII	06/05/2021	Managing Emotions
VIII	20/05/2021	Interpersonal relationship
IX	03/06/2021	Communication Skills
X	17/06/2021	Empathy
XI	16/07/2021	Problem Solving
XII	30/07/2021	Time Management
XIII	13/08/2021	Professionalism
XIV	17/09/2021	Attitude
XV	01/10/2021	Personality Development Skills


Prof & Head
Dept of Anatomy
Prof. & Head
Dept. of Anatomy
MIMER Medical College
Talegaon Dabhade

M.I.M.E.R. MEDICAL COLLEGE, TALEGAON DABHADE
I M.B.B.S. BATCH (2020-21)
ANATOMY DEPARTMENT
Value added course
Yoga, Meditation & Pranayam

Circular

Date: 08 /02/2021

Meditation and Pranayam Sessions will be conducted for First year MBBS students on 2nd & 4th Thursday/Friday of every month between 9.00 to 10.00am.


Prof & Head
Dept of Anatomy
Prof. & Head
Dept. of Anatomy
MIMER Medical College
Talegaon Dabhade



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
MEDICAL COLLEGE (ESTD - 1995)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.: 02114 - 308300 ■ Fax : 02114 - 223916.

■ Website : www.mitmimer.com ■ Email : info@mitmimer.com.

M.I.M.E.R. MEDICAL COLLEGE, TALEGAON DABHADE
I.M.B.B.S. BATCH (2020-21)
ANATOMY DEPARTMENT

Pranayam & Meditation for First MBBS Students

Speaker:- Dr. Sonali Khake


Time:- 9.00 to 10.00am

Day:- Thursday/ Friday

Date:- 25/01/2021

Sessions	Date	Time	Topic
I	25/01/2021	9.00am to 10.00am	Introduction & History of Yoga
II	25/01/2021	10.00am to 11am	Types of Yoga
III	25/01/2021	11am to 12pm	Introduction to Yogasanas & their practice
IV	04/02/2021	9am to 10am	Introduction to Various types of pranayam
V	25/02/2021	9am to 10am	Omkar Pranayam
VI	18/03/2021	9am to 10am	Mudra & its benefits
VII	01/04/2021	9am to 10am	Nadishastra & its applications
VIII	13/05/2021	9am to 10am	Suryanamaskars benefits & practice
IX	27/05/2021	9am to 10am	Yoga Pranayam & Meditations contact sessions & followup
X	25/06/2021	9am to 10am	Yoga Pranayam & Meditations contact sessions -1
XI	09/07/2021	9am to 10am	Yoga Pranayam & Meditations contact sessions -2
XII	23/07/2021	9am to 10am	Yoga Pranayam & Meditations contact sessions -3

XIII	06/08/2021	9am to 10am	Yoga Pranayam & Meditations contact sessions -4
XIV	03/09/21	2pm to 4Pm	Yoga and Suryanamaskar practical session - 1
XV	17/09/21	11 am to 1pm	Yoga and Suryanamaskar practical session - 2
XVI	24/09/2021	9am to 10am	Yoga Pranayam & Meditations contact sessions -5
XVII	01/10/21	11 am to 1pm	Yoga and Suryanamaskar practical session - 3


Prof. & Head
Dept of Anatomy
Prof. & Head
Dept. of Anatomy
MIMER Medical College
Talgaon Dabhade



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हस्रुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539156 Fax: (0253) 2539197

Website : www.muhs.ac.in, E-mail : ieh@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (आयुर्वेदशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

MUHS/IEH/ ११ /2020

Date : 11 /02/2020

To

Dr. Col. Derek S J Dsouza
Professor, Dept. of Dentistry,
M.I.M.E.R Medical College,
Yashwant Nagar Road, Talegaon
Dabhade, Dist Pune 410507

Dr. Avinash Desousa
Department of Psychiatry,
Lokmanya Tilak Municipal Medical
College Dr. Babasaheb Ambedkar
Road, Sion (West), Mumbai - 400022

Subject: Meeting of Bioethics Nodal Centre Steering Committee on 12th February 2020 regarding...

In context with above cited subject, I am directed to inform you that, Meeting of Bioethics Nodal Centre Steering Committee has been scheduled by the University at 12.30 p.m. on 12th February 2020 at meeting Hall, Main Administrative Building, MUHS Nashik. The said meeting will be convened under the chairmanship of Chief Nodal Officer, Bioethics Nodal Centre Steering Committee, MUHS, Nashik.

You are hereby requested to attend the said meeting of Bioethics Nodal Centre Steering Committee in the capacity of **Special Invitee** and provide your valuable input.

You will be entitled for travelling and daily allowance as per University norms.

Thanking you

Yours

Dr. Kalidas D. Chavan
Registrar

Enclosure: Copy of Meeting Agenda

Copy for Information:-

1. Hon'ble Vice-Chancellor Office, MUHS, Nashik.
2. Hon'ble Pro Vice-Chancellor Office, MUHS, Nashik.
3. Hon'ble Registrar Office, MUHS, Nashik .
4. Finance & Accounts Officer, MUHS, Nashik.
5. Dean/Principal Concerned College/Institutes.





MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Dindori Road, Mhasrul, Nashik – 422004

Tel : (0253) 6659292 Fax: (0253) 6659294

Website : www.muhs.ac.in, E-mail : registrar@muhs.ac.in

BIOETHICS NODAL CENTER STEERING COMMITTEE MEETING

To be held on 12th February 2020, 12:30 pm.

MEETING AGENDA

Item No. 1	To discuss on global overview of the UNESCO Chair in Bioethics till date and the journey ahead.
Item No. 2	To discuss and deliberate on the burning bioethical issues in South Asia.
Item No. 3	To share commendable activities being conducted by and also the Challenges faced by various units of UNESCO chair in Bioethics in South Asia.
Item No. 4	To share the inputs for upcoming Bioethics Workshop to be arranged by MUHS, Nashik.
Item No. 5	Any other table item with the permission of Chair.



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासुरुज, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539150 Fax (0253) 2539197

Website : www.muhs.ac.in. E-mail : ieh@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस. एम.डी. (फॉरेन्सिक मेडिसिन)

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

MUHS/IEH/ J6 /2020

Date : 15/02/2020

By Email

To

Dr. Russell Franco D'Souza
Professor, Head & Chair
Asia Pacific Division, Director of
Education, International Program,
UNESCO Chair in Bioethics Haifa,
Directorate Asia Pacific Division,
Melbourne, Australia

Dr. Mary Mathew
Professor, Pathology,
Chair & Head Karnataka State Bioethics
Unit, UNESCO Chair in Kasturba Medical
College, Manipal University, Manipal,
Karnataka State - 576104

Dr. Princy Louis Palatty
HOD & Professor,
Dept. of Pharmacology,
School of Medicine, Amrita Vishwa
Vidyapeetham (AIMS Health Sciences
Campus), AIMS Ponekkara P. O.
Kochi - 682 041

Dr. Santosh Salagre
Professor, Dept. of Medicine,
Seth G.S. Medical College & K.E.M. Hospital,
Mumbai 400012

✓ Dr. Col. Derek S J Dsouza
Professor, Dept. of Dentistry,
M.I.M.E.R Medical College, Yashwant
Nagar Road, Talegaon Dabhade,
Dist Pune 410507.

Subject: Invitation for workshop organized by University on "Updated Bioethics Teaching Faculty Development Workshop" to be held on 26th & 27th February 2020...

Respected Sir / Madam,

With reference to the above subject, I am directed to invite you for the workshop organized by Maharashtra University of Health Sciences on "Updated Bioethics Teaching Faculty Development Workshop" scheduled to be held on 26th & 27th February 2020 at Teachers Training Institute (TTI), MUHS, Nashik. This event is being conducted under MUHS Nodal Center of UNESCO Chair in Bioethics.

You are hereby invited as a Resource Person to deliver the address and enlighten the august gathering present for the workshop.

You will be entitled for domestic travels' travelling allowance (T.A. & D.A.) as per University norms.



Yours truly,


Registrar

MAAER's MIT Pune
Maharashtra Institute of Medical Education & Research
(MIMER Medical College)
Bhauasaheb Sardesai Talegaon Rural Hospital.
Talegaon Dabhade, Pune, Maharashtra, India.

The Asia Pacific Division of the UNESCO Chair in Bioethics organised the „*1st International Conference on Bioethics in Health Sciences - BIOETHICON 2019*’, it was held at SRM Institute of Science and Technology, Chennai from 8th to 10th November, 2019. The theme of the conference was *‘Redefining Bioethics in Health Sciences for the next century’*

- Dr Suchitra Nagare attended as Chair of the National Bioethics Curriculum Implementation Centre and Chaired the Plenary Scientific Sessions at the conference.
- Dr Derek D’Souza was the Organising Secretary of the Conference and he conducted a pre-conference workshop on 7th Nov at SRM University.
- Faculty of MIMER – Dr. (Col) Derek D’Souza, Dr. Shilpa Pratinidhi, Dr. Usha Khadtare & Dr. Anjum Sayyad presented E-Poster in Conference.







BIOETHICON 2019 CERTIFICATES



In collaboration with



The Government of India,
Indian National Commission for
Cooperation with the UNESCO



United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair
in Bioethics
University of Haifa

UNESCO Chair in Bioethics
Asia Pacific Division's
International Conference on
Bioethics in Health Sciences
BIOETHICON 2019

8th to 10th November, 2019

Theme - "Redefining Bioethics in Health Sciences for the next century"
SRM Medical College Hospital & Research Centre

CERTIFICATE OF PARTICIPATION

This is to certify that

DR. SHILPA PRATINIDHI

has participated as Delegate in the

BIOETHICON 2019

held on 8th - 10th November, 2019 at

SRM Medical College Hospital & Research Centre, SRM IST, Chennai

TN Dr. M.G.R. Medical University has granted

15 credit points (Category 111) to Delegates

Amnon Carmi

Prof. Amnon Carmi
Head & Chair Holder
UNESCO Chair in Bioethics Haifa

Russell D'Souza

Prof. Russell D'Souza
Head Asia Pacific Division
UNESCO Chair in Bioethics Haifa

Mary Mathew

Dr. Mary Mathew
Organizing Chairman

Derek D'Souza

Dr. Derek D'Souza
Organizing Secretary

Vedprakash Mishra

Dr. Vedprakash Mishra
Chair, Scientific Committee

Sandeep Sancheti

Dr. Sandeep Sancheti
Chair, Local Organising Committee

In collaboration with



The Government of India,
Indian National Commission for
Cooperation with the UNESCO



United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair
in Bioethics
University of Haila

UNESCO Chair in Bioethics
Asia Pacific Division's
International Conference on
Bioethics in Health Sciences
BIOETHICON 2019

8th to 10th November, 2019

Theme - "Redefining Bioethics in Health Sciences for the next century"

SRM Medical College Hospital & Research Centre

CERTIFICATE OF PARTICIPATION

This is to certify that

Shilpa Pratinidhi

has presented a ~~Oral Paper~~ / e-POSTER on

Organ Donation in children: The next

Frontier

during **BIOETHICON 2019**

held on 8th - 10th November, 2019 at

SRM Medical College Hospital & Research Centre, SRM IST, Chennai

Amnon Carmi

Prof. Amnon Carmi
Head & Chair Holder
UNESCO Chair in Bioethics Haifa

Russell D'Souza

Prof. Russell D'Souza
Head Asia Pacific Division
UNESCO Chair in Bioethics Haifa

Mary Mathew

Dr. Mary Mathew
Organizing Chairman

Derek D'Souza

Dr. Derek D'Souza
Organizing Secretary

Vedprakash Mishra

Dr. Vedprakash Mishra
Chair, Scientific Committee

Sandeep Sancheti

Dr. Sandeep Sancheti
Chair, Local Organizing Committee

In collaboration with



The Government of India,
Indian National Commission for
Cooperation with the UNESCO



United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair
in Bioethics
University of Huelva

UNESCO Chair in Bioethics
Asia Pacific Division's
International Conference on
Bioethics in Health Sciences
BIOETHICON 2019

8th to 10th November, 2019

Theme - "Redefining Bioethics in Health Sciences for the next century"
SRM Medical College Hospital & Research Centre

CERTIFICATE OF PARTICIPATION

This is to certify that

DR. S.A. PRATINLOHI

has Chaired session/s during the

BIOETHICON 2019

held on 8th - 10th November, 2019 at

SRM Medical College Hospital & Research Centre, SRM IST, Chennai

Prof. Amnon Carmi

*Head & Chair Holder
UNESCO Chair in Bioethics Hatifa*

Prof. Russell D'Souza

*Head Asia Pacific Division
UNESCO Chair in Bioethics Hatifa*

Dr. Mary Mathew

Organizing Chairman

Dr. Derek D'Souza

Organizing Secretary

Dr. Vedprakash Mishra

Chair, Scientific Committee

Dr. Sandeep Sancheti

Chair, Local Organising Committee

In collaboration with

The Government of India,
Indian National Commission for
Cooperation with the UNESCO



UNESCO Chair in Bioethics
Asia Pacific Division's
International Conference on
Bioethics in Health Sciences
BIOETHICON 2019

8th to 10th November, 2019

Theme - "Redefining Bioethics in Health Sciences for the next century"
SRM Medical College Hospital & Research Centre

CERTIFICATE OF PARTICIPATION

This is to certify that

MS. ANJUM ABDUL KARIM SAYYED

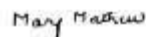
has participated as Delegate in the
BIOETHICON 2019
held on 8th - 10th November, 2019 at
SRM Medical College Hospital & Research Centre, SRM IST, Chennai
TN Dr. M.G.R. Medical University has granted
15 credit points (Category 111) to Delegates



Prof. Amnon Carmi
Head & Chair Holder
UNESCO Chair in Bioethics Asia



Prof. Russell D'Souza
Head Asia Pacific Division
UNESCO Chair in Bioethics Asia



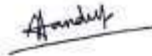
Dr. Mary Mathew
Organising Chairman



Dr. Derek D'Souza
Organising Secretary



Dr. Vedprakash Mishra
Chair, Scientific Committee



Dr. Sandeep Sancheti
Chair, Local Organising Committee

In collaboration with



The Government of India,
Indian National Commission for
Cooperation with the UNESCO



United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair
in Bioethics
University of Italy

UNESCO Chair in Bioethics
Asia Pacific Division's
International Conference on
Bioethics in Health Sciences
BIOETHICON 2019

8th to 10th November, 2019

Theme - "Redefining Bioethics in Health Sciences for the next century"
SRM Medical College Hospital & Research Centre

CERTIFICATE OF PARTICIPATION

This is to certify that

Anjum Sayyed

has presented a ~~Oral Paper~~ / e-POSTER on

Organ Donation & Religious Beliefs

during **BIOETHICON 2019**

held on 8th - 10th November, 2019 at

SRM Medical College Hospital & Research Centre, SRM IST, Chennai

Amnon Carmi

Prof. Amnon Carmi
Head & Chair holder
UNESCO Chair in Bioethics Italy

Russell D'Souza

Prof. Russell D'Souza
Head Asia Pacific Division
UNESCO Chair in Bioethics Italy

Mary Mathew

Dr. Mary Mathew
Organizing Chairman

Derek D'Souza

Dr. Derek D'Souza
Organizing Secretary

Vedprakash Mishra

Dr. Vedprakash Mishra
Chair, Scientific Committee

Sandeep Sancheti

Dr. Sandeep Sancheti
Chair, Local Organizing Committee

In collaboration with

The Government of India,
Indian National Commission for
Cooperation with the UNESCO


United Nations
Educational, Scientific and
Cultural Organization

UNESCO Chair
in Bioethics
University of Huelva


UNESCO Chair in Bioethics
Asia Pacific Division's
International Conference on
Bioethics in Health Sciences
BIOETHICON 2019
8th to 10th November, 2019
Theme - "Redefining Bioethics in Health Sciences for the next century"
SRM Medical College Hospital & Research Centre

CERTIFICATE OF PARTICIPATION

This is to certify that

ANJUM SAYYED

has Chaired session/s during the
BIOETHICON 2019
held on 8th - 10th November, 2019 at
SRM Medical College Hospital & Research Centre, SRM IST, Chennai

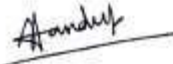

Prof. Amnon Carmi
Head & Chair Holder
UNESCO Chair in Bioethics Huelva


Prof. Russell D'Souza
Head Asia Pacific Division
UNESCO Chair in Bioethics Huelva


Dr. Mary Mathew
Organizing Chairman


Dr. Derek D'Souza
Organizing Secretary


Dr. Vedprakash Mishra
Chair, Scientific Committee


Dr. Sandeep Sancheti
Chair, Local Organizing Committee

MIMER MEDICAL COLLEGE

DEPARTMENT OF ANATOMY

CADAVERIC OATH

September 2019

I student of First MBBS 2019 – 2020 batch of MIMER Medical college solemnly pledge to respect the cadaver and to treat it with dignity as I use it to achieve my professional goals. I will show due respect & gratitude towards the cadaver who will be my first Teacher in medical profession. I take the opportunity to thank & pay gratitude towards the next of keen of the donor who has respected their wish of 'Body Donation' & to serve the society selflessly even after death.

CADAVERIC OATH

I student of First MBBS 2019 – 2020 batch of MIMER Medical college solemnly pledge to respect the cadaver and to treat it with dignity as I use it to achieve my professional goals. I will show due respect & gratitude towards the cadaver who will be my first Teacher in medical profession. I take the opportunity to thank & pay gratitude towards the next of keen of the donor who has respected their wish of 'Body Donation' & to serve the society selflessly even after death.





MIMER MEDICAL COLLEGE, TALEGAON DABHADE

No/MIMER/ Cri/ (1902/1)/ 2018

Date: 16/10/2018

CIRCULAR –World Bioethics Day


To
HOD- Pre/ Para/ Clinical departments –

World Bioethics Day will be celebrated on 19th October 2018 in MIMER Medical College as follows :

Programme – World Bioethics Day
Venue –“Shushruat Hall “ OPD Building

12.00 PM to 12.30 PM	World Peace Prayer	
12.00 PM to 12.05 PM	Introduction to world Bioethics Day	Dr. Derek D' souza
12.05 PM to 12.10 PM	Introductory remark by Principal MIMER Medical College	Dr. Col. R. P. Gupta
12.10 PM TO 12.40 pm	Ethical Case Discussions (Open House)	Dr. Vaishali Korde
12.40 PM to 12.42 PM	What Bioethics means to me	Arshiya Shamashapure 6 th Sem MBBS
12.42 PM to 12.49 PM	Pasayadan	

All faculty & residents not on essential duty attend the function .


Dr. (Col.) R.P. Gupta
Principal
Principal
MIMER Medical College
Talegaon Dabhade -410 507
Copy to

- Medical Director
- Executive Director (P. & D.)
- Executive Director (HA)
- Director – P.G. Programme – R. &D.
- Medical Supdt.
- Asst. Registrar
- HR Head



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
(MEDICAL COLLEGE)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

■ Tel. (02114) 308300, 808799040/41/42/43 ■ Fax : 02114- 223916


■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

UNESCO Bioethics Unit MIMER Medical College

The following Unit Activities were held in our institution towards the celebration of World Bioethics Day 2018.

1. MIMER Medical College had recently inaugurated a “Centre for Climate Change and Health”. This mission of this Centre is to encourage all faculty and students to be environmentally conscious and be sensitized to the various aspects of ‘Environmental Ethics’
2. As part of the World Bioethics Day celebrations the UNESCO Bioethics unit organized a poster competition among the medical students to encourage all the students to be aware of the impact of climate change on human health.
3. A special programme to celebrate World Bioethics Day was organized on 19th October 2018 at Shushrut Hall. The Principal Dr (Col) RP Gupta addressed the faculty and students and highlighted the importance of the theme ‘Solidarity and Co-operation’. He spoke of the need for all healthcare professionals all over the country to be united to face the rising cost of healthcare and other challenges facing the profession.
4. The students took part in a poster competitions and Photography Competition based on the theme of the year i.e. ‘Solidarity and Cooperation’.
5. All the entries were exhibited outside the venue for the viewing benefit of the faculty and students. The winning

entries were forwarded to the World Bioethics Day Committee as entries for the International competition.



Dr Col) Derek SJ DSouza
Professor
Co-ordinator



MAAER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
(MEDICAL COLLEGE)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

■ Tel. (02114) 308300, 808799040/41/42/43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

MAAER's MIT Pune

Maharashtra Institute of Medical Education & Research

(MIMER Medical College)

Bhausahab Sardesai Talegaon Rural Hospital.

TalegaonDabhade, Pune, Maharashtra, India.

To,
Dr. (Col.) R. P. Gupta,
Principal,
MIMER Medical College,
Talegaon, (D), 410507.

Subject – Report on participation of students in Ethos 2018, 2nd National Bioethics, Medical and Research Conference, SGRDUHS, Amritsar.

Respected Sir,

We, the students of MIMER Medical college, represented our institute in Ethos 2018, 2nd National Bioethics, Medical and Research Conference, SGRDUHS, Amritsar.

We're giving you a brief report about the same

1. INTRODUCTION OF ETHOS

ETHOS 2018, was the 2nd National Bioethics, Medical and Research Conference, held at Sri Guru Ram Das Institute of Medical Sciences & Research, affiliated to Sri Guru

Ram Das University of Health Sciences, Amritsar, from 31st August to 2nd September. ETHOS 2018, was one signature event by the Students' Wing of Indian Program of International Network of UNESCO Chair in Bioethics, Haifa.

2. ROLE OF THE INSTITUTION

As we know, the most valuable resource that a student can have, is their teachers. Without a Guru, students' growth is limited to their own perspectives. Very much in coincidence with the previous lines, the entire team was under a constant guidance of the following teachers;

- a. Dr. VaishaliKordeNayak, Professor in Obstetrics & Gynecology, an educator, who also serves as the head of Student's Steering Committee.
- b. Dr. (Col.) Derek D'Souza, Professor in Dentistry, who also serves as the Director of National Bioethics Curriculum Implementation Centre.
- c. Dr. Aneesh Bhat, who serves as Professor & Head in the department of Psychiatry.
- d. Dr. Rupali Bagga, Associate Professor in the department of Community Medicine.

Lastly, Dr. (Col.) R.P. Gupta, Principal, for giving us the permission to attend the conference.

After a few fruitful meetings of the students' steering committee, from one student delegate, the count increased to fifteen delegates. To put it all in a sentence, these teachers placed a baton in the hands of fifteen students, who went all the way to Amritsar and came back as achievers.

3. PARTICIPATION

„The future belongs to those who believe in the beauty of their dreams.“ Want to know who these dreamers are? Yes, these are the fifteen delegates, the students of their very own MIMER.

1. Tejas Mhapankar (9thSem)
2. Oshin Behl (9thSem)

3. ShantanuChitale (7thSem)
4. Manalee Das (7thSem)
5. PrajaktaKurade (7thSem)
6. Ritika Mishra (7thSem)
7. AkshitaShrivastava (7thSem)
8. TanushreeNahata (7thSem)
9. NishitaManjrekar (7thSem)
- 10.KirtiRodge (5thSem)
- 11.RutujaKhanvilkar (5thSem)
- 12.Simran Kapoor (5thSem)
13. Asma Patel (5thSem)
14. PrachiJethwa (5thSem)
- 15.DharaDarji (5thSem)

Tejas Mhapankar, a student of MBBS Final Year, served as the college ambassador for ETHOS 2018. His role was instrumental in bringing all these fifteen starts together.

These students actively participated in various pre-conference workshops, events like Paper Presentation, Poster Presentation, Sharp Tank, Ethi Scan – Quiz, Debate, Just a Minute and Medical Short Film. As they say, an enthusiastic heart finds opportunities everywhere, these delegates didn't leave a single opportunity to showcase their talent. Their participation in online events like Ethi Shot – Photography, Online Ethi Scan and Sketch it Syndrome is noteworthy.

The journey of these delegates over a period of one month before conference has been full of energy, liveliness, zeal, perseverance and lastly the most important thing, team spirit.

4. WINNERS

Now that one looks back at ETHOS 2018, one can rightly say, the forecast for Team MIMER in Amritsar was 100 percent chance of winning. Amidst 600 national delegates and many participations, Team MIMER has bagged twelve awards and put MIMER at the national forefront in the field of Bioethics and Research.

1) Ethirhythm– Dance Contest – 1st prize

Theme – Transgender

Choreographer – Prajakta

Team – Ritika Mishra, Tanushre, Dhara, Manalee, Shantanu.

<https://drive.google.com/file/d/1UuqZwbYcXcely3DLi6p90CA6ua3uEpVj/view?usp=drivesdk>

2) Medflix – Medical Short Film - 1st prize

Theme – Euthanasia

Team – Sourabh, Asmal, Prachi, Shruti, Rutuja, Kirti, Simran, Vinit
Sairaja, Dhara

<https://drive.google.com/file/d/1sU6lEvXgQEAL9vO - wSfYrDkXyPGEq/view?usp=drivesdk>

3) Medflix – Medical Short Film 2nd prize

Theme– Doctor patient relationship

Team – Akshita, Ritika, Nishita Manjrekar, Manalee, Satyajeet, Advait

https://drive.google.com/file/d/1_7cNznu0zCSNcKcf08OjPnhKg0btsDk8/view?usp=drivesdk

4) Apprise – The Debate – 2nd Prize

Topic- Surrogacy, the dark side of the moon

Team – Manalee, Shantanu

https://drive.google.com/folderview?id=1R3oF3Eisn04w8cAFfP0h3G_YI1_oM53I

5) Sharp Tank – Medical Innovation – 1st Prize

Winner – Tanushree

<https://photos.app.goo.gl/e2AuuoSiH2pF84dJ9>

6) Sketch it Syndrome

1st prize – Kirti Rodge

2nd prize-Rutuja Khanvilkar

https://drive.google.com/file/d/1hsOWjRato-QBzS1Ve1J0MHMaE_qPVbG3/view?usp=drivesdk

https://drive.google.com/file/d/15otjye-1b0_nx4nn-Bt4v-TwLVt75dwC/view?usp=drivesdk

7) Ethiar- 3rd Prize – Rutuja Khanvilkar

<https://drive.google.com/file/d/1jTpkHZejMvqyD89M-9uD1uW1HnslkMw/view?usp=drivesdk>

8) Ethiscan- 1st prize – Prachi Jethwa

9) Just A Minute –2nd prize- Simran Kapoor

10) Quote it –3rd prize - Simran Kapoor

11) Treasure Hunt- 2nd Prize-

Team - Ritika, Tanushree, Dhara

12) Ethos Balladry- 2nd prize- ShantanuChitale

We, the delegates, are thankful to all the teachers, principal sir and our fellow batch mates for their constant support, guidance, love and affection.

Thanking you,

Mr. Tejas Pramod Mhapankar,
MBBS 4th Professional
Representative,
Students' Steering Committee, MIMER Medical College



Dr. Vaishali Korde Nayak,
Head, Students Steering Committee,
Professor & Head of Unit,
MIMER Medical College.







MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
(MEDICAL COLLEGE)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

■ Tel. (02114) 308300, 808799040/41/42/43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

MIMER MEDICAL COLLEGE

DEPARTMENT OF ANATOMY

- Cadaveric oath: 04/08/18

First year MBBS students take a cadaveric oath before they start their studies as medical students.

They pledge to respect the cadavers and treat it with dignity. And show respect & gratitude towards cadavers who will be their first teachers in Medical profession. Cadavers who will be their first teachers in Medical profession. And thank & pay gratitude towards the next of kin of the donor who has respected their wish of Body donation & to serve the society selflessly.

CADAVERIC OATH

I student of First MBBS 2018 – 2019 batch of MIMER Medical college solemnly pledge to respect the cadaver and to treat it with dignity as I use it to achieve my professional goals. I will show due respect & gratitude towards the cadaver who will be my first Teacher in medical profession. I take the opportunity to thank & pay gratitude towards the next of kin of the donor who has respected their wish of 'Body Donation' & to serve the society selflessly even after death.





The International Institute of Organisational Psychological Medicine



USA - Australia - UK

This is to Certify that

Derek D'Souza

Has been admitted to the status of

Fellow

Of The International Institute of Organisational Psychological Medicine on having met the requirements of the rules and bye laws of section 14.3; 14.4 and 14.5 of the International Institute Given under the Common Seal of The International Institute of Organisational Psychological Medicine



1st December 2018
Date Admitted To Status

Paul McArthur, M.D.
Chair Appointments

Derek D'Souza
Dean



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
(MEDICAL COLLEGE)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O.Talegaon General Hospital, Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

■ Tel. (02114) 308300, 808799040/41/42/43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

MIMER MEDICAL COLLEGE – TALEGAON DABHADE

Activities of National Bioethics Curriculum Implementation Centre-2017

1. The National Bioethics Curriculum Implementation Centre (NBCIC) was inaugurated on 4th Oct 2017 at MIMER Medical College, Talegaon Pune. Dr Russell DSouza, Head Asia Pacific Division, UNESCO Chair in Bioethics Haifa, Melbourne Australia handed over the writ of establishment on behalf of Prof Amnon Carmi, Chair UNESCO Chair in Bioethics Haifa to Dr Suchitra Nagare, Executive Director to mark this momentous occasion. The solemn function was presided over by Dr V D Karad, Founder and Director General, MAEER'sMIT Pune. Dr S Geethalakshmi, Honourable Vice Chancellor TN Government Dr MGR Medical University also graced the occasion. Dr ArunJamkar was bestowed with the writ of appointment as the Chair and Dr Derek D'Souza as Director of the NBCIC.
2. Dr Suchitra Nagare, Executive Director was invited as Guest of Honour at the Inauguration of the Bioethics Unit of Maharaja Agrasen Hospital at Punjabi Bagh Delhi on 18th Nov 2017. This is the first hospital based Bioethics unit in the country and it was a matter of great pride for MIMER Medical College to be associated with this programme.
3. Dr Derek DSouza, Director NBCIC was invited as guest faculty at the 1st National Training Faculty Quality Assurance Camp under the UNESCO Bioethics India Programme held at Hotel Ocean Pearl, Mangalore on 20th November 2017. He presented two papers at the campon 'Learning from teaching – The 3T IBHScExperience' and 'Use of Standardised patients in Bioethics Education' which were well appreciated.
4. The 1st National Bioethics Conference was held at the historic Fr Muller's Medical College and Hospital on 21st and 22nd Nov 2017. Dr Suchitra Nagare, our Executive Director was the Chief Guest at this grand event and spoke of the need for implementation of Bioethics into all spheres of the medical education system. She quoted from Swami Vivekananda and the Rig Veda to emphasize the need to revamp the teaching and practice of health sciences in India. Dr Derek DSouza also attended

the conference as invited guest speaker and presented a paper on 'Ethics of Artificial Intelligence'.

MIMER MEDICAL COLLEGE TALEGAON DABHADE

INAUGURATION OF THE NATIONAL BIOETHICS

CURRICULUM IMPLEMENTATION CENTRE OF UNESCO CHAIR IN BIOETHICS

4TH OCTOBER 2017

The National Bioethics Curriculum Implementation Centre under the Indian programme of the UNESCO Bioethics Chair (Haifa) was inaugurated at a glittering function presided over by the revered Founder and Director General of the MAEER's Group of Institutions, Dr Vishwananth Karad held at MIMER Medical College on 4th Oct 2017.

The Indian programme of the UNESCO Chair in Bioethics has played a pioneering role in the establishment of the Bioethics curriculum into the health sciences syllabus. Under the leadership of Dr Amnon Carmi, Chair UNESCO Bioethics (Haifa), and Dr Russell D Souza, faculty training courses have been organised all across India to setup a network of Bioethics units with trained faculty to carry this programme forward.

The rapid spread of the network in India had necessitated the need to establish a National Bioethics Curriculum Implementation Centre. The vision and foresight of Dr Vishwananth Karad and the whole-hearted support of Executive Director, Dr Suchitra Nagare had resulted in MIMER Medical College, Talegaon, Pune being bestowed upon the unique honour to host such a centre. Dr Arun Jamkar has been installed as the Head and Dr Derek D Souza as the Director of this prestigious centre. This centre is the first of its kind in the entire Asia Pacific region under the UNESCO Chair in Haifa. The centre will be the National Co-ordination Centre for planning and implementation of the integrated Bioethics programme for the entire country.

Dr Russell D Souza, Head Asia Pacific Region UNESCO Bioethics Programme handed over the writs of establishment on the 4th October at a special function organised at MIMER Medical College. He said that he was confident that the faculty and students of the college would live up to the responsibility bestowed upon them. Speaking on the occasion, Dr S Geethalakshmi, Vice Chancellor Tamil Nadu MGR Medical University congratulated Executive Director and all faculty of MIMER Medical College and said that she was looking forward to working closely with the faculty in taking this programme further. Dr V. D. Karad, in his Presidential address expressed his satisfaction at the establishment of such a centre at MIMER Medical College. He emphasised that this special occasion should inspire all faculty and students to abide by the teachings of Swami Vivekananda and Saint Shri Dnyaneshwara that the "Union of science and Religion/Spirituality alone will bring harmony and peace to the humanity" and also of the guiding principle of "Vasudhaiva Kutumbakam – that the World is One Family"

A separate Bioethics unit has also been established at MAEER's College of Physiotherapy and the Writ of establishment was handed over at the same function. This is the first time that an independent Bioethics unit has been set-up in a college of physiotherapy in India. Separate Writs of establishment of the Student Wings at both MIMER Medical College and MAEER's Physiotherapy college were also presented to the students.

**PROGRAMME FOR INAUGURATION OF NBCIC
04 OCT 2017**

No	Time	Programme
1.	11:00 – 11:20	Address by Dr OP Kalra
2.	11:20 – 11:40	Address by Dr S Geetalakshmi
3.	11:40 – 11:55	Interaction with students
		INAUGURATION
4.	12:00 – 12:02	Arrival of Guests on the dais
5.	12:02 – 12:05	Introductory remarks by DrVaishaliKorde
6.	12:05 – 12:10	World Peace Prayer
7.	12:10 – 12:15	Welcome Address by Dr Suchitra Nagare
8.	12:15 – 12:25	Address by DrArunJamkar
9.	12:25 – 12:35	Address by Chief Guest Dr Russell DSouza
10.	12:35 – 12:38	Presentation of Writ of Establishment of NBCIC Writ of Establishment presented to Dr Suchitra Nagare Writ of Chair, NBCIC to DrArunJamkar Writ of Director, NBCIC to Dr Derek DSouza
11.	12:38 – 12:40	Presentation of Writ of Establishment of Bioethics Unit MAEER's Physiotherapy College Writ of establishment of Bioethics Unit to Principal Writ of Steering Committee Head Writ of Head of Students Wing
12.	12:40 – 12:55	Presidential Address by DrVishwanath D. Karad
13.	12:55 – 13:00	Vote of Thanks by Dr Derek DSouza
14.	13:00 onwards	Lunch

The National Bioethics Curriculum Implementation Centre (NBCIC) was inaugurated on 4th Oct 2017 at MIMER Medical College, Talegaon Pune







Dr Suchitra Nagare, Executive Director MIMER Medical College was invited as Guest of Honour at the Inauguration of the Bioethics Unit of Maharaja Agrasen Hospital at Punjabi Bagh Delhi on 18th Nov 2017



1st National Bioethics Conference
Father Muller's Medical College and Hospital, Mangalore.
21st and 22nd Nov 2017
Dr Suchitra Nagare,
Executive Director MIMER Medical College was invited as Chief Guest



UNESCO CHAIR IN BIOETHICS
The International Center for Health, Law and Ethics, University of Haifa

4th October 2017

*Dr. Suchitra Nagare,
Executive Director
MIMER Medical College
Talegaon Dabhade*

On establishing that the requirements of the UNESCO Chair in Bioethics (Haifa) have been met, I hereby on the fourth Day of October in the year Two Thousand and Seventeen, issue this writ confirming and approving the establishment of the

National Bioethics Curriculum Implementation Centre

of the Indian Program of the UNESCO Chair and of the International Bioethics Network of the UNESCO Chair in

Bioethics at:

***MIMER Medical College
Talegaon Dabhade***

**Professor Amnon Carmi,
Head, & Chair Holder
UNESCO Chair in Bioethics (Haifa)**



מרכז המחקר והחינוך לביאתיקה רפואית
UNESCO Chair in Bioethics

מרכז המחקר והחינוך לביאתיקה רפואית
The International Center for Health, Law and Ethics, University of Haifa

The UNESCO Chair in Bioethics Haifa

Certifies that

Dr Arun Jamkar

Has been appointed

Chair

National Bioethics Curriculum Implementation Centre

MIMER Medical College

Talegaon Dabhade

*to fulfil the objectives of stimulating Teaching, Training and
Research in Bioethics in Medical and Health Science Education*

Prof. Amnon Carmi,
Head, UNESCO Chair in Bioethics
University of Haifa

Prof Russell D'Souza MD
Head Asia Pacific Division
UNESCO Chair in Bioethics

4 October 2017

The UNESCO Chair in Bioethics Haifa

Certifies that

Col (Dr) Derek SJ DSouza

Has been appointed


Director

National Bioethics Curriculum Implementation Centre

MIMER Medical College

Talegaon Dabhade

*to fulfil the objectives of stimulating Teaching, Training and
Research in Bioethics in Medical and Health Science Education.*


Prof. Amnon Carmi,
Head, UNESCO Chair in Bioethics
University of Haifa


Prof Russell D'Souza MD
Head Asia Pacific Division
UNESCO Chair in Bioethics

4th October 2017



יְהוָה יִשְׁמַר עָמָם יְהוָה יִשְׁמַר עָמָם
UNESCO Chair in Bioethics

מרכז המחקר והחינוך לבריאות, משפט ומשקל
The International Center for Health, Law and Ethics, University of Haifa

The UNESCO Chair in Bioethics Haifa

Certifies that

The Student Wing of

MIMER Medical College

of the UNESCO Chair in Bioethics is established

*In proclamation of the establishment of the
Bioethics Unit at MIMER Medical College*

on the 4th October 2017

*to fulfil the objectives of stimulating Teaching,
Training and Research in Bioethics
in Medical & Health Science Education.*

Prof. Amnon Carmi,
Head, UNESCO Chair in Bioethics
University of Haifa

Prof Russell D'Souza MD
Head Asia Pacific Division
UNESCO Chair in Bioethics



Microbiology Department <micro@mitmimer.com>

Fwd: Programme for workshop for PG residents

1 message

PRINCIPAL MIMER <principal@mitmimer.com>

Wed, Jun 21, 2017 at 10:23 AM

To: Department <department@mitmimer.com>

Cc: MEDICAL DIRECTOR MIMER <director@mitmimer.com>, Suchitra Karad <suchitra@mitpune.com>, Ghaisas Virendra <virendraghaisas@gmail.com>, Dr Arun Jamkar <jamkar@gmail.com>, "Dr. Alka Sontakke" <director_admin@mitmimer.com>, medical Superintendent <ms@mitmimer.com>

----- Forwarded message -----

From: Dr Derek Dsouza <director.nbcc@mitmimer.com>

Date: Tue, Jun 20, 2017 at 9:37 PM

Subject: Programme for workshop for PG residents

To: PRINCIPAL MIMER <principal@mitmimer.com>

Dear Sir

- Sending the programme for the Workshop on Professionalism, Bioethics and Human Values for PG residents on 22 June 2017.

The venue is Departmental Museum of Dept of OB-GYN from 1030 am to 4 pm

Attendance is compulsory for all PG residents

Thanking you

With warm regards

Dr

(Col) Derek D'SOUZA, MDS, MBA (HR)

Prof, Dept of Dental Surgery

Director National Bioethics Curriculum Implementation Centre

MIMER Medical College, Talegaon Pune

Chair 3T National Training Course

National Training Faculty Bioethics UNESCO India Programme

- Mob +91 98235 44840

Dr. Rajendra Prasad Gupta

Principal,

MIMER Medical College

Talegaon (D), Pune - 410507

 WORKSHOP ON PROFESSIONALISM.docx
107K

Kranthi 21/6

Jaishree

WORKSHOP ON PROFESSIONALISM, BIOETHICS & HUMAN VALUES FOR MEDICAL PROFESSIONALS
DATE THURSDAY 22 JUNE 2017
VENUE: DEPARTMENTAL MUSEUM DEPT OF OB-GYN MIMER MEDICAL COLLEGE

S NO	PROGRAMME	TIME	FACULTY
1.	Welcome to the workshop and ice breaking	1030 to 1100 hrs	Dr DSJ D'Souza Dr Vaishali Korde
2.	Objectives of the workshop	1100 to 1115 hrs	Dr RP Gupta
3.	Tea Break	1115 to 1130 hrs	
4.	Duties and Responsibilities of PG residents	1130 to 1200 hrs	Dr Arun Jamkar
5.	Professionalism and Bioethics in clinical practice	1200 to 1300 hrs	Dr DSJ D'Souza Dr Vaishali Korde
6.	Lunch break	1300 to 1330 hrs	
7.	Values and the Medical Professional	1330 to 1430 hrs	Dr DSJ D'Souza
8.	Teaching Learning Aids (PPT's and case discussions)	1430 to 1530 hrs	Dr Vaishali Korde Dr Sandhya Kulkarni
9.	Feedback and Summing Up	1530 to 1545 hrs	Dr Vaishali Korde Dr DSJ D'Souza
10.	Closing address	1545 to 1555 hrs	Dr Suchitra Nagare

MIMER MEDICAL COLLEGE

DEPARTMENT OF ANATOMY

- Cadaveric oath: 07/12/17

First year MBBS students take a cadaveric oath before they start their studies as medical students.

They pledge to respect the cadavers and treat it with dignity. And show respect & gratitude towards cadavers who will be their first teachers in Medical profession. Cadavers who will be their first teachers in Medical profession. And thank & pay gratitude towards the next of keen of the donor who has respected their wish of Body donation & to serve the society selflessly.

CADAVERIC OATH

I student of First MBBS 2017 – 2018 batch of MIMER Medical college solemnly pledge to respect the cadaver and to treat it with dignity as I use it to achieve my professional goals. I will show due respect & gratitude towards the cadaver who will be my first Teacher in medical profession. I take the opportunity to thank & pay gratitude towards the next of keen of the donor who has respected their wish of 'Body Donation' & to serve the society selflessly even after death.



3T-IBHSC TRAINING 2016

INVITATION



MAHER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.
■ Tel.:- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax :- 02114 - 223916.
■ Website :- www.mitmimer.com ■ Email :- info@mitmimer.com.

Ref. No. MIMER/Bioethics Unit/1027(1)1610.

Date: 16/11/2016

To,

Prof. Arun Jamkar

Director - Post Graduate Programme, Research & Development,
MIT group of Institutions
Co-chair M.I.M.E.R. unit of UNESCO Bioethics Chair (Haifa)

Sub: Invitation for the Installation ceremony of M.I.M.E.R. unit of UNESCO
Bioethics Chair (Haifa) at M.I.M.E.R. Medical College, Pune.

Respected Sir,


M.I.M.E.R. unit of UNESCO Bioethics chair is approved by UNESCO
Bioethics Chair (Haifa) as per letter dated on 29th July 2016. Installation
function of the M.I.M.E.R. unit of UNESCO Bioethics Chair is planned on 24th
Nov. 2016 at M.I.M.E.R. Medical College, Talegaon(D) at 12.15 pm. We would
like to invite you as a dignitary for this function.

Prof. Russell D'Souza, Head of Asia Pacific Division of UNESCO
Bioethics Chair (Haifa) & Dr. Mary Mathew, Chair 3-T Indian Program are the
chief guests for this function. We request you to grace this occasion by your
presence and your valuable guidance to the staff of the institute.

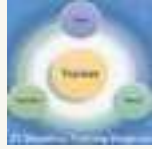
Enclosing herewith the detail program of the function.

Thanking you,

Yours Faithfully,


(Dr. Mahesh Asalkar)
Secretary,
MIMER unit of UNESCO

PROGRAMME



**3T – IBHSc Training Course in Bioethics Training for
Health Professionals of Health Science Universities**

An Initiative of

The Indian Program of the UNESCO Chair in Bioethics (Haifa)

Train, Teach and Transfer ↔ Empower Impart

**The Vertically & Horizontally Integrated Bioethics Curriculum of
the**

UNESCO Core Curriculum

MIMER Pune

Accredited Training Faculty

Prof Dr Russell D'Souza Course Director Melbourne Australia

Prof Dr Mary Mathew Head Training Manipal University

Prof Dr. ArunJamkar, MIMER Pune

Prof Dr. Derek DSouza SMIMS Gangtok

Prof SiddharthDubhashi, MGM IHS Navi Mumbai

Prof AvinashDesousa Mumbai

Prof Dr. VaishaliKorde-Nayak MIMER Pune

Prof Dr. Mahesh Asalkar MIMER Pune

DAY 1 – BASIC CONCEPTS – Part I

24.11.2016

TIME	TOPIC	FACULTY
9.00AM – 9.15AM	Overview of the 3T Course	Dr. Russell D’Souza DrArunJamkar
9.15AM – 10.15AM	History, Principles, codes & Guidelines of Ethics Evolution of Codes, Principles & Guidelines, Code of conduct, Codes of medical ethics Nuremberg code, Universal declaration of human rights, MCI Code, Helsinki declaration, Tuskegee syphilis trial, Belmont report, CIOMS, ICMR Guidelines	Dr Mary Mathew DrDerekDSouza
10.15AM – 10.30AM	Tea	
10.30AM – 11.30PM	Autonomy & Consent Respect for personal autonomy; negative liberty, Degrees of self-rule. Respect for Autonomy not absolute – Mill’s Harm principle Autonomy, Truth, and Difficult choices 3 elements of informed consent; Exceptions to the informed consent standard; Proxy decision making; Special status of medical informed consent	DrSiddharthDubashi DrVaishaliKorde-Nayak Dr Derek Dsouza
	Case Discussions on Autonomy Role play	
11.30PM – 12.30PM	Privacy & Confidentiality Prudery norms is a moral value; the Subject;Biographic privacy Hippocratic Oath- Stigmatization, the Subject;Biographic privacy; IT & Privacy	DrVaishaliKorde-Nayak Dr Derek DSouza Dr Mary Mathew DrSiddharthDubhashi
	Case Discussions on Privacy & Confidentiality	
12.30PM – 1.00PM	Inauguration	
1.00PM – 2.00PM	Lunch	
2.00 PM – 3.00PM	Human Dignity & Human Rights -The role of “human dignity” in bioethics; Origins of the ethos of human dignity; the idea of human dignity the normative implications of the value of human dignity; Human Rights; First generation (negative rights) and Second generation (positive rights) – The Universal Declaration of Human Rights. Controversies – „Margin of appreciation (principle of subsidiarity)	Dr. Mary Mathew Dr Derek DSouza DrSiddharthDubhashi
	Interactive sessions	
3.00PM- 4.00PM	Communication skills	DrSiddharthDubhashi Dr. Derek Dsouza
4.00PM – 4.15PM	Tea	
4.15PM – 5.15PM	Case Based Teaching / Learning – Part I	Dr. Russell DSouza DrArunJamkar

**DAY 2 – BASIC CONCEPTS & TEACHING TECHNOLOGY & INTEGRATED
BIOETHICS – Part II**

25.11.2016

TIME	TOPIC	FACULTY
9.00AM 10.00AM	Benefit & Harm “Medical benefit” and “the good; Futility; The common good; The rule of rescue and the defense of necessity- Good Samaritan; Harm; The principle of double effect; The precautionary principle	Dr. Derek DSouza DrAvinashDeSouza
	Case Discussions	DrVaishaliKorde- Nayak
10.00AM 10.45AM	Vulnerable Population, Gender Disparity and Protection Concerns in Bioethics; What makes individuals or countries vulnerable? Exploitation – Clinical research, Health Policy, Research ethics. Inducing vulnerable subjects as exploitation. When can Protection become paternalistic? Context of multinational research and situation of women made vulnerable in cultural / region settings	DrAvinashDeSouza Dr. SidharthDubhashi Dr Derek DSouza
10.45AM 11.00AM	Tea	
11.00AM 12.30PM	Emotional Intelligence Practice self-management, self-awareness, self-regulation, self-motivation, and empathy. Understand, use and manage your emotions. Verbally communicate with others. Successfully communicate with others in a non-verbal manner. The benefits of emotional intelligence; Effectively impact others	Dr. Russell D’Souza Dr Derek DSouza Dr Mary Mathew DrAvinashDesouza
	Role play	
12.30 PM – 1.00PM	Lunch	
1.00PM – 2.00PM	Ethics and Professionalism	Dr. ArunJamkar DrSidarthDubhashi DrAvinashDeSouza
2.00PM - 3.00PM	Teaching Bioethics in a clinical setting	Dr. Russell DSouza Dr Mary Mathew
3.00PM – 4.00PM	Ethical Deliberation / Decision Making / Clinical Ethics Committee	Dr. Russell DSouza Dr Derek Dsouza
4.00PM – 4.15PM	Tea	
4.15PM – 5.00PM	Innovative methods of teaching Bioethics – <i>Medical Humanities</i>	Dr. SiddharthDubhashi Dr Mary Mathew

Day 3 CONCEPTS & TEACHING TECHNOLOGY AND INTEGRATED BIOETHICS

26.11.2016

TIME	TOPIC	FACULTY
9.00AM 9.45AM	Equality, Justice & Equity Types of justice, Concepts of distributive justice, Health care ethics, , Munson's principles of distributive justice, Right to health, Role of health professionals in allocating resources	Dr. Mary Mathew DrAvinashDesousa
9.45AM 10.30AM	Environmental Ethics Biotechnology & Biosafety Conceptual foundations of environment values as well as issues surrounding societal attitudes, actions and policies to protect and sustain biodiversity and ecological system	Dr. Derek D'Souza Dr. Mary Mathew
10.30AM – 10.45AM	Tea	
10.45AM – 11.00AM	Ethical dimensions of Teaching Bioethics	Dr Mary Mathew
11.00AM – 12.00PM	Research Ethics	Dr. SiddharthDubhashi Dr Russell Dsouza
12.00PM- 12.45PM	Health Law	Dr. Mary Mathew
12.45 PM 01.15 PM	Case Based Learning Part 2	Dr Russell Dsouza
01.15PM – 01.45PM	Lunch	
1.45PM – 2.30PM	Assessment of teaching – course, teacher, students	Dr SiddharthDubashi DrMary Mathew
2.30PM – 3.30PM	Simulated Teaching from participants & Trainer Evaluation x 4 batches Interactive Feedback sessions	PANELS OF TRAINERS Dr Russell D'Souza Dr Mary Mathew Dr Derek DSouza Dr SiddharthDubhashi DrAvinashDesousa
3.30PM – 4.30PM	Integration into curriculum of Institutional Road Map	Dr. Russell D'Souza Dr. Derek DSouza Dr SiddharthDubhashi Dr Mary Mathew
4.30PM – 4.45PM	Tea	
4.45 PM – 5.15PM	Valedictory and Certificate Distribution	Dr Russell DSouza Dr Mary Mathew

DAY 3

PRE-CLINICAL

Dr. Mary Mathew

Day 3 - Anatomy

TIME	TOPIC
3.30PM-4.30PM	Respect to human body & respect of dead Privacy & confidentiality, Cultural sensitivities, consent, autonomy Cadaver sources Eugenics Genetic counseling

***Feedback written & verbal from participants & facilitator**

DAY 3 – Physiology

TIME	TOPIC
3.30PM—4.30PM	Animal ethics Privacy & Confidentiality Whistle Blowing Student ethical issues

***Feedback written & verbal from participants & facilitator**

DAY 3 – Biochemistry

TIME	TOPIC
3.30PM-4.30PM	Necessity & prudence in the choice of tests Informed consent & refusal of tests Confidentiality Dichotomy

***Feedback written & verbal from participants & facilitator**

PARA-CLINICAL

Dr. Mary Mathew

DAY 3 – Pathology

TIME	TOPIC
3.30PM-4.30PM	Ethics related to use of Biological material Ethical issues in autopsy Ethics in Blood transfusion Ethical pathologists

***Feedback written & verbal from participants & facilitator**

DAY 3 – Forensic Medicine

TIME	TOPIC
3.30PM-4.30PM	Laws related to medical practice – Part 1 Laws in related to medical practice – Part 2 Consumer Protection Act MCI Code of Ethics 2002

DAY 3 – Pharmacology

TIME	TOPIC
3.30PM-4.30PM	Rational drug prescribing Use of expensive drugs Research Ethics – Part 1 Research Ethics – Part 2

***Feedback written & verbal from participants & facilitator**

DAY 3 – Microbiology

TIME	TOPIC
3.30-4.30PM	Lab reports - Confidentiality, privacy, notification & report disclosure Pre & post test counseling Quarantine & its impact – patient, vector, carrier Specimen transport Bioterrorism

***Feedback written & verbal from participants & facilitator**

CLINICAL

Dr. SiddarthDubashi

DrRussell D'Souza

DAY 3 – Medicine

TIME	TOPIC
3.30 PM-4.30 PM	Doctor – Patient relationship –Part 1 Doctors' rights & duties Risk benefit assessment End of life issues – Medical futility, euthanasia

***Feedback written & verbal from participants & facilitator**

DAY 3 – Surgery

TIME	TOPIC
3.30PM-4.30 PM	Benefit vs Harm Emergency case attention Breaking bad news Organ transplantation

***Feedback written & verbal from participants & facilitator**

DAY 3 – Obstetrics &Gynaecology

TIME	TOPIC
3.30PM-4.30 PM	Privacy & Confidentiality Beginning of Life issues MTP - Consent PNDT Assisted Reproductive Technology

***Feedback written & verbal from participants & facilitator**

DAY 3 – Community Medicine

TIME	TOPIC
3.30PM-4.30 PM	Public Health Ethics – Part 1 Public Health Ethics – Part 2 Health Education Research Ethics

***Feedback written & verbal from participants & facilitator**

ALLIED HEALTH SCIENCES

Dr. Derek D'Souza

DAY 3 – Physiotherapy

TIME	TOPIC
3.30 PM-4.30 PM	Doctor – Patient relationship Doctors' rights & duties Risk benefit assessment Privacy and Confidentiality Investigations and tests

***Feedback written & verbal from participants & facilitator**

DAY 3 – Nursing

TIME	TOPIC
3.30PM-4.30 PM	Benefit vs Harm Emergency case attention Breaking bad news End of life issues Privacy and Confidentiality

***Feedback written & verbal from participants & facilitator**

DAY 3 – Biotechnology

TIME	TOPIC
3.30PM-4.30 PM	Benefit vs Harm Research Ethics Privacy and Confidentiality Cloning / Genetic technology Eugenics

***Feedback written & verbal from participants & facilitator**

DAY 3 - Dental Bioethics

TIME	TOPIC
3.30PM – 4.30 PM	Biomaterials & dental materials Ethical aspects of treatment options in children/ young adults/ geriatric & mentally challenged patients Biotechnology & Dental Research Care & respect for human organs/dental tissue

***Feedback written & verbal from participants & facilitator**

PHOTOGRAPHS: 3T-IBHSc Trainig program- 2016



INSTALLATION CEREMONY

3T-IBHSc Training program- 2016





CERTIFICATES





**MAHER'S MIMER MEDICAL COLLEGE & DR. B. S. T. R. HOSPITAL
TALEGAON (D) Pune 410 507**

The Indian Program of the UNESCO Chair Bioethics (Haifa)

CERTIFICATE No. 1152

This is to certify that

Dr. Mahesh Asalkar

has successfully completed the

'3T - IBHSc Training Program for Health Sciences Faculty',

held at MIMER Medical College, Talegaon Dabhade, Pune from 24th to 26th November 2016

Maharashtra Medical Council has granted 5 Credit Hours.

CME Code : MMC/MAC/2016/F - 006376

Amnon Carmi

Prof. Amnon Carmi
Head & Chair holder
UNESCO Chair in Bioethics

Roselle D'Souza

Prof. Roselle D'Souza
Chair Asia Pacific Programme

Mary Mathew

Prof. Mary Mathew
Chair 3T - IBHSc Programme

V. D. Karve

Dr. V. D. Karve
Unit Head
Founder & Director
NET Group of Institutions

Hemant Dandekar

Dr. Hemant Dandekar
MMC Observer

Arun Jankar

Dr. Arun Jankar
Chair National Bioethics Curriculum
Implementation

Mahesh Asalkar

Dr. Mahesh Asalkar
Organising Secretary

Mahesh Asalkar

Principal
MIMER Medical College

REPORT OF THE WORKSHOP

To,

Respected Heads of Departments of MIMER Medical College,

MAAER'S MIMER MEDICAL COLLEGE organized a "3T- IBHSC Training program for Health Sciences Faculty" from 24th-26th November 2016, CME code: MMC/MAC/2016/F-006376. The training was conducted by the accredited training faculty Prof. Dr. Russell D'souza (Course Director, Melbourne Australia), Prof. Dr. Mary Mathew (Head, Training Manipal University), Prof. Dr. ArunJamkar, Prof. Dr. Derek D'souza, Prof. SiddharthDubhashi, Prof. AvinashD'souza, Prof. Dr. Vaishali Korde and Prof. Dr. Mahesh Asalkar. 48 delegates participated in the training. It was an extensive 3 days training program for the clinical, preclinical and allied health sciences staff. All the sessions conducted were interactive and active participation by the delegates made the training program a great success. Certificates were distributed to all the delegates after the completion of the training. The entire faculty was felicitated by our institute.

Thanking you for co-operation

With warm regards,

Dr. Mahesh Asalkar, Professor,

Secretary, Dept of Bioethics

MIMER Medical College, Talegaon, Pune

3T – IBHSc Training Course in Bioethics Training for Health Professionals of Health Science Universities

- 3T- IBHSC Training program for Health Sciences Faculty” was organized by MAAER’S MIMER Medical College.
- This training programme was an initiative of the Indian Program of the UNESCO Chair in Bioethics (Haifa) with the theme
- *Train, Teach and Transfer ↔ Empower Impart*
- It was a three days extensive and interactive training programme, from 24/11/2016 to 26/11/2016 and was approved by MMC, Mumbai as CME having code: MMC/MAC/2016/F-006376.
- The training was conducted by the accredited training faculty namely
 - 1 Prof. Dr. Russell D’souza, Course Director, Melbourne Australia
 - 2 Prof. Dr. Mary Mathew, Head, Training Manipal University
 - 3 Prof. Dr. Arun Jamkar,
 - 4 Prof. Dr. Derek D’souza,
 - 5 Prof. Siddharth Dubhashi,
 - 6 Prof. Avinash D’souza,
 - 7 Prof. Dr. Vaishali Korde, MIMER Medical College
 8. Prof. Dr. Mahesh Asalkar, MIMER Medical College
- **The first day** of the training began with a formal inauguration ceremony. The proceedings were divided into two parts. The first part dealt with topics of basic concepts, history, principles and guidelines of Bioethics. The relevant subjects such as Autonomy, consent, human dignity. Human rights, communication skills were also discussed at length. The discussion was supported by role plays and interactive sessions. All the delegates took active participation in the sessions. The second part of the first day was related to Case based learning.
- **The second day began with** lecture on topics of benefits and harms which was followed by lectures and discussions on vulnerable population, gender disparity and protection, emotional intelligence, ethics and profession, teaching bioethics in medical settings, clinical ethics committee. All the lectures and discussions were supported by interactive sessions and role plays.

The third and last day started with lecture on equality, equity and justice. This was followed by lectures and discussions on Environmental Ethics, Biotechnology and Biosafety, Health laws, Research ethics. In the post lunch session topics related to Assessment of teaching, course, teacher, students were discussed. It was followed by Integration into curriculum of Institutional Road Map. This topic was discussed elaboratively with respect to all pre, para and clinical departments.

Finally, the three-day training was concluded with Valedictory and Certificate Distribution. The entire faculty was felicitated by the institute

महाराष्ट्र शासन

बै.जी.शासकीय वैद्यकीय महाविद्यालय व ससून सर्वोपचार रुग्णालय, पुणे

जयप्रकाश नारायण रोड, रेल्वे स्टेशन जवळ, पुणे-४११००१

दुरध्वनी क्र. २६१२८००० विस्तार-३०२ संकेतस्थळ -http://www.bjmcpune.org फॅक्स क्र. २६१२६८६८

जा.क्र.बैजीशावैम/अवयवदान जनजागृती/मेडिसीन/ १२ /२०१६

दि. २२/०८/२०१६

अत्यंत महत्वाचे

प्रति,

मा.अधिष्ठाता/प्राचार्य,

विषय:- अवयव जनजागृती महा अवयवदान अभियान सन २०१६

संदर्भ :- वैद्यकीय शिक्षण व औषधीद्रव्ये विभागाचा शासन निर्णय क्र.जागृती-००१६/प्र.क्र.
३२/अधिनियम, दिनांक ०६/०८/२०१६

महोदय,

वरील संदर्भिय विषयानुसार दिनांक ३० ऑगस्ट २०१६ ते १ सप्टेंबर २०१६ या कालखंडात महाअवयवदान अभियान सन २०१६ साजरा करणे संदर्भात महाराष्ट्र शासनाने शासन निर्णय जारी केला आहे.

मा.पंतप्रधान श्री.नरेंद्रजी मोदी यांनी अवयव दानाचे महत्व लक्षात घेऊन रुग्णांसाठी मोठ्या प्रमाणात अवयवदानाबाबत जनजागृती होण्याकरिता सदर अभियान हाती घेण्याबाबत सूचित केले आहे.

त्या अनुषंगाने आपल्या महाविद्यालयामध्ये सदर अभियान राबविण्यासाठीचे नियोजन करण्याकरिता सर्व अधिष्ठाता/प्राचार्य, संबंधित विभाग व अधिकारी यांची बैठक दिनांक २३ ऑगस्ट २०१६ रोजी दुपारी ठीक ३.०० वाजता मा.अधिष्ठाता, बै.जी.शासकीय वैद्यकीय महाविद्यालय व ससून सर्वोपचार रुग्णालय, पुणे यांच्या दालनात आयोजित करण्यात आलेली आहे.

तरी आपण सदर बैठकीस उपस्थित राहावे ही विनंती

आपला स्नेहाभिन्न,


अधिष्ठाता

बै.जी.शासकीय वैद्यकीय महाविद्यालय व ससून
सर्वोपचार रुग्णालय, पुणे



महाराष्ट्र शासन



महा अवयवदान अभियान

दि. ३० ऑगस्ट ते १ सप्टेंबर २०१६

महाराष्ट्र शासन

वैद्यकीय शिक्षण विभाग व सार्वजनिक आरोग्य विभाग महाराष्ट्र राज्य आणि
विभागीय प्रत्यारोपण समन्वय समिती, महाराष्ट्र यांच्या संयुक्त विद्यमाने

महा अवयवदान अभियान

दि. ३० ऑगस्ट ते १ सप्टेंबर २०१६

निमंत्रण

मा.पंतप्रधान यांनी अकाशवाणीवरील 'मन की बात' या कार्यक्रमांमध्ये अवयवदानाचे विचार प्रस्तुत केले आहे. त्यांनी 'तेन त्यक्तेन भुञ्जिथा' म्हणजेच "त्याग करण्यात उत्तम आनंद" असे अवयवदानाचे महत्त्व सांगितले आहे.

मा. पंतप्रधान यांच्या विचारांनी प्रेरित होऊन मा. मुख्यमंत्री व मा.मंत्री, वैद्यकीय शिक्षण विभाग आणि सार्वजनिक आरोग्य विभाग महाराष्ट्र राज्य यांनी संपूर्ण महाराष्ट्रात एकाच वेळी राज्य स्तरापासून ते तालुका स्तरापर्यंत महा अवयवदान अभियान दि. ३० ऑगस्ट ते १ सप्टेंबर २०१६ या कालावधी मध्ये रात्रविषयाचा निर्णय घेऊन अवयव मिळण्याच्या प्रतीक्षेत असलेल्या रुग्णांना नवजीवन देण्याच्या दृष्टीने एक पाऊल पुढे टाकत आहोत.

तरी महाराष्ट्रातील जनतेला या द्वारे या महा अभियानात सहभागी होण्यासाठी निमंत्रित करित आहोत.

आपल्याला डोळे, त्वचा, यकृत, हृदय, मूत्रपिंड, प्लीहा, चासारख्या अवयवांची अमूल्य भेट मिळालेली आहे. हि निसर्गाने दिलेली अवयवरूपी भेट आपल्या मृत्युनंतर इतर गरजू रुग्णांना तुम्ही दान देऊ शकतात. या अवयवदानाने मृत्यूच्या उंबरठ्यावर उभ्या असलेल्या अनेक रुग्णांना दुसरे जीवन जगण्याची संधी देऊ शकतो व मृत्यूनंतरही आपण दुसऱ्यांच्या शरीरात जिवंत राहू शकतो. अवयवदानाच्या या उदात्य कार्याला कोणत्याच जाती-धर्माचे, दर्जाचे अथवा लिंगाचे असले कुठलेच बंधन नाही.

सद्य-परिस्थितीत देशात सुमारे ५ लाख मूत्रपिंड / ५० हजार यकृत / २००० हून अधिक हृदय विकारांनी ग्रस्त रुग्ण असून या रुग्णांना अवयवांची गरज आहे. मूत्रपिंड विकारावर कृत्रिम रक्त शुद्धिकरण हा पर्याय आहे परंतु यकृत, हृदय, फुफ्फुस विकारांनी ग्रस्त रुग्णांना असा कोणताही दुसरा मार्ग उपलब्ध नाही त्यांच्यासाठी नवीन अवयव प्रत्यारोपण हा एकमेव मार्ग आहे.

जागतिक पातळीवर विचार करता मृत्यूनंतर अवयवदान करण्याचे प्रमाण भारताबाहेर जास्त असून भारतात त्याचे प्रमाण अत्यल्प आहे. सामाजिक व कौटुंबिक जनजागृतीच हा आमुलाग्र बदल घडवून आणू शकेल. कुटुंबातील सदस्यांना अवयवदानाची जाणीव असल्यास अवयवदानासाठी संमती सहज मिळू शकते.

या करिता महाराष्ट्र शासन आणि वैद्यकीय शिक्षण व औषधद्वय विभाग यांनी ३० ऑगस्ट ते १ सप्टेंबर, २०१६ महा अवयवदान अभियान साजरा करण्याबाबत मान्यता दिली आहे. यानुसार दि. ३०-८-२०१६ रोजी या अभियानाचा शुभारंभ करून अवयवदान जागृती महाफेरीचे आयोजन करणेत येणार आहे. दि. ३१-८-२०१६ रोजी कार्यशाळा, अवयवदान चर्चासत्र, चित्रकला, निबंध स्पर्धा यांचे आयोजन करणेत येणार आहे आणि दि. १-९-२०१६ रोजी अवयवदान अभियान नोंदणी शिविराचे उद्घाटन व महा अवयवदान नोंदणी शिवीर आयोजित करणेत येणार असून प्रत्यक्ष अवयवदान केलेल्या अवयवदात्या कुटुंबांचा सन्मान करणेत येणार आहे.

ह्या अभियानामार्फत अवयवदानाबाबत प्रबोधन व जास्तीत जास्त दात्यांना संपर्क करून समाजात याबाबत जागृती निर्माण करण्याची जबाबदारी तालुका, जिल्हा व राज्यस्तरावर सर्व संबंधित शासकीय विभागांना देण्यात आली आहे. त्याकरिता वैद्यकीय शिक्षण व औषधद्वय विभागान्वरतर्गत संचालक, वैद्यकीय शिक्षण व संशोधन, महाराष्ट्र राज्य, मुंबई, शासकीय / खाजगी वैद्यकीय महाविद्यालये, तसेच सार्वजनिक आरोग्यविभागांतर्गत जिल्हा शल्यचिकित्सक अधीक्षक उपजिल्हा / कुटीर रुग्णालये, जिल्हा आरोग्य अधिकारी इत्यादींच्या स्तरावरून समित्यांमार्फत विविध उपक्रमांचे आयोजन करण्यात येणार आहे.

तरी आपण आपल्या विभागाच्या वरील अधिकारी/कार्यालये यांना भेटून या उपक्रमात सहभागी व्हावे. तसेच आपण www.dmer.org व www.ztccmumbai.org या वेबसाईट वर अवयवदानाचे कार्ड ऑनलाईन करून अवयवदान करण्याचे आवाहन करणेत येत आहे. अधिक माहितीसाठी १८००२७४७४४४ व १८००११४७७७० या हेल्पलाईन नंबर वर संपर्क साधा.

श्री. गिरीष महाजन,
मंत्री वैद्यकीय शिक्षण,
जलसंपदा व लाभक्षेत्र विकास

डॉ. दिपक सावंत
मंत्री सार्वजनिक आरोग्य विभाग

(पालकमंत्री)

अध्यक्ष, जिल्हा अवयवदान अभियान समिती



Organ Donation Campaign 2016

- Organ Donation Campaign 2016 was launched by Govt of Maharashtra from 30/08/2016 to 01/09/2016.
- It was jointly organized by Medical Education and Research Dept, Public Health Dept and ZTCC , Mumbai.
- Coordination meetings for preparations of campaign were held in B J medical College , Pune under chairmanship of Dean BJMC on 19/08/2016,23/08/2016,26/08/2016.
- For implementation of campaign in college ,Dr S V Chincholikar I/C Professor and HOD Community Medicine appointed two senior faculties from Dept of Community Medicine .
- These were Dr R Majumdar , Professor and Dr S J Kulkarni Asst Professor from department of Community Medicine.
- Both coordinators attended preparatory meetings at BJMC.
- Different activities were carried out by MIMER Medical College as per instructions given by Govt vide G R dated 08/08/2016.
- Design of banners, format of consent form and power point presentation were made available from Dean BJMC
- Preparatory meetings for implementation of activities in college were conducted under guidance of Dr S Belsare Vice Principal , MIMER medical College.
- Necessary arrangements for banners, placards, vehicles for rally were made.
- Awareness meeting for non teaching staff of college was conducted on 24/08/2016 where both coordinators briefed the staff about organ donation. Response was over whelming.
- All HODs were asked to brief students and non teaching staff of their respective dept about campaign using power point presentation given by Govt .
- A visit to Indrayanicollege and Balbharati school was done by coordinators to get active participation from students.
- Daywise report of activities is as follows:
- **Report of activities :**
 - 1) **Day 1 on 30/08/2016 :**
 - Two rallies were organized from college.

- One was up to Indrayani college and other was rally was up to Jijamata Chowk.
- Approximately 234 students, interns and nonteaching staff attended rally.
- Loud speaker arrangements were made on ambulances for rally.
- Street Play prepared by interns of RHTC and UHTC was performed during rally.

2) Day 2 on 31/08/2016

- Essay and painting competition was organized.
- Students from college, students from Dr A C HighSchool, Talegaon and children of staff members took part in these competitions.
- First two candidates for essay competition are :
 1. ShambhaviKasbekar II/III
 2. AarathyVellalth II/III
- First two candidates for painting competition are :
 1. AkshadaYelvande 7thstd student from Dr A C High School
 2. VaidehiVishwasAmbikar Daughter of College Staff
- These candidates will be given certificates which are taken from BJ Medical College.
- Street play was performed in OPD by interns.
- Faculty members from Dept of Community Medicine, Ophthalmology, OBGY and Medicine attended a workshop on Organ Donation at B J Medical College.

3) Day 03 on 1/09/ 2016

- Registration counter for organ donation was opened in OPD.
- Street Play was again performed in OPD to have attention of persons attending OPD.
- Almost 39 persons including staff members of college filled the forms of organ donation.
- A Blood Donation camp was organized in blood bank.
- A meeting to felicitate the recipients of organ donation and to felicitate participating colleges was organized at BJMC. It was attended by both coordinators .
- Reports of day wise activities were submitted to MUHS, Nasik and Dean BJMC by Email.

Organ Donation Day

Day 01: Tuesday 30/08/2016

Under the aegis of the Government of India, the state government has launched a program for spreading the awareness about organ donation. MIMER Medical College, Talegaon had participated in the program with 2 rallies on 30th August 2016 departing from the institution. One of the rallies went to Indrayanicollege and the other was held till Jijamata square Talegaon.



Street-plays were conducted by the medical students and interns. The rallies were attended by the Medical Superintendent of the BSTRH Dr. More and Deputy Superintendent Dr. Waghmare. Faculty members from the college Dr. S.V Chincholikar, Dr. R. Majumdar, Dr. S.J. Kulkarni, Dr. Powar and Dr. Ashlesha Dandekar along with the non-teaching staff were also present on the occasion. The rallies and the street plays received a positive reaction from the general public. About 234 students, interns and residents from the institution participated in successful organization of the event.



An awareness drive was also conducted at the Rural Health Training Center at Sudumbare on the day. About 30 participants were sensitized by Dr. Aastha Pandey from the Department of Community Medicine regarding the importance and facts about organ donation. In both the events motivated people were asked to come forward and fill the organ donation form so as to facilitate the process.



MIMER MEDICAL COLLEGE

NSS ACTIVITY REPORT ON

Organ Donation Campaign 2016

30th – 31st August

Faculty-5

Volunteers-40

- Organ Donation Campaign 2016 was launched by Govt of Maharashtra from 30/08/2016 to 01/09/2016.
- It was jointly organized by Medical Education and Research Dept, Public Health Dept and ZTCC, Mumbai.
- Coordination meetings for preparations of campaign were held in B J medical College, Pune under chairmanship of Dean BJMC on 19/08/2016,23/08/2016,26/08/2016.
- For implementation of campaign in college, Dr S V Chincholikar I/C Professor and HOD Community Medicine appointed two senior faculties from Dept of Community Medicine.
- These were Dr R Majumdar , Professor and Dr S J Kulkarni Asst Professor from department of Community Medicine.
- Both coordinators attended preparatory meetings at BJMC.
- Different activities were carried out by MIMER Medical College as per instructions given by Govt vide G R dated 08/08/2016.
- Design of banners, format of consent form and power point presentation were made available from Dean BJMC
- Preparatory meetings for implementation of activities in college were conducted under guidance of Dr S Belsare Vice Principal , MIMER medical College.

- Necessary arrangements for banners, placards, vehicles for rally were made.
- Awareness meeting for non teaching staff of college was conducted on 24/03/2016 where both coordinators briefed the staff about organ donation. Response was over whelming.
- All HODs were asked to brief students and non teaching staff of their respective dept about campaign using power point presentation given by Govt .
- A visit to Indrayani college and Balbharati school was done by coordinators to get active participation from students.
- Daywise report of activities is as follows:
- **Report of activities :**

1. Day 1 on 30/08/2016 :

- Two rallies were organized from college.
- One was up to Indrayani college and other was rally was up to Jijamata Chowk.
- Approximately 234 students, interns and nonteaching staff attended rally.
- Loud speaker arrangements were made on ambulances for rally.
- Street Play prepared by interns of RHTC and UHTC was performed during rally.

2) Day 2 on 31/08/2016

- Essay and painting competition was organized.
- Students from college, students from Dr A C High School, Talegaon and children of staff members took part in these competitions.
- First two candidates will be given certificates which are given in BJMC.
- Street play was performed in OPD by interns.
- Faculty members from Dept of Community Medicine, Ophthalmology, OBGY and Medicine attended a workshop on Organ Donation at B J Medical College.

3) Day 03 on 1/09/ 2016

- Registration counter for organ donation was opened in OPD.

- Street Play was again performed in OPD to have attention of persons attending OPD.
 - Almost 39 persons including staff members of college filled the forms of organ donation.
 - A Blood Donation camp was organized in blood bank. 11 Blood Unites were collected
 - A meeting to felicitate the recipients of organ donation and to felicitate participating colleges was organized at BJMC. It was attended by both coordinators .
- Reports of day wise activities were submitted to MUHS, Nasik and Dean BJMC by Email.

RKedare  RMajumdar

Programme Officer

Dr.Rahul Kedare

Chairperson

Dr.Ratna Majumdar

Workshop on Medical Ethics- 13th Oct.2016

Inbox X

Dr. Mahesh Asalkar

10:20 AM (51 minutes ago)

to Anatomy, Physiology, Biochemistry, Pharmacology, FMT, me, Pathology, Community, Medicine, SKIN, T.B., PSYCHIATRY, PAEDIATRICS, SURGERY, ANAESTHESIOLOGY, RADIOLOGY, O BST, COLLEGE, subhash, OPHTHALMOLOGY, E.N.T., PRINCIPAL, Dr. suchitra

To

All HOD's (Pre/Para/Clinical)

With reference to previous circular regarding Workshop on Medical Ethics, list of selected participants for the workshop will be sent by 3rd October. Since 19th October will be celebrated as WORLD BIOETHICS DAY for the first time globally, UNESCO Bioethics unit of our college has planned various activities for UG students in the first week of October and hence Workshop on Medical ethics is planned in the second week of October that is 13th October.

On 19th October talk on Human Dignity and Human Rights is planned for all teaching staff and details regarding same will be communicated to you soon.

Any other faculty who has not registered for the workshop however has genuine interest in attending workshop can send their name so we can add it to the waiting list. Bioethics Steering committee will try best to accommodate few additional participants, the detail list will be sent by 3rd October.

TO teaching staff

Asalkar
22/9

Jain

Subhash

②



World Bioethics Day"

Microbiology Department <micro@mitmimer.com>

1:20 PM (35 minutes ago)

to Department, PRINCIPAL, medical, Personal, DR.WAGHMARE

Respected Sir/ Madam

MIMER Medical College Bioethics Unit of UNESCO Chair (Haifa) is celebrating 1st "World Bioethics Day" on 19th Oct.2016.

All teaching faculty, PG residents, interns are invited to celebrate this event.

Date- 19/10/2016

Time: 1.30-3.30pm

Venue: Exam Hall (3rd floor, College building)

Enclosed: Program details

Regards

Bioethics Committee

To
All teaching staff
& PG students
Khandaj
18/10

Celebration of World Bioethics Day on 19th Oct. 2016

UNESCO Chair in Bioethics (Haifa) has announced the First celebration of "WORLD BIOETHICS DAY" globally on 19th Oct. 2016. The theme for this year's celebration is 'Human dignity and Human Rights.' (Article 3 of Universal Declaration on Bioethics and Human Rights). In line with guidelines received from National Coordinators regarding common program and events for the world bioethics day, UNESCO chair Bioethics Unit of MIMER Medical College has planned various activities in the month of October and final program on 19th Oct.

Details of the various activities are as follows;

3rd October 2016 - Debate competition for Students

Topic: Are Human Rights applicable for terrorist

Coordinators : Dr. Sandhya Kulkarni (Prof & HOD Microbiology) &
Dr. Darpan Maheshgauri(Asso. Prof. Ortho.)

5th October 2016 - Essay Competition

Topic: Human Dignity & Surrogacy motherhood

Coordinators : Dr. Chincholikar (Prof Community Medicine) &
Dr. Aastha Pandey (Asso. Prof. Comm. Medicine)

6th October 2016 - Poster Competition

Topic : Human Dignity in Clinical Trial/Research

Coordinators : Dr. Sambarey (Prof & HOD Ophthalmology)
Dr. Tushar Khachance (Asso. Prof. Gen. Surgery)

Deadline for poster submission 3rd October 2016

13th October 2016- **Workshop on Medical Ethics** -for teachers and PG residents

19th October 2016- Scientific Program from 1.30 pm to 4.00 pm with talk on "Human Dignity and Human Rights" By Prof. V.D. Karad & Dr. Arun Jamkar

Winners of essay competition , poster competition will present their work 5 min. each and prize distribution for winners of all competition.

Coordinators : All bioethics steering committee members

Students are advised to contact respective coordinators for further details.

TO
All staff members.

Naishree to
Shahat
✓

Khandaj 19/10

Celebration of Bioethics day on 19th Oct 2016

1.



2.



3.



4.



Students Debate on Bioethics on 19th Oct 2016 on the occasion of Bioethics Day



MIMER MEDICAL COLLEGE

DEPARTMENT OF ANATOMY

Cadaveric oath: 10/10/16

First year MBBS students take a cadaveric oath before they start their studies as medical students.

They pledge to respect the cadavers and treat it with dignity. And show respect & gratitude towards cadavers who will be their first teachers in Medical profession

CADAVERIC OATH

I student of First MBBS 2016 – 2017 batch of MIMER Medical college solemnly pledge to respect the cadaver and to treat it with dignity as I use it to achieve my professional goals. I will show due respect & gratitude towards the cadaver who will be my first Teacher in medical profession. I take the opportunity to thank & pay gratitude towards the next of keen of the donor who has respected their wish of 'Body Donation' & to serve the society selflessly even after death.



REPORT

WORLD PARLIAMENT OF SCIENCE, RELIGION AND PHILOSOPHY (MIT ADT CAMPUS Rajbaug, Pune, India) 2nd October (Mahatma Gandhi Jayanti) to 5th October 2018



MIMER MEDICAL COLLEGE, TALEGAO DABHADE, WAS AN ACTIVE ORGAIZING PARTNER OF THE HISTORIC WORLD PARLIAMENT OF SCIENCE, RELIGION AND PHILOSOPHY & PUBLIC DEDICATION CEREMONY OF PHILOSOPHER SAINT SHRI DNYANESHWARA WORLD PEACE PRAYER HALL, WHICH WAS CONDUCTED ON TUESDAY, 2ND OCTOBER 2018 TO 5TH OCTOBER 2018 AT PUNE, INDIA.

EMINENT RELIGIOUS LEADERS FROM DIFFERENT RELIGIONS AND BELIEF SYSTEMS FROM ALL OVER THE WORLD PARTICIPATED IN THE 4 DAY CONFERENCE.

1200 DELEGATES FROM ALL OVR THE COUNTRY PARTICIPATED IN IT.

THE CONFERENCE WAS INAUGURATED BY THE VICE PRESIDENT OF INDIA HON SHRI VENKAIYAH NAYDU IN PRESENCE OF THE CHIEF MINISTER OF MAHARASHTRA SHRI DEVENDRA FADNAVIS.

ORGANIZING COMMITTEE

CHAIRMAN



Dr. Vijay P. Bhatkar
Chancellor, Nalanda University
World Famous Computer Scientist

VICE CHAIRMAN



Dr. Mangesh T. Karad
Executive President
MITADTU



Dr. Sunil K. Karad
Executive President
Avantika University

SECRETARY GENERAL



Prof. Rahul V. Karad
Executive President,
MIT-WPU



Dr. Rajendra Shende
Founder-President
TERE



Dr. Sharad Deshpande
Former Head, Philosophy Dept.
University of Pune

JOINT SECRETARY GENERAL



Dr. Milind Pande
Project Director, MITSOT



Prof. Swati Chate
Executive Director
MAEER's MIT



Dr. Suchitra U. Nagare
Trustee, MAEER, Pune



Mrs. Jyoti A. Dhakne
Executive Director
Vishwasbanti Sangeet Kala Academy



Prof. Ravi Chitnis
Dean, MITSOM, Pune



Dr. S. N. Pathan
Former Vice Chancellor
Nagpur University



Dr. I. K. Bhat
Vice Chancellor
MIT-WPU



Dr. Sunil K. Rai
Vice Chancellor
MITADTU



Grp. Capt. Prof. D. P. Apte
Co-ordinator & Registrar,
MITWPU

MEMBERS

ADVISORY COUNCIL

CHAIRMAN



Dr. R. A. Mashelkar, FRS
World Famous Scientist and Research Scholar

VICE CHAIRMEN



Dr. Suresh G. Ghaisas
President, MAEER, Pune



Dr. Virendra Heggade
Administrative/Dharmadhikari
of the Dharmasthala Temple



Dr. Ashok Joshi
Eminent Scientist, Philosopher
& Thinker



Dr. Sanjay Dhande
Vice Chancellor
Avantika University



Dr. Edison Samraj
President, Seventh Day Adventist
Church & Eminent Scholar



Mrs. Ved Pratap Vaidik
Eminent Columnist
Scholar and Thinker



Dr. Arif Mohammad Khan
Former Union Minister
& Thinker

MEMBERS



Shri. Nanik Rupani
Eminent Philosopher,
Scholar and Thinker



Dr. Basant Gupta
Eminent Philosopher,
Scholar and Thinker



Archbishop Felix Machado
Priest, Roman Catholic
Church of Vassi



Dr. M. R. Jayram
Chairman, M. S. Ramaiah
Institute, Bangalore

MEMBERS



Dr. Narendra Jadhav
Former Member,
Planning Commission,
Govt. of India



Dr. Firoz Bakht Ahmed
Chancellor, Maulana Azad
National Urdu University



Dr. Abhay Firodiya
Eminent Industrialist



Dr. Subhash Awale
Strategic Advisor
MAER's MIT, Pune



Pandit Vasant Gadgil
Eminent Philosopher,
Sanskrit Scholar & Thinker



Dr. Scott Heriott
Vice Chancellor,
Maharshi University



Dr. Chandrakant S. Pandav
Advisor, WHO, Former HOD,
AIIMS, New Delhi



Ms. Katherina Faillace
Eminent Philosopher,
Scholar and Thinker



Dr. Ratanlal Sonagra
Eminent Author Philosopher,
Scholar and Thinker



Dr. Jabbar Patel
Eminent Filmmaker



Dr. Bahari Malhotra
Eminent Philosopher,
Scholar and Thinker



Shri. Anees Chisty
Eminent Philosopher,
Scholar and Thinker



Dr. Sanjay G. Upadhye
Eminent Motivational
Speaker and Poet



Dr. Deepak Ranade
Renowned Neuro-Surgeon,
Philosopher and Thinker



Dr. Jay Gore
Reilly University
Chair Professor, Purdue Uni., USA



Dr. Arun Jamkar
Former Vice Chancellor,
MUHS, Nashik



Dr. Milind Kamble
President, DKCCI,
New Delhi



Mr. Kamal Taori
Former Secretary
Govt. of India

RECEPTION COMMITTEE



Shri. Girish Bapat
Guardian Minister,
Pune District



Mr. Anil Shirole
Member of Parliament,
Pune



Mrs. Supriya Sule
Member of Parliament,
Baramati



Mrs. Mukta Tilak
Mayor, Pune



Dr. Sidharth Dhende
Dy. Mayor, Pune



Mr. Nitin Kalaje
Mayor, Pimpri Chinchwad



Mr. Yogesh Tilekar
MLA, Hadapsar



**Mrs. Vajjayanta
Umargekar-Kamble**
Nagaradhyaksha, Alandi



Mrs. Ushatai C. Chavan
Sarpanch, Dehu

**WORLD PARLIAMENT OF
SCIENCE, RELIGION AND PHILOSOPHY**
Vishwarajbaug, Pune, India

Tuesday, 2nd October (Mahatma Gandhi Jayanti) to Friday, 5th October 2018

PLENARY SESSION – I

Theme – Need to promote “Value Based Universal Education System based on the appropriate understanding of the Role of Science and Spirituality, to minimize the chaos, confusion, terrorism and violence prevailing in the world.

Plenary Session – II

Theme : Need to promote the Gandhian Philosophy of Truth and Non-violence to establish peace-loving holistic global society.

Plenary Session – III

Theme : Religion and Religious scriptures of the World are true Life-guiding Scriptures / Principles

Plenary Session – IV

Theme : Need for Sustainable Development in promoting wellbeing of Mankind and World Peace

Plenary Session – V

Theme : Non-duality as the Philosophy of Science, to realize the nature of the self through the universal equation $AUM = E = MC^2$

Plenary Session – VI

Theme : Finding the Pathway to World Peace through the confluence of time-tested philosophies of various nations of the world

Plenary Session – VII

Theme : Need to transform Universities / Colleges from Information and Data Collection Centers into the True Centers of Scientifically oriented Knowledge and Wisdom

Plenary Session – VIII

Theme : Need to transform Pilgrim Centers of the world into Divine Knowledge Centers of the world to minimize the ritualistic religious concepts of Superstition and Blind Faith.

Plenary Session – IX

Theme : Nature of Mind, Matter, Spirit and Consciousness and the methods of Meditation like Yoga, Vipashyana, Pranayam, Namaz, Prayer, Chanting etc. to develop positive thinking and mindset

Plenary Session – X

Theme : अनादिवास्यके देवे - The Concept of “God” the Ultimate Truth / Reality as envisaged through Mother Nature / Entire Universe as propounded by Philosopher Saint Shri Dnyaneshwara

Plenary Session – XI

STUDENT SESSION
Theme: Need to establish the concept of “WORLD GOVERNMENT – WORLD AS ONE FAMILY – VASUDHAIVA KUTUMBAKAM” under one UNIVERSAL ANTHEM – PASYADAN OF PHILOSOPHER SAINT SHRI DNYANESHWARA for the wellbeing of Mankind.

Day 1 : Tuesday, 2nd October 2018 • 02:00 - 04:00pm

Plenary Session – I

Need to promote “Value Based Universal Education System” based on the appropriate understanding of the Role of Science and Spirituality / Religion, to minimize chaos, confusion, terrorism and violence prevailing in the world.

DAY 1 : Tuesday, 2nd October 2018 • 04:30 - 06:30pm

Plenary Session – II

Need to promote the Gandhian Philosophy of Truth and Non-violence to establish a peace-loving holistic global society.

DAY 2 : Wednesday, 3rd October 2018 • 09:00 - 11:00am

Plenary Session – III

Religion and Religious scriptures of the World as ‘True Life-guiding Scriptures.’

DAY 2 : Wednesday, 3rd October 2018 • 11:30 - 01:30pm

Plenary Session – IV

Need for Environmental Improvement, Pollution Control & Sustainable Development to promote wellbeing of Mankind.

DAY 2 : Wednesday, 3rd October 2018 • 02:30 - 04:30pm

Plenary Session – V

“Non-duality (Advait)” as the Philosophy of Science, to realize the nature of the self through the universal equation $AUM (\text{ॐ}) \rightarrow E = mC^2$

DAY 2 : Wednesday, 3rd October 2018 • 05:00 - 06:30pm

Plenary Session – VI

Finding the Pathway to 'World Peace' through the confluence of time-tested philosophies of various nations and religions of the world

DAY 3 : Thursday, 4th October 2018 • 09:00 - 11:00am

Plenary Session – VII

Need to transform Universities Into True Centers of Research, Innovation, Scientifically oriented Knowledge, Wisdom and Holistic Human Development.

DAY 3 : Thursday, 4th October 2018 • 11:30 - 01:30pm

Plenary Session – VIII

Nature of Mind, Matter, Spirit and Consciousness and the methods of Meditation like Yoga, Vipassana, Pranayam, Namaz, Prayer, Chanting etc. to develop positive thinking and mindset.

DAY 3 : Thursday, 4th October 2018 • 02:30 - 04:00pm

STUDENTS' SESSION IX

Theme: Need to establish the concept of "WORLD GOVERNMENT – WORLD AS ONE FAMILY – VASUDHAIVA KUTUMBAKAM" under one UNIVERSAL ANTHEM – PASAYDAN OF PHILOSOPHER SAINT SHRI DNYANESHWARA for the wellbeing of Mankind.

DAY 3 : Thursday, 4th October 2018 • 04:00 - 05:00pm

PROCEED TO ALANDI – VISHWAROOP DARSHAN MANCH

DAY 3 : Thursday, 4th October 2018 • 05:00 - 07:00pm

Theme: Need to transform Pilgrim Centres of the world into Divine Knowledge Centres of the world based on the scientific principle of *सम विदुषः सत्यं...* The Concept of "God" the Ultimate Truth / Reality as envisaged through Mother Nature / Universe as propounded by Philosopher Saint Shri Dnyaneshwara.

DAY 4 : Friday, 5th October 2018 • 09:00 - 11:00am

DIVINE BLESSING CEREMONY

DAY 4 : Friday, 5th October 2018 • 11:00 - 02:00pm

ROUND TABLE CONFERENCE on the theme of establishing "Value Based Universal Education System" with an appropriate component of Science and Spirituality in the world universities.

DAY 4 : Friday, 5th October 2018 • 03:00 - 04:30pm

Concluding Session and Reading of Resolutions & PUNE DECLARATION



HIS EXCELLENCY VICE PRESIDENT OF INDIA M. VENKAIAH NAIDU JI INAUGURATING THE WORLD PEACE DOME AND THE CONFERENCE. BESIDES HIM ARE EMINENT SCIENTIST DR RAGHUNATH MASHELKAR, PROF DR VISHWANATH KARAD, DR VIJAYBHATKAR, CHIEF MINISTER OF MAHARASHTRA DR DEVENDRA FADNAVIS, DR RAHUL KARAD.



DR. BUDDHA CHARAN DAS
SPEAKING DURING SESSION 8
OF WORLD PARLIAMENT 2018



FACULTY OF MIMER MEDICAL COLLEGE
WITH THE WORLD PEACE DOME, DURING
THE CONFERENCE

PRESS REPORT :

The Times of India

<https://timesofindia.indiatimes.com/home/education/news/world-parliament-by-mit-world-peace-university/articleshow/65679209.cms>

WORLD PEACE PRAYER

World Peace Prayer

ॐ नमोऽमी आद्या । वेद प्रतिपाद्या । जयजय स्वसंवेद्या । आत्मरूपा ॥१॥
देवा तृधि गणेशु । सकलार्थ मतिप्रकाशु । मृशे विवृतिदासु । अवधारितो जी ॥२॥

Salutations! To 'OM' ॐ The Ultimate "TRUTH" -
The Ultimate "REALITY" - The Ultimate State of Matter
As enunciated in Vedas!
Salutations! To the self CONSCIOUSNESS! The Pure INTELLIGENCE!
The True "KNOWLEDGE" - The True Nature of the Soul "ATMAN"
O God! Thou art Ganesha! The Illuminator of all Intelligence!
The disciple of Saint Nivriti, says,
Please, pay attention, to my discourse (on Geeta)

गुरुब्रह्मा गुरुर्विष्णुः गुरुर्देवो महेश्वरः । गुरुः माक्ष्वात् परब्रह्म तस्मै श्री गुरुवे नमः ॥
Prostrations! Unto "The GURU" - "The TEACHER"
who is BRAHMA, VISHNU and MAHESH;
who in reality is the Supreme Brahman! The Almighty-Incarnate!

ॐ पूर्णमिदं पूर्णान् पूर्णमुदभवत् । पूर्णस्य पूर्णमदाय पूर्णमेवावशिष्ये ॥
ॐ शान्तिः । शान्तिः । शान्तिः ॥

'OM' is the "Entrity!" - "The Complete" - "The Whole!"
The Whole has emerged out of the Whole/the Complete!
If the whole is taken out from the whole, what remains is still whole!
'OM' itself is, Peace! Peace! Peace!

हरि ॐ ईशा वास्यमिदं सर्वम् । यत्किंच जगत्यां जगत् ॥
नेव त्यक्तेन भुञ्जीथाः । मा गृथः कस्यस्यिद् धनम् ॥

All this whatever exists in the world, is manifested by God!
Hence by renouncing it, Enjoy, covet not wealth which belongs to none!

ॐ भूमिभ्यः स्वः । तन्मवितुर्वरुणं ॥ भर्गो देवस्य धीमहि । धियो यो नः प्रचोदयात् ॥

"O" Mother Earth and the Entire Cosmos
The adorable luster of GOD - SAVITRI - The SUN!
We contemplate! May that Supreme radiance stimulate our INTELLECT.

सर्वेऽपि सुखिनः सन्तु । सर्वेऽसन्तु निराश्रयः सर्वेऽभद्राणि पश्यन्तु । मा कश्चिद् दुःखमाप्नुवात् ॥
May all be happy!
May all be healthy!
May all enjoy prosperity and experience auspiciousness!
May none suffer from grief and sorrow!

श्रीः शान्तिः । अन्तरिक्षं शान्तिः । पृथ्वी शान्तिः । आपः शान्तिः । औषधयः शान्तिः । घनस्पतयः शान्तिः ।
विश्वेदेवाः शान्तिः । ब्रह्म शान्तिः । सर्वं शान्तिः । शान्तिश्च शान्तिः । साऽप्या शान्तिरेधि ॥१७॥

ॐ शान्तिः । शान्तिः । शान्तिः ।

May Peace Prevail in the Sky!
May Peace Prevail in the Cosmic Space!
May Peace Prevail on Earth!
May Peace Prevail in the Waters!
May Peace Prevail in the Herbs!
May Peace Prevail in the Vegetation/plants!
May Peace prevail in the Lord of the Universe!
May Peace prevail in Brahma - The Creator!
May Peace Prevail with everyone!
May there be nothing but peace everywhere!
Let that Peace Prevail in Me!

(Interpreted by Prof. (Dr.) Vishwanath D. Karad)

PROGRAMS STARTING WITH WORLD PEACE PRAYER







REPORT

Two Day National Round Table Conference On “A Critical Review Of Present Status Of Medical Education And Research In India And Future Plan Of Action For Improving The Same”. This conference was organised by MIMER Medical College, Talegaon Dabhade, Pune and MIT World Peace University, Pune, India MAEER’s MIT-WPU Kothrud Campus, Pune.

INVITATION



PROGRAM

 Dr. Vishwanath Karad MAEER's MIT World Peace University, Pune Maharashtra Institute of Medical Education and Research Talegaon (D.), Pune		 <small>UNESCO Chair for Human Rights, Democracy, Peace & Tolerance</small>
 NATIONAL ROUND TABLE CONFERENCE 		
“A CRITICAL REVIEW OF PRESENT STATUS OF MEDICAL EDUCATION AND RESEARCH IN INDIA AND FUTURE PLAN OF ACTION FOR IMPROVING THE SAME”		
Saturday 11th Nov 2017		
9.30 to 11.00 a.m.	Inaugural Session	
11.00 to 11.30 a.m.	Tea Break	
11.30 to 01.00 p.m.	Plenary Session I Theme: Rationalisation of existing infrastructure and facilities for Medical Colleges with a view to reducing the cost of education	
01.00 to 02.00 p.m.	Lunch	
02.00 to 3.30 p.m.	Plenary Session II Theme: To discuss and deliberate upon the norms and standards for qualified and competent faculty for Medical Colleges	
3.30 to 5.00 p.m.	Plenary Session III Theme: To discuss and deliberate upon the need for revision of curriculum for UG, PG and Research Programmes, so as to meet the requirement of Medical Professionals for country as per WHO standards	
5.00 to 5.30 p.m.	Tea Break	
Sunday, 12th November 2017		
9.00 to 10.30 a.m.	Plenary Session IV Theme: Introduction of modern and high-end technology like ICT, Smart Class rooms, Web-based Teaching, Distance Learning, Virtual Reality Programme, Simulator, Telemedicine etc. to improve the quality of Medical Education, which will also help in minimizing the dependence on clinical material and the teaching faculty.	
10.30 to 11.00 a.m.	Tea Break	
11.00 to 12.30 p.m.	Plenary Session V Theme: To discuss and deliberate upon the present system of evaluation and assessment of Medical Colleges, medical education and suggesting improvement in the same	
12.30 to 1.00 p.m.	Formulation of the Pune Declaration	
1.00 to 1:30 p.m.	Concluding Session / Pune Declaration followed by Valedictory Function	
1.30 to 2.30 p.m.	Lunch	

PHOTOS



INAUGURATION BY LIGHTING OF THE LAMP



DELIBERATIONS OF THE CONFERENCE



THE MAJESTIC SANT DNYANESHWARA HALL



THE EMINENT FACULTY FROM ALL OVER THE COUNTRY

Press Report :

The Times of India

<https://timesofindia.indiatimes.com/city/pune/medical-meets-focus-on-lack-of-specialists/articleshow/61633536.cms>

LIST OF SOME EMINENT SPEAKERS AND DELEGATES

S NO	NAME	DESIGNATION	ROLE
1.	Shri Sanjay Deshmukh	Secretary, Medical Education & Drugs Dept	Inauguration
2.	Dr Vinod K Paul	Chairman Oversight Committee	Inauguration
3.	Dr CS Pandav	WHO expert	Inauguration
4.	Dr Pravin Shingare	DMER Maharashtra	Inauguration
5.	Dr Dileep Mhaisekar	Vice Chancellor MUHS Nasik	Inauguration
6.	Dr TP Lahane	Joint Director, DMER	Inauguration Chairperson Plenary 1
7.	Dr Sita Naik	Member, Hari Gautam Committee	Guest Speaker Plenary V
8.	Dr Sanjay Oak	Former VICE CHANCELLOR DY Patil Mumbai	Plenary 1
9.	Dr SN Kadam	VICE CHANCELLOR MGMUHS	Plenary 1
10.	Dr Shashank Dalvi	Former VICE CHANCELLOR Pravara Loni	Plenary 1
11.	Dr Shirish Patil	VICE CHANCELLOR DY Patil University Navi Mumbai	Chairperson Plenary 2
12.	Dr Rajaram Powar	Dean GMC Latur	Delegate
13.	Dr SD Nanandkar	Dean JJ Hospital	Delegate
14.	Dr S Geetalakshmi, MD, PhD	Vice Chancellor TNMGRMU	Chairperson Plenary 4
15.	Dr SB Nimse	VICE CHANCELLOR Lucknow University	Delegate
16.	Dr AV Bhole	Director SKNMC & GH Narhe Pune	Delegate
17.	Dr PV Vijayraghavan	VICE CHANCELLOR SRM University Chennai	Delegate
18.	Maj Gen Madhuri Kanitkar	Dean , AFMC	Inauguration
19.	Dr BS Nagoba	Director MIMSR Latur	Delegate
20.	Dr MD Venkatesh	VICE CHANCELLOR Sikkim Manipal University Gangtok Sikkim	Inauguration
21.	Brig V Srinivas	Brig Education & Consultant (Path)	Session 5 Assessment and Evaluation
22.	Prof Girija Sivakumar	Professor Anatomy KV Inst of Med Sc & RI	Delegate
23.	Dr DP Lokwani	Former VICE CHANCELLOR MP University of Health Sciences	Delegate
24.	Dr Pinaki Wani	KJ Somaiya	Delegate
25.	Dr Hemant Damle	SKN Medical College	Delegate
26.	Dr Suptin Sarbhadhikari	Dean, International Institute of Health Mgt Research	Delegate
27.	Dr PF Kotur	Dean SBVU	Delegate
28.	Dr Sheetal Joshi	Lady Hardinge Medical College	Delegate
29.	Dr Kamal Shigli	Pune	Delegate

30.	Dr Kusum Gandhi	Asst prof Anatomy AAIMS Bhopal	Delegate
31.	Dr Raman Kumar	Ghaziabad	Delegate
32.	Dr Akhilesh Agarwal	Prof FMT GMC Kanpur	Delegate
33.	Dr Kajli Gupta	GMC Kanpur	Delegate
34.	Dr Sarala Devi	Assoc Prof , Gulbarga	Delegate
35.	Dr Vatsalaswamy	DY Patil	Delegate
36.	Dr Amarjit Singh	Dean DY Patil	Delegate
37.	Dr Siddharth Das	KGMU, Lucknow	Delegate
38.	Dr Dilip Gade	Former VICE CHANCELLOR Datta Meghe	Delegate
39.	Dr Raj Bahadur	VICE CHANCELLOR Baba Farid Punjab	Delegate
40.	Dr Chandrakant Mhaske	Dean GMC Nanded	Delegate
41.	Dr Vivek Saoji	VICE CHANCELLOR ,KLE University, Belgavi	Delegate

SUMMARY OF THE PLENARY SESSIONS

DAY - 1

Plenary Session I

Theme: Rationalisation of existing infrastructure and facilities for Medical Colleges with a view to reducing the cost of education

- Most of the problems in the health sector are due to the meagre number of qualified doctors in the country, and constantly increasing cost of medical education.
- Both the issues can be tackled if the regulatory authorities rethink upon the existing minimum standard requirements for staff and infrastructure, with the objective of accommodating more students in the existing medical colleges.

Teachers' Points

- Pay in colleges should be uniform (maybe at par with AIIMS) to attract more teachers to the teaching institutes.
- NPA to the faculties to be calculated on the basis of the average income of their practicing peers of their specialty.
- Faculty, who happens to be on leave during the inspection should be counted as a teacher, and not considered as a 'deficiency'.
- Publication and Research requirements, which are made mandatory for promotions, should be reconsidered. Other ways of evaluation that speak about the quality/ knowledge of teachers, should also be given due consideration eg. Clinical expertise, additional skills, involvement in development of the branch, review from colleagues, patients etc.

- Provision of better facilities and working conditions for staff, particularly in institutes in the rural/distant regions.
- Student-teacher (Guide-PG student) ratio should be same in private and government colleges
- Honorary/ Adjunct/ Visiting Faculty should be given appointments counted as regular teachers.
The ratio with that of the Fulltime Faculty may be fixed. (Eg. 60% Full time: 40% Honorary)
- Diploma holders with long experience (eg. 10 years or more) and a fair clinical standing maybe allowed in the medical education system

Infrastructure related

- Current infrastructure requirement is almost 50% more than what is actually required for imparting quality medical education.
- Medical institutes of repute should not be penalized for trivial issues.
- Same infrastructure need not be assessed again and again.
- Condition of having the entire institute, including hospital, in unitary campus must be relaxed.
- Some relaxation in the Minimum requirements would eliminate the practices of donation/ capitation fees.
- Feedback from the data of **actual infrastructure utilized** should be taken from the institutes.

Eg.

1. Admin block in Dean's area and café for 100 people is impractical in the present day.
2. Area requirement for Library for 100 students of 1000 sq.mt. in the era of a smartphone, is unnecessary.
3. Mandatory 'Reading area' outside library must be reconsidered.
4. Demonstration rooms are not needed in each department. They can be shared.
5. Three separate Exam halls are mandatory at present.
Auditorium may be utilized for conduct of exams.
6. Subscription and maintaining the hard copies of every relevant subject journal is very expensive, and the costs in crores. Online subscription/ E journals should be considered.
7. Provision of accommodation for 75% of students is unnecessary.
8. Hostel requirement (100sq ft/student) is more than that of UGC (75 sq feet/student) and must be revised.
9. The need of mandatory number of Lecture halls should be reduced. It is the era of **Interactive classrooms**. *The time of didactic lectures is gone!*
10. Central research facility is needed and sufficient.
Department research room not needed for each department.
11. Outdated instruments to be removed

Conduct of MCI Inspection

'MCI' is formulated by the British and hence archaic and outmoded rules , regulations and eligibility and the MCI act is given a blanket protection

Report depends on the mood of the assessor

Assessors should be formally trained in assessment of Medical Colleges to bring uniformity in the process.

Usage of derogatory words during assessment.

Cost fees for starting and reaffiliation are irrational and should be revised

Rural – Urban Divide

- Doctors should be provided with better facilities in rural area
- Increase pay in rural areas and promise to bring them to urban area after a stage.
- Good to insist on rural centre for every Medical college

SUGGESTED REFORMS

- Accountability needed in admission processes - “sword of closing admission”
- For survival of such high expenditure colleges, long term planning is needed
- Merit of the student should not be compromised for want of fees, by increasing seats to next slab.

- Regular feedbacks needs to be given to MCI by govt. and pvt. Institutes, alike.
They are given mostly by private sector making it sound like a bias.
Government institute needs to take part in the process.
- MOU between private and govt colleges for sharing the clinical materials.
- Utilization of resources may be by partnership or in ‘shifts’
- Requirement is huge and there is no optimum utilization
- Exaggerated needs

Plenary Session II

Theme: To discuss and deliberate upon the norms and standards for qualified and competent faculty for Medical Colleges

- There are always differences of opinion but the deficiency of medical faculty ranges from 20% to 30%.
- Greater shortage in some disciplines than In others
- Greater shortage at some locations than in others.
- Maintenance of Biometric finger print machine for capturing faculty attendance, under Digital Mission Mode Project (DMMP) of Medical Council of India.

Daily twice attendance of all teaching faculty excluding SR & JR.

(w.e.f. 1st December 2017 the Biometric attendance shall be considered.)

- Little or no training in significant areas related to academic responsibilities
- There is no recognized body of knowledge and skills required that medical academic faculty must master.
- Increasing attention to Teaching as a Valid form of scholarship
- FDP must evolve to meet the changing needs of the society
- Highest No. of Medical Colleges in the World with > 40,000 Teachers & >50,000 Intake capacity
- Lack of formal policy for Faculty Development despite several committee since independence -
 - Thus, current average of 0.65 Doctors/1000 in India less than world average of 1.42 doctors/1000
 - To cater healthcare needs of 1.2 billion people additional 7,00,000 Doctors required by 2022 to meet 1:1000 ratio of WHO.

Suggested possible solutions.

- “Teachers Eligibility Qualification 1998” had been fixed ,when ICT was not so advanced.

Now ICT is in such position sharing of faculty through smart classroom easily possible.
- Honorary system can be continued again at least for rare specialty.
- Use of DNB trained faculty in teaching cadre regularly with clear-cut long-term guidelines.
- Equating “*clinical experience regulation applicable for ESIC hospitals*” in general to all medical colleges.
- As MCI is monitoring actual classroom teaching *Adjunct faculty/ Part-time faculty* in subjects where shortages are existing may be considered for the suitable period.

Boyer's model of scholarship (1990)

- Expansion of the traditional definition of scholarship
- 4 different categories:
 1. Discovery: original research that advances knowledge
 2. Integration across disciplines, across topics within a discipline/time;
 3. Application (Engagement) of disciplinary expertise that goes beyond the service duties

4. Teaching and Learning that the systematic study of teaching and learning processes

- Emphasis on quality rather on quantity
- Teachers to choose the scholarship in the early part of their career as per their choice
- Different Mandatory qualifications for different scholarly acts
- Equal Weightage for all 4.
- FDP: Keep the passion of teaching going not to allow life-long learning cease
- Optimum Utilization of Infrastructure

For 100 intake - around 4,50,000 sq. ft. – includes

- ▶ Well-equipped 470 bedded hospital
- ▶ College building hosting pre- & para-clinical depts
- ▶ OPD building
- ▶ 10 operation theaters
- ▶ 5 lecture halls
- ▶ Library building
- ▶ Quarters
- ▶ Hostels, etc.

This requirement - huge & no optimum utilization

By meticulous planning, e.g.,

- ▶ Physiology
- ▶ Pathology & FMT
- ▶ Pharmacology
- ▶ Hostels

By meticulous planning & adding some additional infrastructure - for 150

Alternatively, by increasing field practice – possible to reduce infrastructure & lead to better learning with holistic approach.

Thus, help to reduce cost of education substantially

▶ **2. Optimum Utilization of Human Resource**

With some specific addition- possible to use this human resource for 150 & to reduce cost

▶ **3. Introduction of Honorary System**

Considering paucity of qualified fulltime teachers in Dermatology, TB Chest, Psychiatry, Radiology, Anaesthesia, etc.

Introduction of honorary – solve problem of non-availability & reduce cost of education substantially.

Hence, some percentage of honorary teachers - need of hour to solve problem & to reduce cost.

Diploma holder with long experience of 10 years or more- another alternative

▶ **4. Reduction in Number of Requirement of Journals**

No. of journals required - 100 (70 National & 30 International)

In addition, for PG Courses, at least 5 international journals per subject

Budget for journal per year - more than one crore

Availability of many journals free of cost online and more than 2075 journals in MUHS consortia

Requirement restricted to journals not available freely-reduce the budget substantially

▶ **5. Removing Outdated Instruments from Requirement List**

Many instruments - outdated in the current situation

- ▶ Instruments required for mammalian & frog expts
- ▶ Histology instruments
- ▶ Synaptophore & cryo unit

Also many exaggerated requirements in some depts.

Outdated instruments – removed

Exaggerated requirements - restricted as per need.

Reduce the cost

▶ **6. Frequent Inspections by MCI & MUHS**

Frequent inspections - unnecessary financial burdens.

Tremendous increase in assessment fees, e.g.,

- ▶ MUHS continuation of affiliation – UG – 1 % of annual fees
- ▶ MUHS continuation of affiliation – PG – 5 lacs or 1% of Fees
- ▶ MUHS starting MD/MS – 10 lacs
- ▶ MUHS extension of affiliation fees – PG – 5 lacs

- ▶ MUHS starting of New MBBS Course – 40 lacs
- ▶ MUHS Increase Intake in MBBS – 20 lacs
- ▶ MCI Assessment fees UG - Rs. 3 to 4 Lacs
- ▶ MCI Assessment fees PG - Rs. 4 Lacs
- ▶ Government Assessment fees- Rs. 1, 50, 000/-

Plenary Session III

Theme: To discuss and deliberate upon the need for revision of curriculum for UG, PG and Research Programmes, so as to meet the requirement of Medical Professionals for country as per WHO standards

PROBLEM ISSUES

- Medical profession has digressed from its original vows
 - Outdated equipment etc. is still assessed
 - Purpose of MBBS seems to be preparing a student for PG entrance exams
 - Exams are attempted just to score passing marks
 - Too much of referrals and investigations are making medical treatment expensive
 - Very Long Tenure of Medical Education is frustrating.
 - Syllabus is NOT REVISED in last five decades though the fraternity of medicine is so dynamic.
 - Tenure of curriculum of some of the subjects appears unjustified.
 - Lot of repetition of same topics in various subjects needs review and reorganization
 - Only 40% students enter into PG courses. 60% of students are left frustrated with abuse of 'plain MBBS'
 - Doctor-Population ratio is poor in Rural areas and government is proposing to employ quacks, practioners of traditional medicine etc. in the rural areas. But urban and rural population cannot be discriminated like this, not justified.
 - ROME (4^{1/2} course) started in 1964 and has remained almost the same with minor 'cosmetic' changes.
- The Indian Medical Graduate is supposed to
 - provide care to patients at the PHC.
 - Administer all the National Programs.
 - Attend all meetings at the District or State Headquarters.
 - Keep himself abreast of the latest developments in Medical Science

- Do research at the PHC.
 - The 4 1/2 year course was designed to suit the requirements envisaged for a MBBS doctor then.
 - Post Graduate courses have taken the sheen of the MBBS doctor.
 - MBBS course does not prepare doctor for the work he is expected to do at the PHC.
 - He is taught a course that is far beyond the requirement.
- The 4 1/2 year course was a more of a theoretical course but had an 1 year internship attached with it for the purpose of practical training.
 - This worked beautifully initially, but with the introduction of MCQ based entrance examinations for PG entrance the Internship program at most institutions become a time for reading MCQ books rather than for practical training.
 - Two major events have taken place in the last 20-25 years that force us to have a look at the curriculum.
 1. The perception of the public that super-specialists provide the best care and a shift towards a super-specialist care. Patients now prefer to go to specialists and super-specialists rather than going to a MBBS doctor.
 2. The MBBS doctor or the Indian Medical Graduate (IMG) has lost the sheen that was conceived in the ROME Plan.

MBBS Curriculum

- The UG curriculum is designed to make him an ideal Medical Officer at the PHC.
- Secondly, he is to be trained enough to be able to get selected in a highly competitive Post Graduate Entrance Examination. As a result, he is taught the latest advances in Medical Science at the Undergraduate level.
- The advances in Medical Sciences are happening at breakneck speed and every teacher tries not only to train the IMG in basics but also in the latest advances. All this makes the Curriculum unwieldy.

Current Practice in Rural Areas – Private Sector

- MBBS doctors account for only about 5-6% of Rural health service providers.

40% are trained BAMS, BHMS, and BUMS

More than 50% have no training in any system of Medicine

More than 80% use Modern Medicines.

There is great Urban Rural divide.

- Students educated in Western Modern Medicine in Urban areas seldom return to rural areas.
- The vacuum in Rural areas are filled by doctors in other different 'pathies' or by unqualified persons.
- This category of Medical Healthcare providers is the most utilized resource in rural areas.

REFORMS

- We need a complete change.
Piecemeal resolutions are not the answer
- **Syllabus NEEDS TO BE REWRITTEN.** Curriculum needs to change
- Reduce 6 months of the MBBS course
- MBBS should INVARIABLY start on 1st July (instead of Sept.)
- 25% of MBBS marks should be considered for PG entrance
- Remedy for rural: 6 months of Urban Internship followed by 6 months Rural
30,000 additional doctors be available for rural services each year.
- Increase the number of PG seats by 30%, by starting more MD in Family Medicine.
No extra infrastructure is needed
- ***'Tailor Made Medical Education'***

The centrally conducted MCQ based scoring should be taken as NEET pre PG score or N Exit Score.

1. Eligible for Provisional registration of MBBS / equivalent qualification in case of FMGE (who have done MBBS in India as well as for FMGE)
2. Eligible for One yr rotatory Internship (MBBS - accomplished in 5th yr),
3. The internship done henceforth should be considered as House Job / first year residency
4. Additional one year specialist training, Diploma in Field of specialization (accomplished in 6th yr)
5. Additional two year specialist training with thesis submission – Masters (accomplished in 7th yr)

IT WILL RESULT IN

1. 75% of the UGs will be POST GRADUATES
2. Stress and complications of Pre PG are avoided.
3. INTERNSHIP program will be better attended & better utilized.
4. MBBS tenure will be treated & attended seriously by UG students.

5. FAMILY PHYSICIAN concept will be reintroduced and will reduce the cost of treatment
6. Availability of Qualified Family Physician in society.
7. No crop of FRUSTRATED PLANE MBBS in society.
8. Problem of RURAL SERVICES is addressed

➤ **Swasthya Mitra and RMA**

- Separate the Curative services from the Public Health Services. The doctor at the PHC may provide curative services whereas a different cadre be created to carry out public health engineering and Public health schemes. These cadres were separate in 60's when they were merged together.
- We decry that doctors do not go to PHCs. Let us look at an alternative solution to forcing unwilling doctors to go to PHC. Let us see who goes to villages and provides medical help to the people. These are the quacks/RMPs/BAMS/BUMS doctors. If we train these people to provide basic Medical Care in the villages, it may make a big difference. A very interesting experiment was carried out at Bhopal AIIMS where they carried out Quack/RMP assisted Telemedicine program successfully.
- Such workers may be called "**Swasthya Mitra**" just like "Shiksha Mitra" for Education.
- A 3 ½ year BSc in Community Science Course, envisaged by the MCI, also was such a course. It could be further shortened. The **Rural Medical Assistant (RMA)** Program in Chhattisgarh is on similar lines and has been a success.
- The MBBS course may be modified from training for villages to a course for providing better curative services with a touch of specialization.

Framework for a 5 ½ year course

- The MBBS course may be made into a 5 ½ year course. There should be a core curriculum for 5 years and in the last six months the student be allowed to "major" in a subject of his choice eg. Surgery, Anatomy, Pharmacology etc.
- The first two years be devoted to Anatomy, Physiology, Biochemistry, Pharmacology, basic pathological processes, Forensic Medicine and Toxicology and basics of Community Medicine.
- The next two years be spent totally in clinical subjects with students required to work in wards. Applied Anatomy, Physiology, Biochemistry, Pharmacology and Pathology be also taught to students where and as needed

- The last year will be devoted to majoring in a specialty. If a student takes OB-GYNE as his major he will work in Obstetrics and Gynecology and will be rotated through Surgery, Urology and Anatomy/Radiology. He would be eligible to appear in NEET exam for admission to Obst and Gynae.
- A student who does not get selected for PG in the subject in which he has majored may be allowed to join other courses.

Advantages of Such a system

- The practical training shifts to the 3rd, 4th and 5th year when the student is posted in the wards.
- During this period, he does not have to go for Theory and Practical class in the paraclinical subjects but can be taught applied basic subjects.
- Competency based training can be given.
- The Credit and Choice based curriculum can be developed. The choice is in the last year.

EXIT exam and NEET

- I support the idea of an Exit Examination at both UG and PG level.
- The Universities and Medical Colleges may only give a training certificate.
- The UG level Exit Exam will be All India level hence can be used as a ranking exam for PG admission.
- A personality assessment and interview may be held in the Institution where the candidate applies for selection to PG courses. This will also take into account the Performance during Under-graduation, Merit in the Exit Examination, Personality, Sports, and Cultural activities etc.
- Only students who pass in the exit examination will be licensed to practice.

Post Graduate Curriculum

- The Post Graduate Course does not train a student to be a Medical Teacher
- Thesis done by students is usually a perfunctory affair, a passport for taking the Exam.
- It has been recurrently proposed that the Thesis in Post Graduate Exams should be abolished.
- One alternative could be to make Post Graduate courses of two varieties
 - Academic PG – Thesis and Training as a Teacher / Medical Educator. May be an extra year. If not selected for a Teaching job can

- Service PG – No Thesis and shorter period of Training. Will not be taken for academic jobs.
- MBBS doctors need not be sent to villages. Quacks/RMPs/BAMS/BUMS/RMAs may be given adequate training to provide basic health services in villages.
- Need to separate out curative medicine from Public Health.
- Public Health courses should be started in Medical Colleges. It will not need clearance from MCI as they do not deal with patient treatment.
- UG curriculum to have good amount of Practical training of 2-3 years.
- Students get to give their choice for a specialty in which they wish to major and pursue in Post-Graduation.
- There will be no bar for a MBBS who does not get PG Training to serve in Rural areas.

■ **REVAMPING OF MEDICAL EDUCATION IN INDIA SHALL BE DONE UNDER FOUR BROAD HEADINGS**

1. **TEACHING – LEARNING PROCESS**

- Integration of Clinical Sciences into Basic Sciences and Basic Sciences into clinical years to be done. (**Annex 1-Model curriculum designed**)
- Conventional lecture classrooms to be converted into interactive class room
- Activities to be given more than one way teaching.
- Small group teaching and interactive teaching to be promoted and implemented than preaching on stage.
- Maximum utility of all media (incl.blackboard, whiteboard, computers, charts etc.,)

2. **ASSESSMENT**

- Substandard and disproportionate assessment and evaluation methods (**Annex 2-MCI marks allotment**)
- Formative Assessment (**FA**) should be made transparent and official as it is being done so far as IA the marks which are being cooked up. FA should be followed by Summative Assessment.
- Case Based, Problem Based Assessment, and case scenarios based assessment should be done. (**Annex 3 – Model Exam paper by Kerala University**)
- Field based assessment should be done in clinical years.
- CRRI to be assessed for the skills in each posting and should be graded. (**Annex 4-project abstract**)

3. **CURRICULUM**

- Old pattern of course duration to be reverted back(6 years)
- Semester system to be implemented
- Uniform curriculum across the to be implemented
- Strong foundation in basic sciences to be done with applied aspects into clinical sciences.

- Implementation of projects, portfolio, 360⁰ feedback in clinical years
- Teaching hours to be specified for medical and dental (**Annex 5-DCI teaching hours**)
- More of Hands of training to be implemented in clinical years(**Annex 6-List of skills which are expected from IMG to deliver first care in treating the patients.**)
- Medical Educationists shall be considered and prioritized while forming the curriculum committee. As of now, as per MCI, It is given that all the curriculum committee members need to undergo training in AT-COM.(practically will not sound good)

4. **FACULTY DEVELOPMENT AND TRAINING PROGRAMS**

- Faculty training programs to be mandated before appointment(as like teacher training programs)
- Government certified centers to be established which will train the faculty once they are confirmed with the appointment
- These centers will be inspected twice a year for their various training activities
- Pay scales, promotions and increments to be considered based on the credentials of the faculty.
- Promotions by virtue of number of years of service shall be considered in addition to credentials of the faculty.
- Students feedback should be a part of faculty credentials. Students should be given confidential space to register their feedback about faculty, department activities, institution facilities and activities.

5. **HOW TO IMPROVE QUALITY OF MEDICAL EDUCATION – AN OVERALL PERSPECTIVE**

- Faculty requirement in each department need to be reverted back to older pattern.
- Verifying the academic activities at different levels – Institutional, Departmental and Individual in addition to Physical verification of instruments and equipments.
- With the implementation of digital teaching, maximum utility of technology in various activities of the Institution like TL process, Assessment, Module preparations, Curricular changes etc., shall be inspected .
- Inspection shall be carried out with the addition of one medical education person along with subject experts (Annex7 – Inspection team and Inspection procedures)
- Minimum standard requirements as mentioned in MCI shall not sufficient as many institutions misconsider that the minimum is enough to run a department and not considering the other courses run by them).

Plenary Session IV

Theme: Introduction of modern and high-end technology like ICT, Smart Class rooms, Web-based Teaching, Distance Learning, Virtual Reality Programme, Simulator, Telemedicine etc. to improve the quality of Medical Education, which will also help in minimizing the dependence on clinical material and the teaching faculty.

ISSUES & REFORMS

- Role of regulator should be facilitator
- Trust factor there is a breakdown of trust on both sides and this needs to be addressed
- Lack of objectivity in evaluation
- HIS Hospital Information Systems should be a standard practice for actual delivery
- SMART classrooms will help to save costs
- Web based teaching makes the students more independent and is also up-to-date.
- Modules can be designed by best teachers and shared on common site for all to access. This will also help in standardisation / uniformity of teaching
- 20% of teaching to be in open access mode
- Flipped classroom: Lecture to be uploaded for viewing by all students one day before. Students come with their Q & A's
- Online courses and assessment will result in students having more time in hospitals/ clinical duties.
- Role plays and use of standardised patients to mimic 'real-life' scenarios to help in teaching and assessment of affective domain. This will also improve empathy and communication between doctors and patients.
- (VR) Virtual Reality and (AR) Augmented Reality can be used for skills training. This will make learning exciting and reduce dependence on clinical material. It also reduces the learning curve and increases confidence.
- Telemedicine: All of advantages of telemedicine should be applied to the medical education system to benefit the students even in remote areas and also reduce the dependence on faculty.
- Use of technology for evaluation of medical colleges. Biometric attendance should be made mandatory and this should be used as the basis for evaluation rather than a one-time absent or present on the day of surprise inspection.
- Introduction and application of technology should however be balanced with sufficient exposure to clinical load. This is a unique advantage for our Indian Students and should not be diluted.
- The aim of introduction of technology is NOT to replace human patients or clinical material but as add-on tools to deepen the understanding and allow self-directed learning.

Plenary Session V

Theme: To discuss and deliberate upon the present system of evaluation and assessment of Medical Colleges, medical education and suggesting improvement in the same

ISSUES

- Traditional Methods without appreciation of shortfalls
- Reproduction of Knowledge mainly assessed
- Subjective & Scope for Bias
- Lack of content sampling / Skewed content
- Issues related to VALIDITY and RELIABILITY
- No standard assessment within across med colleges
- Provide little or no information on whether learners have acquired the skills required to function effectively in society
- Formative Assessment
Replica of the final examination
Restricted only to theory, practical tests; its potential to test other competencies is seldom exploited
- Summative Assessment
Bias
Uncommon conditions sampled
Competencies not examined
- Everyone wants to add more to the curriculum eg environment etc. No one wants to remove the material
- Because of surprise inspections, faculty are deprived of social life
- The curriculum is rigid
- Insufficient clinical material with the institutes
- Most institutes do not have reserve /dedicated funds for research
- Assessment systems are flawed
- Poor available data on student to teacher ratio
- Teachers have additional burden eg medical, dental, physiotherapy, nursing etc

REFORMS

The SPICES model

Student-centredTeacher-centred
Problem-basedPassive acquisition
IntegratedDiscipline-based
Community.....Hospital-based
ElectivesStandardized
Systematic.....Opportunistic


- Examination systems based on inappropriate physical paradigm of a rigid, straight, accurately calibrated scale
- Human abilities, personality and behavior are often curvilinear, non-linear and variable
- Promote *student-centered and competency-based learning*
- Simulate *analytical and problem-solving abilities*
- Promote *deep* rather than strategic/surface learning
- *Foster life-long learning skills*
- Integrated curriculum
- Assessment required on core curriculum
- Psychomotor or performance skills require Workplace-
- based assessment
- Attitudinal and communication skills
- Decision making skills on ethical issues
- Teamwork skills
- Assessment should be criterion referenced
- Bring in uniformity and objectivity in assessment
- Develop new methods of assessment to focus on competencies acquired
- Assess wide range of competencies
- Overcome negative attitudes to assessment
- Workplace-based Assessment (WPBA) rather than in the controlled artificial settings of formal examinations
- Assessment should occur throughout the learning process
- Feedback to students at every stage throughout the training help them improve their deficiencies
- Enhance student motivation & commitment to learning
- *Students will appreciate the relevance of assessment*
- Formative Assessment to be given 50% weightage : residents, other staff, students themselves can be used
- Multiple tools/sources can be used for assessment
- Questions should be application based
- Soft skills should be assessed
- For appraisals, following points should be noted: feedback from students at regular intervals. It should be performance based
- Uniform faculty development program
- Assessments should be objective ,not subjective
- 360 degrees assessment of students and teachers
- There should be a dedicated budget for reforms

Inputs from Dr.Arun Jamkar, Former Vice Chancellor, MUHS

1. Violence against Doctors is because of their shortage – ‘two minutes doctor’
2. Medical Education has become costly (Hari Gautam Committee report)


3. Increase the number of Dr by increasing the number of seats to next slab
4. No of PGs to be increased
5. Networking of all hospitals more than 100 beds to the Medical Colleges and extending PG Medical Education to those hospitals.
6. Shortage of Super specialists - Hence same bed of basic specialty can be used for Super Specialty, with just additional expert faculty.
7. Part time teachers to be utilized:
Eg. Instead of 1 professor working for 40 hrs, we can have 4 prof. working for 10 hrs / week. We require 6 specialists for 6000 population.
8. Virtual classrooms can be used without addition of more spaces.
9. Digitalization of clinical materials – use of hospital owned cloud.
10. NEET to be replaced by standardized Question Paper based on difficulty level, so that same paper won't be used at all places in India. Thus less possibility of 'leakage'.
11. Scenario based assessment
12. Need to achieve goals by 2022
13. Grading of performance of institutes during assessment should be based on predetermined indices with matrix
14. Need to create a transparent regulatory authority which works with, collaborates , encourages and improves the quality of Medical Education without the fear of any punitive action.
15. Improvement in ME will create better doctors, those will offer better healthcare and improve the quality of life.

CERTIFICATE



MIT-WPU
A Heritage of Excellence

Dr. Vishwanath Karad
MAEER's MIT World Peace University, Pune
Maharashtra Institute of Medical Education and Research Talegaon (D.), Pune



UNESCO Chair for
Human Rights, Democracy, Peace & Tolerance

This is to certify that

has actively participated as a Speaker / Invited Delegate in the

NATIONAL ROUND TABLE CONFERENCE

"A CRITICAL REVIEW OF PRESENT STATUS OF MEDICAL EDUCATION AND RESEARCH IN INDIA AND FUTURE PLAN OF ACTION FOR IMPROVING THE SAME"

Organized by **MAEER's MIT World Peace University and**
Maharashtra Institute of Medical Education and Research, Talegaon (D)
at Saint Dnyaneshwara Hall, MIT Campus, Pune
on **Saturday, 11th and Sunday, 12th November 2017**

Dr. Vishwanath Karad
Patron
President, MIT WPU, Pune

Dr. C.S. Pandav
Chairperson
Advisor, WHO

Dr. Suchitra Nagare
Dy. Chairperson
Executive Director, MIMER

Dr. Arun Jamkar
Executive Chairman
Former Vice Chancellor, MUHS

Dr. Derek Dsouza
Secretary General

REPORT

NATIONAL ROUND TABLE CONFERENCE

“IMPACT OF CLIMATE CHANGE ON PUBLIC HEALTH”

7th APRIL 2018

MIMER Medical College, Talegaon Dabhade, Pune and MIT World Peace University, Pune, India, organized a **One-Day National Round Table Conference On “Impact of Climate Change on Public Health” on Saturday 7th April 2018 at Saint Dnyaneshwara Hall, MAEER’s MIT Kothrud Campus, Pune, India.**

In the 21st century, advances in technology have benefitted the human race in many ways but there has been an adverse and hazardous impact of technological advancement on the environment as well. The impact of climate change that we are already facing today includes global warming, sea level rise, altered and extreme weather events like floods and droughts, decreased agricultural productivity, land degradation and uncontrolled deforestation. Public health is also affected, both directly and indirectly, as a result of climate change. Changes in disease patterns and appearance of many new diseases threaten the very existence of the biosphere and life on the planet. We cannot afford to ignore the situation and believe that things will get sorted out as it is already too late. A mass movement of committed persons, all across the economic spectrum, is essential for the desired changes to be effective. It is vital to work together in solidarity towards our common goal of cleaning up the environment as the only way that this monumental problem can be controlled effectively in the years ahead.

The one-day National Round Table Conference On ‘**Impact of Climate Change on Public Health**’, was organized to identify critical areas where climate change is affecting public health and develop a draft plan of action, which was presented before the authorities like Ministry of Environment, Forests & Climate Change, Ministry of Health & Family Welfare, National Green Tribunal etc.



Dr. Vishwanath Karad



MAEER's MIT World Peace University, Pune

Maharashtra Institute of Medical Education and Research Talegaon (D.), Pune

|| NATIONAL ROUND TABLE CONFERENCE ||

7th APRIL 2018

"IMPACT OF CLIMATE CHANGE ON PUBLIC HEALTH"

Time	Name of Speaker	Topic	Remarks
9:00 AM 10:00 AM	REGISTRATION & BREAKFAST		
10:00 AM 10:15 AM	Dr Rina Tilak Scientist 'G' AFMC Pune	Climate change outcome on spread of vector borne diseases	Chairpersons Dr Gufran Beig Dr Arun Jamkar
10:15 AM 10:30 AM	Dr Harshal Pandve Prof and HOD ESIC Hospital Hyderabad	Awareness regarding climate change and health hazards – What needs to be done	
10:30 AM 10:45 AM	Dr RC Dhiman Consultant & Fmr Scientist 'G'	Effects of Climate Change on malaria transmission	
10:45 AM 11:00 AM	Closing Remarks and Summation of discussion	Climate change and vector borne diseases	By Chairpersons
11:00 AM 11:30 AM	TEA		
11:30 AM 12:30 PM	INAUGURATION OF CONFERENCE & CENTRE FOR CLIMATE CHANGE & PUBLIC HEALTH		
12:30 PM 12:50 PM	KEYNOTE ADDRESS		Mr Rajendra Shende Chairman TERRE & Fmr Director UNEP
12:50 PM 1:50 PM	LUNCH		
2:00 PM 2:15 PM	Dr Milind Gore Former Scientist 'G'	Effect of environmental and sanitation	Chairpersons Dr RC Dhiman Dr Arun Jamkar



Dr. Vishwanath Karad

MAEER's MIT World Peace University, Pune

Maharashtra Institute of Medical Education and Research Talegaon (D.), Pune

|| NATIONAL ROUND TABLE CONFERENCE ||

7th APRIL 2018

“IMPACT OF CLIMATE CHANGE ON PUBLIC HEALTH”

Time	Name of Speaker	Topic	Remarks
	National Institute of Virology Gorakhpur	conditions on CNS infections	
2:15 PM 2:30 PM	Dr Sundeep Salvi Director Chest Research Foundation Pune	Epidemiology of Chest diseases in relation to air pollution	
2:30 PM 2:45 PM	Dr Gufran Beig Scientist 'G' IITM Pune	Air Quality Monitoring and its effect on Public Health	
2:45 PM 3:00 PM	Closing Remarks and Summation of discussion	Climate change and air quality	By Chairpersons
3:00 PM 3:15 PM	Dr Parul Rishi Indian Institute of Forest Management, Bhopal	Behavioural Adaptation to Climate Change	Chairpersons Dr Milind Gore Dr Arun Jamkar
3:15 PM 3:30 PM	Dr Hem Dholakia Council on Environment Energy and Water New Delhi	Heat related mortality and its transition in future	
3:30 PM 3:45 PM	Dr Mahaveer Golechha IIPH Ahmedabad	Heat preparedness plan and early warning system	
3:45 PM 4:00 PM	Closing Remarks and Summation of discussion	Climate change and weather related diseases	By Chairpersons
4:00 PM 4:45 PM	VALEDICTORY		
4:45 PM	HIGH TEA		

Press Release: Indian Express

<https://indianexpress.com/article/cities/pune/national-conference-held-on-impact-of-climate-change-on-public-health-5129506/>

Dr (Mrs) Rina Tilak, PhD

Scientist 'G' - Dept of Community Medicine, AFMC, Pune

- Gold medalist of the Univ. of Rajasthan
- Doctorate from Indian Agricultural Research Institute, New Delhi.
- **Technical expert to Armed Forces and Govt. of India** on Vector/ Pest control
- **Member of ICMR Taskforce**
- **Member project review board of Medical Research Council UK,**
- She is a Fellow of IPHA & ISMOCD
- Founder member of Association of Medical Arthropodology.
- More than 60 publications/ chapters in Books / National & International Journals and authored various books
- Reviewers' board of **seven International** and **six National Journals.**

Dr. RC Dhiman

Senior Consultant; Principal Investigator of DST-ICMR Centre of Excellence on Climate Change & Vector Borne Diseases
National Institute of Malaria Research, Environmental Epidemiology,
New Delhi

Former -

- Scientist 'G'
- Head of Environmental Epidemiology, ICMR
- Research Officer - Epidemiology, **Rajendra Institute of Medical Sciences**, Patna, Bihār, India
- 96 research items to his credit
- Awards-
- Dr M O T Iyengar Memorial award-2013 Award
- Bayer Environmental Science award 2013 of National Academy of vector borne diseases

Prof. (Dr.) N. J. Pawar

Professor, Department of Geology, SPPU, Pune
Former Vice-Chancellor Shivaji University, Kolhapur

- Ph.D in Geology, in 1985, from the University of Pune
- Contributed to teaching and research in Hydrogeology and Environmental Geochemistry.
- Young Scientist Award (Indian Science Congress Association)
- Post-doctoral Research Fellowship of British Council, UK for two consecutive terms
- Was Joint Coordinator in the Department of Environmental Science, University of Pune

Dr.Milind M Gore, PhD
(Former) Scientist 'G', NIV, Pune

- DBT overseas fellowship, Wistar Institute USA
- Officer In Charge, NIV, Gorakhpur Unit
- Head Encephalitis Group, NIV, Pune
- Researched on clinical and immunological aspects on acute encephalitis syndrome (AES), JE, West Nile viruses –
- Developed Vero cell based inactivated vaccine against JE
- Developed a tolerization model in mice for xenogenic transplant
- **Patent granted** : *Chimeric T helper-B cell peptide as a vaccine for flaviviruses* (Indian, Vietnam, Korea, US Patent granted April 2000)
- **Research Guide for 7 PhD**
- **10 R&D National and International PROJECTS**
- **59 Publications**
- Prem Nath Chhutani award by NAMS

Dr Sundeep Salvi, PhD (UK), MD

Director, Chest Research Foundation, Pune, India

- *Chest Research Foundation: a unique research institute dedicated for research & education chronic respiratory diseases*
- Visiting Faculty- Imperial College, London & Johns Hopkins, Baltimore
- Adjunct Professor, Univ. of Pune & Symbiosis Intl. Univ. Pune
- Involved in community research, physiological research, molecular research and clinical research in Asthma and COPD
- Recognized globally for research in 'Non-smoking COPD' (*household exposure to indoor air pollutants, mosquito coils, burning of incense, diesel exhaust etc.*)
- Member of the Steering Committee of Air Pollution and Health with the Ministry of Health and Family Welfare, Govt. of India
- International Advisory Board Member of Lancet Respiratory Medicine.

Dr. Gufran-Ullah Beig, PhD

Joint Director, Indian Institute of Tropical Meteorology, Pune
Air Quality Forecasting & Climate Change

- Scientist (Grade-G)
- Programme Director : System of Air Quality Forecasting and Research (SAFAR)
- He is known for his studies on anthropogenic emissions of green house gases
- Elected fellow of the Indian Academy of Sciences
- First Indian to receive the Norbert Gerbier-Mumm International Award of the World Meteorological Organization in 2005
- Shanti Swarup Bhatnagar Prize for Science and Technology by CISR for his contributions to Earth, Atmosphere, Ocean and Planetary Sciences in 2006 (*The highest award for scientific research*)

Dr. Parul Rishi , PhD

Associate Professor Human Resource Management at Indian
Institute of Forest Management, Bhopal

- Adjunct Professor in University of Zululand, South Africa
- Former Professor in the Department of Management at NITTTR, Bhopal
- Published over 85 papers in different international/national journals and volumes
- Authored two books and a chapter on 'Psychology of Climate Change' in a book volume published by Springer, Germany.
- Editor in Chief of an International Journal "Journal of Organisations & Human Behaviour".
- Developed "Stress Siddhi" a JPMR-TM-Mindfulness Model which is the intertwining of western-Indian models of life skills learning combining western and Indian philosophies of stress management

(Continued...)

Dr. Hem H. Dholakia, PhD

Senior Research Associate Council on Energy,
Environment and Water

- PhD (IIM, Ahmedabad)
- Master's in Exercise Science from University of Brighton (UK)
- BPh - Seth G.S. Medical College, Mumbai
- His research addresses the linkages between energy, environment, human health and public policy in India.
- Health impacts of urban air pollution, heat and cold waves to develop mitigation strategies and adaptation measures.
- **Young Scientist Summer Award** in 2012 at the International Institute of Applied Systems (IIASA), Austria
- Authored book : '**Energy-Emissions Trends and Policy Landscape for India**' Allied Publishers, New Delhi
- Authored a chapter - 'Framework for Integrating Climate Change Concerns into Urban Planning' in Dev and Yedla (eds). 'Cities and Sustainability: Issues and Strategic Pathways' [accepted for publication by Springer]

Dr. Mahaveer Golechha, PhD

Assistant Professor - Health Policy Expert
Public Health Foundation of India (PHFI)

- Senior Research Fellow, AIIMS
Coordinator, Public Health Programs, Rotary International
- **Postgraduate Diploma** in Health Policy, Planning and Financing, London School of Hygiene and Tropical Medicine
- **MSc** Health Policy, Planning and Financing from The London School of Economics and Political Science (LSE)
- **PhD** (Neuroscience and Molecular Biology) University of Delhi and AIIMS
- **Master of Science (MSc)**, Department of Psychology, University of Madras
- **MS** (Pharmacology, Medicine Reserach, Neuroscience, Epilepsy, Alzheimer's Disease) AIIMS
- Member, Common Review Mission, National Rural Health Mission (NRHM)
- Worked as Policy Intern, High Commission of India, London
- Director of External Relations London School of Economics SU India Society

(Continued...)

Rajendra Shende

Chairman TERRE

(Technology, Education, Research and Rehabilitation for the Environment)

- Chemical Engineer by qualification from the Indian Institute of Technology (IIT), Bombay
- Part of the task force set up by the Govt. of India to negotiate the multilateral environmental agreement, the Montreal protocol.
- Former Director at United Nations Environment Programme
- Head of the Paris based 'Ozon Action Programme' of UNEP
- Worked with the governments of 146 developing countries' to develop their national management plans to eliminate use of Ozone Depleting Substances

SUMMARY OF THE CONFERENCE

Background:

Climate Change is real and it is happening. It is pinching all the strata of the society. It is one of the most crucial challenge of the century facing the humanity, apart from terrorism.

The impacts of climate change that we are already facing today include global warming, sea level rise, extreme weather events like floods and droughts, agricultural productivity, land degradation, deforestation due to forest fires, and health due to spread of infectious and other diseases, many of which are making new appearances and many would emerge in future threatening very existence of the biosphere and life on the planet.

Those who have economic muscles-the rich of the world- would be able to absorb the adverse impacts of the climate change for longer period. The lower middle class, poor strata of the society, particularly small farmers, have already started suffering the most. Unless the action is taken at various levels, and at various speeds, the climate scientists have predicted that by year 2100, the Earth will face catastrophe.

Present situation:

Paris Climate Agreement reached in 2015 has entered into force in 2017. India is Party to the Paris Climate Agreement and has played very active role in its formulation. It is now pursuing the implementation phase to fulfill its Nationally Determined Contributions (NDCs), committed to United Nations, that include emission mitigation and climate adaptation policies.

It is important to note that in spite of global efforts spanning over last two decades, the global warming and its impacts continue unabated.

Proposal:

Substantive efforts are being done in India in terms of climate change mitigation like, enhancement of energy efficiency, renewable energy, reducing the dependence on coal, oil and gas, afforestation and reducing land degradation. Technology development, policy and research are being strengthened in these mitigation areas.

However, the efforts in adapting to the climate change, particularly in development and research in climate resilient agriculture and health are lacking.

It is proposed to up a Center of Excellence in research into climate change and health studies, starting with academic courses with the help of Indian Institute of Public Health and WHO.

Key facts :

Following **key facts** put forward by World Health Organization, United Nations Organization and IPCC are the drivers of the scope of the proposal:

- Climate change affects the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.
- Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress.
- The direct damage costs to health (i.e. excluding costs in health determining sectors such as agriculture and water and sanitation), is estimated to be between US\$ 2-4 billion/year by 2030.
- Areas with weak health infrastructure – mostly in developing countries– will be the least able to cope without assistance to prepare and respond.
- Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution.

The priority areas of academic courses and research focus:

Impacts study due to rising temperature:

- How extreme high ambient temperatures contribute directly to deaths from cardiovascular and respiratory disease, particularly among elderly people. Pollen and other aeroallergen levels are also higher in extreme heat. These can trigger asthma, which affects around 300 million people. Ongoing temperature increases are expected to increase this burden.
- In the heat wave of summer 2003 in Europe for example, more than 70 000 excess deaths were recorded. Indian Institute of Public Health-Ahmedabad is assessing the heat wave impacts in India
- How rising temperatures and variable precipitation will adversely decrease the production of staple foods and increase the prevalence of malnutrition and undernutrition, which currently cause 3.1 million deaths globally every year.

Impacts due to Sea level rise, Natural disasters and variable rainfall patterns

- How rising sea levels and increasingly extreme weather events will force people in coastal area to move (. More than half of the world's population lives within 60 km of the sea.) forced to move, which in turn heightens the risk of a range of health effects, from mental disorders to communicable diseases.
- How increasingly variable rainfall patterns, droughts are likely to affect the supply of fresh water, compromise hygiene and increase the risk of diarrhoeal disease, (which kills over 500 000 children aged under 5 years, every year globally).
- How increasing frequency and intensity of floods and precipitation heighten the risk of water-borne diseases, and create breeding grounds for disease-carrying insects such as mosquitoes.

Patterns of infection

- How climatic conditions affect water-borne diseases and diseases transmitted through insects, snails or other cold-blooded animals.
- How changes in climate are likely to lengthen the transmission seasons of important vector-borne diseases and to alter their geographic range.

- How malaria is strongly influenced by climate. (malaria kills over 400 000 people every year The Aedes mosquito vector of dengue is also highly sensitive to climate conditions, and studies suggest that climate change is likely to continue to increase exposure to dengue)

Who is at risk? Focus on vulnerable sections of society

Centre would focus its study on following sections of the society:

- **People living in heat-wave prone area, coastal regions, megacities, slums and mountainous regions, children in particular** living in poor countries – are among the most vulnerable to the resulting health risks and will be exposed longer to the health consequences.
- The health effects are also expected to be more severe for **elderly people and people with infirmities or pre-existing medical conditions.**
- **Areas with weak health infrastructure** – mostly in developing countries – will be the least able to cope without assistance to prepare and respond.
- **Village and city dwellers: Household air pollution due to smokes**, which causes some 4.3 million deaths per year, and ambient air pollution by factories and vehicular traffic, which causes about 3 million deaths every year.

What are the next steps:

- **Dialogue with Indian Institute of Public Health -Ahmedabad, Indian Institute of Tropical Meteorology-Pune, WHO- Geneva and New Delhi**
- Initiate climate change and health related courses for medical students **as first step**,
- Research projects as part of the post graduate, doctoral and post-doctoral studies **as second stage and also seek international cooperation including collaborative centre of WHO (as hinted by WHO in video conference).**
- Finalize the list of advisory council and local as well as visiting faculty.
-

Effects of ‘Climate change’ on human health should be differentiated from those due to environmental factors eg.pollution, lifestyle changes etc.

The developing countries would bear the maximum brunt of it, and should brace for it impact, well in advance.

1. Malnutrition :

Constantly rising temperatures and increasing uncertainty of precipitation will cause Food scarcity, and add to the existing malnutrition.

Worldwide, nearly half of all deaths in children under 5 are attributable to undernutrition, ie. 3 million young lives a year. [1]

The existing statistics shows that almost 50% of children below 5 years in India are undernourished (underweight) [2]. The efforts to improve upon that will have to face the uphill task of dealing with increasing food scarcity.

Government agencies will have to revolutionize the farming in the country to promote farming in controlled conditions (greenhouse, polyhouse).

R & D effective nutritional products

Meanwhile efforts should be made to research and develop wholesome products that would bridge all the gaps of nutritional deficiencies in children.

They may contain –

Protein, carbohydrates, all essential minerals and vitamins in their RDA to ensure - optimum growth (Biotin, phosphorus, chloride, sodium etc.) , Immunity (fructo-oligosaccharide, Magnesium, Vit-A, Vit-C, Vit-E, trace elements etc.) , brain development (DHA, B12, Essential Amino Acids etc), healthy bones (Vit-D, Vit-K, Calcium etc.)

The government should supply the same free and include in a national program.

PHOTOS



INAUGURATION OF THE CONFERENCE BY LIGHTING OF THE LAMP

FROM LEFT – DR SUCHITRA NAGARE (EXECUTIVE DIRECTOR, MIMER), DR ARUN JAMKAR (DIRECTOR PG PROGRAM, MIMER), DR NAMDEO PAWAR (FORMER VC), PROF. DR VISHWANATH KARAD (FOUNDER PRESIDENT MAEER), DR RAJENDRA SHENDE (FOUNDER, TERRE), COL DR R P GUPTA (PRINCIPAL, MIMER)



HANDING OVER THE DECLARATION TO THE EXECUTIVE DIRECTOR OF MIMER DR SUCHITRA NAGARE



Dr. Vishwanath Karad
MIT World Peace University, Pune, India

Maharashtra Institute of Medical Education and Research
Talegaon (D), Pune

|| NATIONAL ROUND TABLE CONFERENCE ||
“A CRITICAL REVIEW OF PRESENT STATUS OF MEDICAL EDUCATION
AND RESEARCH IN INDIA AND FUTURE PLAN OF ACTION FOR
IMPROVING THE SAME”

(Saturday, 11th and Sunday, 12th November 2017)

Preamble:

We, the delegates, comprising of Vice Chancellors, Deans, Professors and Experts involved in the field of Medical Education and Research in India present here for the historic TWO-DAY NATIONAL ROUND TABLE CONFERENCE ON “A CRITICAL REVIEW OF THE PRESENT STATUS OF MEDICAL EDUCATION AND RESEARCH IN INDIA AND FUTURE PLANS TO IMPROVE THE SAME” had meaningful, elaborate discussions and deliberations on this very crucial and important subject in the larger interest of our country Mother India, with the aim of providing “HEALTH FOR ALL”.

At the end of the two-day conference we, the delegates unanimously resolve that -

1. One of the reasons for increasing violence against Doctors is due to their acute shortage along with an interplay of various factors such competency, empathy, cost of care. In order to attend to the ever-increasing numbers of OPD patients the system has forced many doctors to become ‘two-minute doctor’

As per WHO recommendations, the doctor to population ratio is 1:1000. However, at present, in India this ratio is 0.62:1000. After detailed deliberations on infrastructure and faculty requirements it was felt that the existing infrastructure in medical colleges who

have been recognised for at least 10 years is sufficient to train additional 25% medical students. This will effectively increase the number of medical seats in all existing medical colleges. As a net effect, the medical seats will increase from 67000 to 80000, which will increase the doctor to population ratio so as to meet the WHO standards by 2022.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

2. There is an existing low teacher to student ratio in medical education in India and the challenge is therefore, to ensure that there is uniformity in the standards of medical education all across the country. One of the ways forward is to grant permanent affiliation and recognition to Medical colleges with more than 15 years MCI recognition and accredited by external agencies like NAAC with higher grade. They should also be immediately allowed to increase the intake to the next slab i.e. 100 to 150, 200 to 250 etc. This will be a better alternative as the experience and quality of faculty can be better utilised rather than opening new colleges.

3. Consider the running of medical colleges in two shifts per day with a view to increase the existing number of seats. Existing infrastructure, with an organized plan and optimum utilization, and concurrent increase in faculty can be used to conduct the same courses in two shifts, for two different batches of students, and in the same existing time frame. This will effectively increase the intake capacity of every institute by doubling the students with no significant additional expenditure on infrastructure. The clinical material of each institution can be optimally utilised. The administrative authorities need to be consulted and a consensus solution may be found.

4. Establishing at least one medical college in each district where it is not presently available and attach it to the government district hospital. This will also contribute substantially to the increase the doctor to population ratio.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

5. Number of PG seats to be increased by networking of all hospitals more than 100 beds to the Medical Colleges and extending PG Medical Education to those hospitals.

6. Shortage of Super specialists - Hence same beds of basic specialty can be used for Super Specialty courses, with just additional expert faculty and infrastructure.

7. Assessment and evaluation of medical colleges by regulatory authorities should be done with an aim to encourage rather than penalize.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

8. Adjunct/ Honorary/ Visiting faculties to be utilized: e.g. Instead of 1 Professor working for 40 hrs, we can have 4 Professors working for 10 hrs / week. This can be done by modifying the eligibility criteria of the faculty by allowing certain percentage (max. 30%) as part time or honorary faculty comprising of highly competent and qualified specialist and super specialist private practitioners. Some other incentives in the form of tax breaks etc may also be thought of for such practitioners who are willing to sacrifice their time for teaching.

9. At present basic post for joining a medical college is SR with an age limit of 40 yrs. Therefore, all post-graduates above 40 yrs cannot join medical education system. The age restriction of 40 years as entry age limit to become the faculty in medical colleges should be removed. Those post-graduates with 10 yrs of professional experience should be considered for direct appointment as Lecturer.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

10. Recognizing the use of modern teaching technology like virtual classrooms, tele-conferencing, online lectures, webcast and

other e-learning methods to augment the present teaching-learning methodology.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

11. Reducing the cost of medical education by maximizing the use of existing infrastructure and equipment by sharing labs, demo rooms, museums, instruments etc. and reducing the requirement of minimum built-up area.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

12. Conducting a nation-wide exam for admissions to medical colleges has its limitations. It should be replaced by question papers prepared on the basis of difficulty level so that we can have multiple question papers at multiple sites. Each state can conduct its own exam satisfying the requirement of the uniformity of entrance examinations. Supreme Court should be approached and convinced about this new method.

13. Digitalization of clinical materials, lectures and other self-study material and storing them on hospital-owned cloud so that it can be made available to all students round the clock.

14. Need to create a transparent regulatory authority which works with, collaborates, encourages and improves the quality of Medical Education without the fear of any punitive action.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

15. Grading of performance of institutes during assessment should be based on predetermined indices with matrix.

Percentage weightage for Evaluation of MSR
during MCI Inspection

	100%	90%	80%	70%	60%	50%
Faculty	20	18	16	14	12	10
Infrastructure (Spaces of Offices and Lab etc.)	20	18	16	14	12	10
OPD Attendance	10	9	8	7	6	5
Bed Occupancy	10	9	8	7	6	5
Equipment	10	9	8	7	6	5
Allied activities including social service	10	9	8	7	6	5
Clinical Teaching & University Results	10	9	8	7	6	5
Research, Conferences & Publications	10	9	8	7	6	5
Total Points	100					

* For continuation and affiliation – Minimum score under each heading needs to be 50% and overall score of 75% marks is mandatory for continuation of recognition affiliation.

The details of critical review of present situation of medical education and reforms to be addressed is given below

SUMMARY OF THE PLENARY SESSIONS

Plenary Session I (includes inaugural session)

Theme: Rationalisation of existing infrastructure and facilities for Medical Colleges with a view to reducing the cost of education

- Most of the problems in the health sector are due to the meagre number of qualified doctors in the country, and constantly increasing cost of medical education.

- Both the issues can be tackled if the regulatory authorities rethink upon the existing minimum standard requirements for staff and infrastructure, with the objective of accommodating more students in the existing medical colleges.

Infrastructure

- Current infrastructure requirement is almost more than what is actually required for imparting quality medical education even according to latest MSR
- Two shifts in Medical Colleges needs to be considered. This could result in a significant increase in the number of Medical graduates without added burden of new colleges/infrastructure. In addition, faculty will also like it as they can practice when not on duty. Same infrastructure as well as Clinical material will be utilised. At present students are posted for only 4 months in a clinical unit, however, faculty has to be doubled to take care of teaching.
- Utilization of resources may be by partnership or in 'shifts'. This will encourage specialists in private practice to be affiliated to medical colleges and they can teach the students as they are at the forefront of 'real world practice of medicine'.
- Condition of having the entire institute, including hospital, in unitary campus must be relaxed up to 10 kms
- Relaxation in the minimum requirements would in turn eliminate the practices of donation/ capitation fees and reduce the cost
- MOU should be made between private and government colleges for sharing their clinical materials.
- Feedback from the data of actual infrastructure utilized should be taken from the institutes.
e.g.
 1. 'Admin block' in Dean's office area and café for 100 people is impractical in the present day.
 2. Area requirement of 1000sq.mt. for Library for 100 students in the era of a smartphone is unnecessary.

3. The need for mandatory 'Reading area' outside library must be reconsidered.
4. Demonstration rooms are not needed in each department. They can be shared.
5. Three separate Exam halls are mandatory at present. Auditorium may be utilized for conduct of exams.
6. Subscription and maintaining the hard copies of every relevant subject journal is very expensive, and it costs in crores. Online subscription/ e-journals should be considered.eg Journal subscription at respective Health Sciences University consortia should be used to reduce overall costs.
7. Hostel requirement (100sq ft/student) is more than that of UGC (75 sq feet/student) and must be revised.
8. For increased number of seats number of lecture hall can be kept same and could be used as Interactive classrooms.
9. Central Research facility is needed and sufficient replacing
Department research labs
10. Outdated instruments to be removed from time to time. For e.g Instruments required for mammalian & frog experiments
11. As regards over all space requirement is considered Dr Hari Gautam committee report should be implemented immediately where space requirement has been reduced by 15-25%

SOME OTHER POINTS -

Conduct of MCI Inspection

'MCI' (Regulatory body) was formulated by the British and hence the archaic and outmoded rules, regulations and eligibility criteria.

- Assessors should be formally trained in assessment of Medical Colleges to bring uniformity in the process.
- Usage of derogatory words during assessment should be specifically avoided.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- MCI Fees for starting and re-affiliation of institutes should be revised.
- MCI should take regular feedbacks from government and private institutes for better medical education.
- Faculty, who happens to be on leave, attending State and National conferences, attending University Approved training courses during the time of inspection should be counted as a teacher, and not considered as a 'deficiency'

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Medical institutes of repute should not be penalized for trivial deficiencies.
- Same infrastructure need not be assessed again and again

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Rural – Urban Divide

- Doctors should be provided with better facilities in rural area
- Increase pay in rural areas and promise to bring them to urban area after a stage.
- Rural centre for every Medical college should be encouraged
- Medical colleges should adapt one PHC for rural training

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Plenary Session II

Theme: To discuss and deliberate upon the norms and standards for qualified and competent faculty for Medical Colleges

Problems addressed:

- Colleges are increasing in number, but there is no increase in the number of senior /junior teachers in same proportion.
- Doctors are not attracted to working in medical colleges.
- Teachers pay is very less as compared to earnings in private practice.

- Greater shortage in some disciplines than in others. Greater shortage at some locations (Rural Vs Urban) than in others.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- There is no recognised body to judge teaching skills of faculty,
- little or almost no training related to academic responsibilities.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Resolutions

Teachers (Staff)

- Pay in colleges should be uniform (maybe at par with AIIMS) to attract more teachers to the teaching institutes.
- NPA to the faculties to be calculated on the basis of the average income of the peers of their specialty doing private practice.
- Publication and Research requirements, which are made mandatory for promotions, should be rationalised. Other ways of evaluation that speak about the overall quality/knowledge of teachers, should also be given due consideration eg. Clinical expertise, additional skills, involvement in development of the branch, review from colleagues, patients etc. Compulsion of research and publications giving rise to low grade commercial journals and low quality research articles.
- Provision of better facilities and working conditions for staff, particularly in institutes in the rural/distant regions.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Student-teacher (Guide-PG student) ratio should be same in private and government colleges
- Recognition of senior faculty in the form of Adjunct Professor, Additional Professor, Professor Emeritus etc to be allowed as long as the total number of teaching hours in that subject are covered irrespective of the full-time or part-time

status of the faculty. Part time teachers to be utilized. (E.g. Instead of 1 professor working for 40 hrs, we can have 4 prof. working for 10 hrs / week.) The ratio with that of the Fulltime Faculty may be fixed. (Eg. 70% Full time: 30% Honorary).

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Use of DNB trained faculty in teaching cadre regularly with clear-cut long-term guidelines.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Diploma holders with long experience (eg. 10 years or more) and a fair clinical standing maybe allowed in the medical education system as Senior residents
- “Teachers Eligibility Qualification 1998” had been fixed, when ICT was not so advanced. Now ICT is in such position that sharing of faculty through smart classroom is easily possible.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Faculty training programs to be mandated before appointment. (as like teacher training programs). Government certified centers to be established which will train the faculty once they are confirmed with the appointment. These centers will be inspected twice a year for their various training activities.
- Pay scales, promotions and increments to be considered based on the credentials of the faculty. Promotions by virtue of number of years of service shall be considered in addition to other credentials of the faculty.
- Students feedback should be a part of faculty credentials. Students should be given confidential space to register their feedback about faculty, department activities, institution facilities and activities.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Emphasis on quality rather on quantity. Teachers to choose the scholarship in the early part of their career as per their choice??

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Shortage of Super specialists - Hence same bed of basic specialty can be used for Super Specialty, with just additional expert faculty. We require 6 specialists for 6000 population.
- Good research should be promoted by various methods and should be added as a criterion for promotion but should not be compulsory.

Plenary Session III

Theme: To discuss and deliberate upon the need for revision of curriculum for UG, PG and Research Programmes, so as to meet the requirement of Medical Professionals for country as per WHO standards

PRESENT SITUATION

- Medical profession has digressed from its original vows. Outdated equipment etc. is still assessed. Exams are attempted just to score passing marks.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Too much of referrals and investigations are making medical treatment expensive. Very long tenure of medical education is frustrating.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Tenure of curriculum of some of the subjects appears unjustified.

- Lot of repetition of same topics in various subjects needs review and reorganization
- Only 40% students enter into PG courses due to less number of seats.
- Doctor-Population ratio is poor in rural areas and government is proposing to employ quacks, practitioners of traditional medicine etc. in the rural areas. But this discrimination between urban and rural patient population looks unjust.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- The 4^{1/2} year course was designed to suit the requirements envisaged for a MBBS doctor then. It is more of a theoretical course but has a 1 year internship attached with it for the purpose of practical training, which worked beautifully initially. But with the introduction of MCQ based entrance examinations for PG entrance the internship program at most institutions become a time for reading MCQ books rather than for practical training.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- The last 20-25 years has seen a radical change in the approach towards the treating physician. The perception of the public is that super-specialists provide the best care and therefore there is a shift towards a super-specialist care. Patients now prefer to go to specialists and super-specialists rather than going to a MBBS doctor. Post Graduate courses have taken the sheen of the Indian Medical Graduate (IMG) MBBS doctor that was conceived in the ROME Plan. Thus there is an urgent need to have a fresh look at the curriculum.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

MBBS Curriculum

- The UG curriculum is designed to make one an ideal Medical Officer at the PHC.
- Secondly, he is to be trained enough to be able to get selected in a highly competitive Post Graduate Entrance Examination. As a result, he is taught the latest advances in Medical Science at the undergraduate level. The advances in Medical Sciences are happening at breakneck speed and every teacher tries not only to train the IMG in basics but also in the latest advances. All this makes the Curriculum unwieldy.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Current Practice in Rural Areas – Private Sector

- MBBS doctors account for only about 5-6% of Rural health service providers. 40% are trained BAMS, BHMS, and BUMS
- More than 50% have no training in any system of Medicine
- More than 80% use Modern Medicines. There is great Urban Rural divide. Students educated in Western Modern Medicine in Urban areas seldom return to rural areas.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- The vacuum in Rural areas are filled by doctors in other 'pathies' or by unqualified persons. This category of Medical Healthcare providers is the most utilized resource in rural areas.

Resolutions (REFORMS)

- To promote deep rather than strategic/surface learning. Foster life-long learning skills. Assessment required on core curriculum. Psychomotor or performance skills require Workplace-based assessment. Attitudinal and communication skills need to be taught and assessed.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Integrated curriculum which includes Bioethics and human values, as both are essential towards the ethical and caring health professionals. The students need to be trained to have decision making skills on ethical issues. Training in important aspects of human resource management may also be included as the doctors also need to be healthcare managers.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Uniform curriculum across the board to be implemented. Strong foundation in basic sciences to be done with applied aspects into clinical sciences. Implementation of projects, portfolio, 360° feedback in clinical years. Teaching hours to be specified for medical and dental. More of Hands on training to be implemented in clinical years.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Expertise of Medical Educationists should be considered while forming the curriculum committee. As of now, as per MCI, it is given that all the curriculum committee members need to undergo training in AT-COM.
- We need a complete change. Piecemeal resolutions are not the answer. Syllabus and curriculum needs to be changed and rewritten. Working committees for each subject need to look at a comprehensive revision of the syllabus based on the current knowledge base and healthcare needs of the population.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Framework for a 5 year course

- The MBBS course may be made into a 5 year course. MBBS should invariably start on 1st July (instead of Sept.)
- The first two years be devoted to Anatomy, Physiology, Biochemistry, Pharmacology, basic pathological processes, Forensic Medicine and Toxicology and basics of Community Medicine, Basic Psychology

- The next two years be spent totally in clinical subjects with students required to work in wards. Applied Anatomy, Physiology, Biochemistry, Pharmacology and Pathology be also taught to students where and as needed.
- The internship /House Job / first year residency will consist of 6 months of urban residency and 6 months of rural internship / House Job / first year residency at Sub-district hospital / CHC/ PHC. This will ensure that 30,000 additional doctors be available for rural services each year (50% of passing graduates).
- Increase the number of PG seats by 30%, by starting more MD in Family Medicine. No extra infrastructure is needed. Those who do not clear the NEET PG exam will continue in the same six monthly rotation for two more years in Residency. At the end of this they will be eligible for MD (Family Medicine). This will also empower the students and give them the assurance that their efforts will give them a post-graduate qualification. This will be after proper assessment and evaluation in each rotation to ensure that the treatment standards are maintained.
- The above provisions will also hold true for those who have completed their graduation outside India and wish to practice medicine in this country.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- It will result in 75% of the UGs being Post Graduates. Stress and complications of Pre-PG are avoided. Internship program will be better attended & better utilized. MBBS tenure will be treated & attended seriously by UG students.
- Family physician concept will be reintroduced and will reduce the cost of treatment. Availability of qualified family physician in society and there will be increased number of post graduates.
- Separate the Curative services from the Public Health Services. The doctor at the PHC may provide curative services whereas a different cadre be created to carry out public

health engineering and Public health schemes. These cadres were separate in 60's when they were merged together.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- We decry that doctors do not go to PHCs. Let us look at an alternative solution to forcing unwilling doctors to go to PHC. The RMPs/BAMS/BHMS/BUMS/ and Quack doctors are the people who provide medical help in villages. If we train these people to provide basic Medical Care in the villages, it may make a big difference. A very interesting experiment was carried out at Bhopal AIIMS where they carried out Quack/RMP assisted Telemedicine program successfully.
- A 3 ½ years BSc in Community Science Course, envisaged by the MCI, also was such a course. It could be further shortened. The Rural Medical Assistant (RMA) Program in Chhattisgarh is on similar lines and has been a success.
- 25% of MBBS marks should be considered for PG entrance.

Advantages of such a system

- The practical training shifts to the 3rd, 4th and 5th year when the student is posted in the wards. During this period, he does not have to go for Theory and Practical class in the paraclinical subjects but can be taught applied basic subjects.
- Competency based training can be given. The Credit and Choice based curriculum can be developed. The choice is in the last year.

EXIT exam and NEET

- Exit Examination at both UG and PG level to check for uniformity of standards of the passing graduates. The Universities and Medical Colleges may only give a training certificate. The UG level Exit Exam will be All India level hence can be used as a ranking exam for PG admission. A personality assessment and interview may be held in the Institution where the candidate applies for selection to PG

courses. This will also take into account the performance during under-graduate education, merit in the Exit Examination, personality, sports, and cultural activities etc. Only students who pass in the exit examination will be licensed to practice.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Plenary Session IV

Theme: Introduction of modern and high-end technology like ICT, Smart Class rooms, Web-based Teaching, Distance Learning, Virtual Reality Programme, Simulator, Telemedicine etc. to improve the quality of Medical Education, which will also help in minimizing the dependence on clinical material and the teaching faculty.

Medical education system can greatly benefit from the increase in the application of modern and high-end technology like Smart Classrooms, Virtual Reality applications to teach complex concepts of anatomy, physiology etc. Distance learning modules should be encouraged and some portion of the curriculum should be covered under the scope of distance learning. Senior faculty who are authorities on various topics can be encouraged to lead these modules and students from a large number of colleges can attend them live online. Most of the modern technology allows for free interaction so that both students and the faculty can benefit.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Use of simulators will ensure that the patients are not unnecessarily put to risk and also the students can practice their skills as many times as required. This will also reduce the demand of clinical cases especially in remote areas where certain cases / rare cases may not be available.

Telemedicine has been used with varying degree of success but is undoubtedly the way forward for a country that is as vast as ours. In addition technology has made inroads into even the

smallest villages. The use of smartphones backed by efficient data networks that are already being planned will go a long way in ensuring that even remote villages can benefit and unnecessary deaths be prevented.

Monitoring of classes, faculty attendance all can be easily carried out real-time by means of technology. This will reduce the need for surprise inspections and also ensure that the quality of medical education standards are maintained.

It is important to understand that the introduction and application of technology should however be balanced with sufficient exposure to clinical load and actual patients. Having sufficient amount of clinical load is a unique advantage for our Indian students and should not be diluted. However, the utilisation of technology will go to supplement the learning methodology.

The aim of introduction of technology is NOT to replace human patients or clinical material but as merely as add-on tools to deepen the understanding and allow self-directed learning. Use of technology along with other recommendations of part-time faculty being recognised will ensure that the overall standard of teaching is raised as the students will be exposed to a larger number of teachers.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Resolutions

- Increased use of SMART classrooms will help to save costs and enable students to grasp the theoretical concepts, for example, in anatomy and physiology in first year. Use of interactive boards, virtual reality systems will also ensure a deeper understanding of the theory. Each year of MBBS Course should have access to at least one Smart classroom.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Web based teaching makes the students more independent and is also up-to-date. Modules can be designed by best

teachers and shared on common site for all to access. This will also help in standardisation / uniformity of teaching. It is recommended that upto 20% of teaching be in open access mode.

- Flipped classroom: Lecture to be uploaded for viewing by all students one day before. Students come with their Q & A's. prepared to the classroom.
- Role plays and use of standardised patients to mimic 'real-life' scenarios to help in teaching and assessment of affective domain. This will also improve empathy and communication between doctors and patients.
- (VR) Virtual Reality and (AR) Augmented Reality can be used for skills training. This will make learning exciting and reduce dependence on clinical material. It also reduces the learning curve and increases confidence.
- Online courses and assessment can also be made mandatory. This will free up the faculty to spend more time with the students on clinical rounds and wards for teaching. The students also will be able to devote more time in hospitals/clinical duties.
- Telemedicine: All of advantages of telemedicine should be applied to the medical education system to benefit the students as well as patients even in remote areas and also reduce the dependence on faculty.

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

- Use of technology for evaluation of medical colleges. Biometric attendance should be made mandatory and this should be used as the basis for evaluation rather than a one-time absent or present on the day of surprise inspection.

Plenary Session V

Theme: To discuss and deliberate upon the present system of evaluation and assessment of Medical Colleges, medical education and suggesting improvement in the same

Assessment of students

In the traditional methods of assessment, reproduction of knowledge (cognitive domain) is mainly assessed, giving little or no information about the learners acquired skills required to function effectively in the society. Hence assessment of all the domains has to get equal importance and life-long learning skills should be fostered.

Under Graduates

- Assessment should be objective leaving no scope for bias.
- It should be standard within, and across all the medical colleges across the country
- Emphasis to be given to Objective Structured Clinical Examination (OSCE) based assessment.
- Objective Structured Procedural Examination (OSPE) for assessment of some basic competencies, so that the students appreciate the relevance of assessment
- Overcome negative attitudes to assessment
- Feedback to students at every stage throughout the training to help them improve their deficiencies

(This is also addressed by the Parliamentary Committee report on functioning of the MCI)

Efforts to be made for development of new methods to assess the Six interrelated domains of competence:

1. Medical knowledge
2. Patient care
3. Professionalism
4. Communication and interpersonal skills,
5. Practice-based learning and improvement
6. Systems-based practice

Post Graduates

Longitudinal assessment should be done throughout the course, and not a single 'snapshot' exam as the current practice.

Assessment Methods

Written Examinations

- Right balance between Open-ended and multiple choice questions
- Questions should be application based
- Assessment on the core curriculum
- Assessments by Supervising Clinicians
- Supervising clinicians' observations and impressions of students over a specific period with clearly articulated standards
- Original research work, publications, paper presentations etc.
- Direct Observation or Video Review
- “long case” and the “mini-clinical-evaluation exercise” (mini-CEX) must be employed
- Psychomotor evaluation through Workplace-based Assessment (WPBA), rather than in the controlled artificial settings of formal examinations, should be done.

Clinical Simulations

- Standardized patients — actors who are trained to portray patients consistently on repeated occasions — can be incorporated for objective structured clinical examinations (OSCEs) and Objective Structured Procedural Examination (OSPE) which consist of a series of timed “stations,” each one focused on a different task. A minimum of 10 stations, which the student usually visits over the course of 3 to 4 hours, is necessary to achieve a reliability of 0.85 to 0.90
- ‘Grand round’ and ‘case scenarios’: to assess the clinical judgement.

Multisource (“360-Degree”) Assessments

- Assessments by peers, other members of the clinical team, patients, paraclinical staff etc. structured particularly to check attitudinal and communication skills, teamwork skills, soft skills etc.
- Self-assessments: the ability to monitor oneself from moment to moment during clinical practice.

- Portfolios: chart notes, referral letters, procedure log books, videotaped consultations, peer assessments, patient surveys, literature searches, quality-improvement projects, learning plans, reflective essays etc.
- Assessment of the decision-making skills on ethical issues

Faculty assessment:

- '360 degrees assessment' of teachers for appraisals -
- Assessments should be structured and objective
- Apart from seniority, following points should be noted:
- Feedback from seniors, subordinates etc.
- Feedback from students at regular intervals.
- Participation in academics, clinical work, research, development etc.

I N A U G U R A T I O N

INTERNSHIP ORIENTATION PROGRAMME

Date: 25/02/2020

Venue: Demo Community Medicine

Time: 11.00am to 12.00noon

- World Peace prayer → 11.00am to 11.10am
- Lighting the Lamp by dignitaries on the dais → 11.10am to 11.15am
- Welcome by -Dr. S.V.Chincholikar, Professor & Head,
Community Medicine Dept. → 11.15am to 11.20am
- Introduction of Internship Programme – Dr. Ratna Majumdar
(Internship Incharge) → 11.20am to 11.30am
- Address by: → 11.30am to 11.40am
 - 1) Dr. Mrs. Suchitra Nagare – Executive Director (P&D)
 - 2) Dr. Virendra Ghaisas- Executive Director (H.A)
 - 3) Dr. Arun Jamkar - Director – P.G. Programme – R&D.
 - 4) Dr. Rajendra Prasad Gupta – Principal
- Hippocratic Oath – Dr. Rupali Verma Bagga → 11.40am to 11.45am
- Vote of thanks – Dr.Surendra Kulkarni → 11.45am to 11.50am
- Pasaydan → 11.50am to 12.00noon

Dr. S.V.Chincholikar
Professor & HOD,
Dept. of Community Medicine,
MIMER Medical College, Talegaon

Copy to :

- 1) Principal – MIMER Medical College
- 2) Dr. S.G. Ghaisas, Medical Director
- 3) Dr. (Mrs). Suchitra Nagare – Executive Director (P & D)
- 4) Dr. Virendra Ghaisas - Executive Director (H.A)
- 5) Dr Jamkar -Director – P.G. Programme – R&D.
- 6) Medical Suprintendent
- 7) All HOD's (Pre, Para, Clinical)
- 9) Principal – Physiotherapy College.

All HODs are cordially invited to grace the occasion of Internship Orientation Inaugural Program.