

FATHER MULLER MEDICAL **COLLEGE**



ANNUAL QUALITY ASSURANCE REPORT (AQAR)

2014-15

The Annual Quality Assurance Report (AQAR) of the IQAC

Father Muller Medical College, Mangalore is accredited with 'A' Grade by "NAAC" will be submitting an annual self-reviewed progress report to NAAC, through its IQAC. The AQAR submitted is for period September 2014 to August 2015.

Part - A

1. Details of the Institution:

1.1 Name of the Institution

Father Muller Medical College

1.2 Address Line 1

Father Muller Road

Address Line 2

Kankanady

City/Town

Mangalore

State

Karnataka

Pin Code

575 002

Institution e-mail address

frmullersnaac@yahoo.com

Contact Nos.

0824-2238330

Name of the Head of the Institution:

Dr. Jayaprakash Alva

Tel. No. with STD Code:

0824-2238330

Mobile:

9845206369

Name of the IQAC Co-ordinator:

Dr. Ramesh Bhat

Mobile:

9845084224

IQAC E-mail address:

rameshderma@gmail.com

1.3 NAAC Track ID (For ex. MHC0GN 18879): **15282**

1.4 Website address:

www.fathermuller.com

Web-link of the AQAR:

<http://www.fathermuller.com/medicalcollege/AQAR201415.pdf>

1.5 Accreditation Details

Sl. No.	Cycle	Grade	CGPA	Year of Accreditation	Validity Period
1	1 st Cycle	A	3.15	25.10.2013	24.10.2018
2	2 nd Cycle	-	-	-	-
3	3 rd Cycle	-	-	-	-
4	4 th Cycle	-	-	-	-

1.6 Date of Establishment of IQAC: DD/MM/YYYY

13.06.2012

1.7 AQAR for the year (for example 2010-11)

2014-15

1.8 Details of the previous year's AQAR submitted to NAAC after the latest Assessment and Accreditation by NAAC ((for example AQAR 2010-11 submitted to NAAC on 12-10-2011)

i. AQAR 2013-14 submitted to NAAC on 08.11.2014.

ii. AQAR _____ (DD/MM/YYYY)

iii. AQAR _____ (DD/MM/YYYY)

iv. AQAR _____ (DD/MM/YYYY)

1.9 I. Institutional Status:

a) **University:** State Central Deemed Private

b) **Affiliated College:** Yes No

c) **Constituent College:** Yes No

d) **Autonomous College of UGC** Yes No

e) **Regulatory Agency approved Institution (e.g. AICTE, BCI, MCI, PCI, NCI)** Yes No

II. **Type of Institution** Co-education Men Women

Urban Rural Tribal

Financial Status Grant-in-aid UGC 2(f) UGC 12B

Grant-in-aid + Self Financing Totally Self- Financing

1.10 Type of Faculty/Programme:

Arts Science Commerce Law PEI (Phys Edu)

TEI (Edu) Engineering Health Science Management

Others (Specify):

1.11 Name of the Affiliating University (*for the Colleges*) Rajiv Gandhi University of Health Sciences,
Bangalore, Karnataka

1.12 Special Status Conferred by Central/ State Government-- UGC/CSIR/DST/DBT/ICMR etc
Autonomy by State/Central Govt. / University -

University with Potential for Excellence - UGC-CPE -

DST Star Scheme - UGC-CE -

UGC-Special Assistance Programme - DST-FIST -

UGC-Innovative PG programmes - Any other (*Specify*) -

UGC-COP Programmes -

2. IQAC Composition and Activities:

2.1 No. of Teachers 12

2.2 No. of Administrative/Technical staff 02

2.3 No. of students 04

2.4 No. of Management representatives 04

2.5 No. of Alumni 02

2.6 No. of any other stakeholder and community representatives 02

2.7 No. of Employers/ Industrialists -

2.8 No. of other External Experts 02

2.9 Total No. of members 28

2.10 No. of IQAC meetings held 13

2.11 No. of meetings with various stakeholders: No. 28 Faculty 23

Non-Teaching Staff - Students 03 Alumni - others Parents-2

2.12 Has IQAC received any funding from UGC during the year? Yes - No ✓

If yes, mention the amount -

2.13 Seminars and Conferences (only quality related)

(i) No. of Seminars/Conferences/ Workshops/Symposia organized by the IQAC

Total No's International National State Institution Level

(ii) Themes:

- Basic Medical Education Technology.
- Regulatory requirements for Ethics Committees
- NABH programme on "Process-final NABH".
- Research Methodology for PGs.
- Competence based Education.

2.14 Significant Activities and contributions made by IQAC:

- Workshops and Seminars organized for Faculty Enhancement.
- Collection, collation and documentation of various activities, programmes and processes.
- Strengthening of various Community activities through establishment of sub centres
- Monthly IQAC meeting conducted.
- Evaluation of department activities and action plans through internal audits
- Online feedback is now obtained through Management Information System (MIS).
- Enhancement of number of publications for the academic year.
- Two Internal audits were conducted.
- Case based teaching methodology has been introduced and strengthened.
- Exit exams as a pilot project for the interns introduced.
- NABL reaccreditation was obtained.
- NABH accreditation received.
- Several meetings with Management regarding up gradation of IT infrastructure.
- Wi-Fi extended to the entire campus.
- Added multi level parking facility.
- Indoor stadium under construction.
- Auditorium work in progress Phase II.
- Establishment of a new skill lab- Phase I.

2.15 Plan of Action by IQAC/Outcome:

The plan of action chalked out by the IQAC in the beginning of the year towards quality Enhancement and the outcome achieved by the end of the year *

Sl. No.	PLAN OF ACTION	ACHIEVEMENTS
1.	Start additional fellowship programmes	Got permission for Fellowship in Cosmetology and Renal dialysis.
2.	Periodic Academic Audit	Biannual Academic audits of all the departments were done.
3.	Strengthening of Case Based Learning and Integrated Teaching	Case Based Learning and Integrated Teaching were introduced in few departments in the year 2013-14 and extended to remaining departments in the present academic year.
4.	Reconstitution of the Research Committee and enhancement of research activities	Research Committee has been reconstituted and orientation programme on Research methodology has been conducted.

5.	Enhancement of outreach activities	Five new sub-centres have been started to cater to the needs of the people.
6.	Funding student research	Laboratory investigations were made free for student research project.
7.	Animal experiment simulation software	Procured Animal experiment simulation software to facilitate animal research.
8.	Full Fledged MIS & HIS	MIS & HIS were introduced and progressively being upgraded.
9.	Up gradation and relocation of Skill Lab	Process of establishment of Skill lab has been initiated in a new complex (Phase I is completed) and shall be fully implemented in three phases.
10.	Expansion of MICU	Establishment of new MICU is in progress.
11.	Construction of New Oncology male ward and Semi-private wards	New Oncology male ward and semi-private wards have been constructed.
12.	Renovation of Operation Theatres	Operation theatres were renovated as per NABH standards.
13.	Dormitory/ rooms for patient attenders	Dormitory for patient attenders has been constructed in the hospital premises.
14.	New Advanced Cath Lab	Established and started functioning.
15.	Up gradation of Website	Up gradation of Website is in process.
16.	Expand the healthcare facility at Rural Health Training Centre, Thumbay	Expanded with respect to infrastructure and healthcare services.
17.	Better canteen facility to health care providers and patient attenders	New canteen has been started.
18.	Phase wise completion of new auditorium construction work	Second phase is completed/ Work is in progress.
19.	Establishment of Chapters of Father Muller Medical College Alumni Association	Effort has been made to establish_Chapters of Father Muller Medical College Alumni Association.
20.	Book bank for all students	Created Book bank facility for all students.
21.	Soft skills training programme for students	Conducted Soft skills training programme for students.
22.	Extension of Wi-Fi facility to entire campus	Campus is now fully Wi-Fi enabled.
23.	Music room with Band and instruments	Music room has been constructed with Band and instruments to encourage musical activities among the students.
24.	New Basket ball court	New Basket ball court has been constructed.
25.	Starting of Crèche for children of employees	Crèche for children of employees is complete and due for inauguration on 14 th November 2015.
26.	Exit examination on Skills for interns	Exit examination on Skills for interns has been conducted.
27.	Group counselling for students	Group counselling for students has been done.
28.	Salary Revision	Revision of salary of teaching and non-teaching staff has been done.
29.	Fire safety plan	Fire safety plans have been implemented in hospital complex

**** Please find the Academic Calendar of the year as Annexure- I***

2.16 Whether the AQAR was placed in statutory body: Yes No

Management Syndicate Any other body

Provide the details of the action taken:

- Presented the AQAR in governing board meeting held on 24 .09.2015.
- All initiatives approved and supported by Management.
- IQAC meets once a month.
- Research Culture inculcated among Students.
- Need-based community programmes initiated.
- Technology Upgraded.
- Financial support and assistance provided for buying additional computers, LCD units, renovating car park and driveway, new signages, repairs and maintenance.

Part – B Criterion – I

1. Curricular Aspects

1.1 Details about Academic Programmes:

Level of the Programme	Number of existing Programmes	Number of Programmes added during the year	Number of self-financing programmes	Number of value added/Career Oriented programmes
Ph.D.	Pharmacology	-	All	-
	Microbiology			
	Biochemistry			
TOTAL	03	-	-	-
PG - MD	M.D. (GENERAL MEDICINE)	-	-	-
	M.D. (PAEDIATRICS)	-	-	-
	M.D. (DER. VEN. & LEPROSY)	-	-	-
	M.D. (ANAESTHESIOLOGY)	-	-	-
	M.D. (PSYCHIATRY)	-	-	-
	M.D. (RADIO-DIAGNOSIS)	-	-	-
	M.D. (RADIOTHERAPY)	-	-	-
	M.D. (PHARMACOLOGY)	-	-	-
	M.D. (PATHOLOGY)	-	-	-
	M.D. (BIOCHEMISTRY)	-	-	-
	M.D. (MICROBIOLOGY)	-	-	-
TOTAL	11	-	-	-
PG - MS	M.S. (GENERAL SURGERY)	-	-	-
	M.S. (ORTHOPAEDICS)	-	-	-
	M.S (OBSTETRICS & GYNAECOLOGY)	-	-	-

	M.S. (OTO-RHINO-			-
	M.S. (OPHTHALMOLOGY)	-	-	-
TOTAL	05	-	-	-
MCH	Urology	01	-	-
Fellowship	Medical Cosmetology	01		
TOTAL	03	-	-	-
UG	MBBS	-	-	-
TOTAL	01	-	-	-
	D.C.H.			
	D.G.O.	-	-	-
	D. ORTHO	-	-	-
	D.D.V.L.	-	-	-
	D.A.	-	-	-
	D.P.M.	-	-	-
	D.L.O.	-	-	-
	D.M.R.D.	-	-	-
PG - Diploma	D.C.P.	-	-	-
TOTAL	09	-	-	-
Others:	BPT	-	-	-
	MPT	-	-	-
	MHA	-	-	-
	B.Sc. - MIT	-	-	-
	B.Sc. in Radio therapy			
TOTAL	04	-	-	-
Interdisciplinary	-	-	-	-
Innovative	-	-	-	-

1.2 (i) Flexibility of the Curriculum: CBCS/Core/Elective option / Open options: -

(ii) Pattern of programmes:

Pattern	Number of programmes
Semester	01
Trimester	-
Annual	08

Details:

Sl. No.	Pattern	Name of the Programme
1.	Annual	P.G. Medical Degree/Diploma
2.	Annual	M.B.B.S
3.	Annual	Masters of Physiotherapy
4.	Semester	Masters in Hospital Administration
5.	Annual	M.Sc. Medical Laboratory Technology
6.	Annual	Bachelor of Physiotherapy
7.	Annual	B.Sc. Medical Laboratory Technology
8.	Annual	B.Sc. Medical Imaging Technology
9.	Annual	B.Sc. Radiotherapy

1.3 Feedback from stakeholders: Alumni - Parents Employers - Students
(On all aspects)

Mode of feedback : Online Manual Co-operating schools (for PEI) -

** Please find the Feedback as Annexure- II*

1.4 Whether there is any revision/update of regulation or syllabi, if yes, mention their salient aspects.

- No recent revision of curriculum
- MBBS: 2010, PG: 2000
- After October 2014 – no changes in the syllabi.

1.5 Any new Department/Centre introduced during the year. If yes, give details.

- Fellowship in Medical Cosmetology is introduced
- M.Ch. Urology
- Additional 8 sub Centres attached to the existing rural health centres.

Criterion – II

2. Teaching, Learning and Evaluation

2.1 Total No. of permanent faculty	Total	Asst. Professors	Associate Professors	Professors	Others
	523	70	37	66	350

2.2 No. of permanent faculty with Ph.D.

2.3 No. of Faculty Positions Recruited (R) and Vacant (V) during the year	Asst. Professors		Associate Professors		Professors		Others		Total	
	R	V	R	V	R	V	R	V	R	V
	10	-	02	02	01	-	57	-	70	02

2.4 No. of Guest and Visiting faculty and Temporary faculty:

2.5 Faculty participation in conferences and symposia:

No. of Faculty	International Level	National Level	State Level
Attended Seminars/ Workshops	16	109	169
Presented Papers	06	11	20
Resource Persons	17	25	58

2.6 Innovative processes adopted by the institution in Teaching and Learning:

- Basic life support training for interns
- Use of E- Learning teaching methods and resources
- Case based learning, integrated teaching introduced for undergraduates
- Laboratory postings for MBBS students
- Mnemonic based teaching
- Evaluation of surgical performance using video recording of the surgeries (available in the CD) for post graduates
- Introduction of Modular training of Research Methodology for MBBS Students in Block postings.

2.7 Total No. of actual teaching days during this academic year:

PG – 365, UG – 276 (2 Weeks Easter Vacation/2 weeks Christmas Vacation)

2.8 Examination/ Evaluation Reforms initiated by the Institution (for example: Open Book Examination Bar Coding, Double Valuation, Photocopy, Online Multiple Choice Questions)

- Exit exams for interns at the institution level
- Online digital evaluation introduced by RGHHS
- Online digital evaluation centre being established in the institution

2.9 No. of faculty members involved in curriculum restructuring/revision/syllabus development as member of Board of Study/Faculty/Curriculum Development workshop

03 Board of Study	PG - RGHHS	-
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2.10 Average percentage of attendance of students

80% - for PG & Allied Courses
75% - for MBBS

2.11 Course/Programme wise distribution of pass percentage:

Title of the Programme	Total no. of students appeared	Division				
		Distinction %	I %	II %	Pass %	Total %
MBBS						
I Year	48	----	----	----	75%	75%
II Year	125	3%	41%	20%	14%	78%
III Year	83	1%	51%	26%	5%	83%
IV Year	89	----	27%	46%	2%	75%
PG MEDICAL DEGREE/DIPLOMA						
MD (Gen Med)	7	----	----	--	--	71%
MS (Gen Surg)	7	----	----	----	----	86%

MS (Obg)	2	----	----	----	----	100%
MD (Paed)	3	----	----	----	----	100%
MS (Ortho)	4	----	----	----	----	75%
MD (Anaes)	4	----	----	----	----	75%
MD (Psy)	4	----	----	----	----	75%
MD (Der.Ven.Lep.)	6	----	----	----	----	83%
MS (ENT)	2	----	----	----	----	100%
MD (Pathology)	8	----	----	----	----	100%
MD (Radio-diagnosis)	5	----	----	----	----	80%
MS (Ophthalmology)	2	----	----	----	----	100%
MD (Microbiology)	4	----	----	----	----	75%
MD (Biochemistry)	1	----	----	----	----	100%
MD (Pharmacology)	5	----	----	----	----	100%
DCH	2	----	----	----	----	100%
D. Ortho	2	----	----	----	----	100%
DA	2	----	----	----	----	100%
DPM	2	----	----	----	----	50%
DDVL	2	----	----	----	----	100%
DMRD	1	----	----	----	----	100%
<u>BPT</u>						
I YEAR	34	13%	58%	29%	--	71%
II YEAR	37	8%	46%	42%	4%	70%
III YEAR	17	--	13%	80%	7%	88%
IV YEAR	23	5%	45%	45%	5%	96%
<u>MLT</u>						
I YEAR	12	--	75%	17%	8%	50%
II YEAR	17	15%	77%	8%	--	76%
III YEAR	18	15%	77%	8%	--	72%
<u>MIT</u>						
I YEAR	27	20%	47%	6%	27%	56%
II YEAR	18	50%	50%	--	--	100%
III YEAR	6	67%	33%	--	--	100%
<u>RT</u>						
I YEAR	6	--	50%	50%	--	33%
II YEAR	5	--	40%	60%	--	100%
III YEAR	1	--	100%	--	--	100%
<u>MPT</u>						
I YEAR	--	--	--	--	--	--
II YEAR	10	--	--	--	100%	90%
<u>M.Sc. MLT</u>						
I YEAR	3	--	--	--	100%	33%
II YEAR	6	50%	33%	--	17%	100%
<u>MHA</u>						
I SEMESTER	2	--	--	--	100%	100%

II SEMESTER	13	--	92%	8%	--	100%
III SEMESTER	3	--	--	33%	67%	100%
IV SEMESTER	11	--	91%	--	9%	100%

2.12 How does IQAC Contribute/Monitor/Evaluate the Teaching & Learning processes:

- Meetings and interaction with faculty
- Regular Student feedback
- Internal audit is conducted by IQAC members
- IQAC coordinates with the Library and IT Department.

2.13 Initiatives undertaken towards faculty development:

Faculty / Staff Development Programmes	Number of faculty benefitted
Refresher Courses	4
UGC - Faculty Improvement Programme	5
HRD Programmes	---
Orientation Programmes	233
Faculty exchange Programme	---
Staff training conducted by the University	2
Staff training conducted by other Institutions	10
Summer / Winter schools, Workshops, etc.	47
Other	57

2.14 Details of Administrative and Technical staff

Category	Number of Permanent Employees	Number of Vacant Positions	Number of permanent positions filled during the Year	Number of positions filled temporarily
Administrative Staff	42	05	02	03
Technical Staff	35	02	01	03

3. Research, Consultancy and Extension

3.1 Initiatives of the IQAC in Sensitizing/Promoting Research Climate in the institution;

- Orientation programmes on research methodology and statistics for students and staff
- Provide incentive to staff for research and publications
- Research grants – Staff encouraged in writing grant proposals for funding from the National / International research funding agencies
- Necessary infrastructure for research is provided in each department
- Animal house set up as per MCI guidelines is available
- Residents/students are given financial support for conducting laboratory studies
- Weightage given for research/publication at the time of promotion
- Large scale up gradation of internet facilities, e journal base.

3.2 Details regarding major projects

	Completed	Ongoing	Sanctioned	Submitted
Number	08	16	04	-
	1.Acne -2 2.Lichen Planus Pigmentosus (LPP) 3.Dermatosis Papulosis Nigra (DPN)		1. Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) Galderma 2. Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) Sunpharma grant	
Outlay in Rs. Lakhs	1. Lichen Planus Pigmentosus (LPP)- 2,00,00 2. Dermatitis Papulosis Nigra (DPN) -80,000 3. Acne- 2,12,000 4. Acne- 4,77,204	1,21,000	17,33,000	-

3.3 Details regarding minor projects:

	Completed	Ongoing	Sanctioned	Submitted
Number	31	70	10	-
Outlay in Rs. Lakhs	-	60,000	35,000	-

	International	National	Others
Peer Review Journals	106	64	08
Non-Peer Review Journals	03	02	-
e-Journals	27	-	-
Conference proceedings	03	03	18

3.5 Details on Impact factor of publications:

Range Average H-index Nos. in SCOPUS

3.6 Research funds sanctioned and received from various funding agencies, industry and other organisations:

Nature of the Project	Duration Year	Name of the funding Agency	Total grant sanctioned	Received
Major Projects	2014-15	BRNS	15,60,700	9,71,000
Minor Projects	2014-15	RGUHS	74,300	64,800

3.7 No. of books published i) With ISBN No. Chapters in Edited Books

1. With ISBN No.: 978-81-2392392311-6

2. With ISBN No.: 81-88685-16-X

ii) Without ISBN No.

3.8 No. of University Departments receiving funds from

UGC-SAP CAS DST-FIST

DPE DBT Scheme/funds

3.9 For colleges Autonomy CPE DBT Star Scheme

INSPIRE CE Any Other (specify)

3.10 Revenue generated through consultancy:

- National faculty on Bioethics Pune: Rs. 20,000/-, Nasik: Rs. 20,000/-.

3.11 No. of conferences organized by the Institution

Level	International	National	State	University	College
Number	-	05	06	-	16
Sponsoring agencies	-	1. IADVL 2.College/FMCI	1. Sunpharma 2.Institution 3. College/Dept. Fund 4. API DK & Pharma Companies	-	1. Self Sponsored 2. FMCI/College 3. Covidien

3.12 No. of faculty served as experts, chairpersons or resource persons:

3.13 No. of collaborations: International National Any other

- Father Muller Medical College, Kankanady, Mangalore and National Institute of Technology Karnataka, Surathkal, establish to foster mutual cooperation in Education and Research.
- The department of Hospital Administration is recognized as Research Centre by Yenepoya University for Ph.D. Studies.
- Linkage with Karavali Pharmacy for the course on Pharm-D.

3.14 No. of linkages created during this year

3.15 Total budget for research for current year in lakhs:

From funding agency From Management of University/College

Total

Funding agency:

1. Board of Research in Nuclear Sciences (**BRNS**)

3.16 No. of patents received this year – Nil

Type of Patent		Number
National	Applied	-
	Granted	-
International	Applied	-
	Granted	-
Commercialised	Applied	-
	Granted	-

3.17 No. of research awards/ recognitions received by faculty and research fellows of the Institute in the year:

Total	International	National	State	University	Dist	College
16	03	05	05	03	-	-

Students registered under them

11

3.19 No. of Ph.D. awarded by faculty from the Institution: -

-

3.20 No. of Research scholars receiving the Fellowships (Newly enrolled + existing ones)

JRF 01

SRF -

Project Fellows -

MD 08

Any other -

3.21 No. of students Participated in NSS events: 100

University level - State level -

National level - International level -

3.22 No. of students participated in NCC events: Nil

3.23 No. of Awards won in NSS: Nil

University level - State level -

National level - International level -

3.24 No. of Awards won in NCC: Nil

University level - State level -

National level - International level -

3.25 No. of Extension activities organized: 07

University forum - College forum -

NCC - NSS 07

Any other -

NSS Activities in the year 2014 - 2015

Activity List: 2014

- 1) **14th, 15th and 21st October 2014:** Three day health checks up camp of the bus drivers, conductors and office workers at B.C. Road bus depot.
- 2) **7th September 2014:** National Nutrition week - Malnutrition in India is turning to be one of the most difficult challenges that our country faces. A poster competition among the students of Fr. Muller Medical College was conducted and health education was provided to patients.
- 3) **November 1st 2014:** Swachh Bharat Abhiyan. Create awareness among the public, on the need for proper disposal of waste, a street show was carried out highlighting the importance of proper waste disposal. Staff and student volunteers cleared the roads and area surrounding the college campus.

Activity List - 2015

- 1) **22nd February 2015:** Children's programme for patients in the Paediatric department by led by Ms. Thosna and Ms. Krista.
- 2) **16th of May 2015:** Eye donation street play along with Eye bank dept. of Ophthalmology, Inner Wheel Mangalore North and Bharat Mall and Big Bazar.
- 3) **15th to 30th May 2015:** Book collection drive was conducted and handed over to the Knowledge Centre library in-charge to ensure wide readership among the students of the institution.

handed over to St. Aloysius Institutions - Mangalore Jesuit Educational Society.

3.26 Major Activities during the year in the sphere of extension activities and Institutional Social Responsibility:

CAMPS & HEALTH EDUCATION PROGRAMMES CONDUCTED DURING SEPT 2014-AUG 2015

Sl. No	Camp	Location	Date	Beneficiaries
1	Camp for KSRTC employees	BC Road Depot	7 th , 8 th and 14 th October 2014	273
2	Health Check Up Camp	Sunny Centre, Perimar	04.11.2014	85
	Blood Donation & Medical Check Up Camp	Pacchinadka	23.11.2014	Blood Donors - 45 Patients - 81
3	Camp for Mangalore city corporation employees	Mangalore city corporation	12.12.2014	187
4	Hearing check up for primary students	GUPS Amemar, GUPS Kallige and GUPS Kumdelu schools	09.01.2015	248
5	Hearing check up for primary students	B.A. School, Thumbay	12.01.2015	368
6	Hearing check up for primary students	GUPS Brahmarakotlu and Sacred Heart U.P.S Thodambila	16.01.2015	190
7	Health Check Up Camp	Amemar	20.01.2015	193
8	Health Check Up Camp	Ramakrishna Tapovan, Polali	22.02.2015	113
9	Health Check Up Camp	Paripade School, Mullerkad	19.04.2015	42
10	Blood grouping & Health Check Up Camp	Tapovan Ramakrishna Ashram, Polali	31.07.2015	298
11	Health Check Up and Eye Check up Camp for students	ZPHPS Naila, Narikombu	22.08.2015	92

GENERAL HEALTH CHECK UP PROGRAMMES UNDER URBAN HEALTH TRAINING CENTRE FROM SEPT 2014- AUG 2015

	Camp	Location	Date	Beneficiaries
1	Health check up Programme	Jeppu, Anganwadi	25.09.2015	160
2	General Health Check up for children	St. John's, Anganwadi	09.11.2014	41
3	General Health Check Up for children	Kanthi Church, Anganwadi	16.02.2015	16
4	General Health Check Up for children	Bolar, Anganwadi	18.02.2015	16
5	Health check up Programme	St. John's Anganwadi	30.05.2015	29
6	Health check up Programme	Bolar, Anganwadi	08.06.2015	17
7	Health check up Programme	Mulihitlu, Anganwadi	30.07.2015	19
8	Multispecialty camp	GHPS, Hoigebazar	29.08.2015	74

HEALTH EDUCATION PROGRAMMES - RURAL HEALTH TRAINING CENTRE THUMBAY

No					members participated
1	25.10.2014	First Aid and Insect Bite	Dr. Roy	Thumbay Hospital	34
2	06.12.2014	Training about First Aid	Dr. Oliver	Thumbay School	46
3	13.12.2014	T. B. Control	Dr. Narayana V	Thumbay Hospital	29
4	05.05.2015	Anaemia	Nursing Student	Bollary Anganwadi	35
5	01.08.2015	Breastfeeding	Mrs. Saroja Bhat (Anganwadi Supervisor)	Ammemar Centre	47
6	04.08.2015	Breastfeeding	Dr. Sowmya Bhat	Ammunje Centre	27
7	05.08.2015	Breastfeeding	Dr. Manjula	Badagaabellur Centre	51
8	06.08.2015	Breastfeeding	Dr. Jameela	Thumbay Hospital	140

**URBAN HEALTH TRAINING CENTRE JEPPI
HEALTH EDUCATION PROGRAMMES FROM SEPT 2014- AUG 2015**

Sl. No	Camp	Location	Date	Beneficiaries
1	Health Talk on Scabies	Jeppu, UHC	30.09.2014	39
2	Health Awareness Programme	St. John's, Anganwadi	29.01.2015	62
3	Health Talk on H1N1	Jeppu, Anganwadi (Mangaldevi)	27.02.2015	31
4	Health Talk on H1N1	Mulihitlu, Anganwadi	27.03.2015	29
5	Health Talk on Immunization	Jeppu, UHC	30.04.2015	27
6	Health Talk	Kuthadka (Bajal)	12.06.2015	63
7	Health Education Programme	St. John's, Anganwadi	03.08.2015	59
Others Extension activities				
1	Guest Lecture for PGs of Community Medicine, AJIMS	Outbreak Investigation- Dr.Sudhir Prabhu	28.12.2014	
2	Guest Lecture for MHA students	Focussed Group Discussion- Dr.Sudhir Prabhu	17.01.2015	
3	Resource person for Hospital Infection Control Committee	H1N1- Dr. Sudhir Prabhu	28.02.2015-02.03.15	
4	Guest lecture organized by Laxmi Memorial college of Nursing	Hazards of tobacco- Dr. Sudhir Prabhu	06.06.2015	
5	Sensitization training for truck drivers-Konkan Railways	HIV and De addiction- Dr. Saurabh Kumar and Dr. SudhirPrabhu	18.06.2015	
6	Guest lecture to MBBS students	Bioethics- Dr. SudhirPrabhu	11.07.2015	
7	Childrens day programme in Pediatric Ward	Dr. Oliver D'Souza	22.02.2015	
8	Eye donation awareness programme	Dr Oliver D'Souza	16.05.2015	
9	Book donation to central library	Dr. Oliver D'Souza	30.05.2015	
10	Book donation to St. Aloysius Jesuit Education Society	Dr Oliver D'Souza	01.07.2015	
11	Supplementary immunization activities in Chikmagluru district	WHO External Monitor- Dr.Arun P Jose	22.02.2015-25.02.2015	

**Criterion - IV
4. Infrastructure and Learning Resources**

Facilities	Existing	Newly created	Source of Fund	Total
Campus area	32 Acres 17.5 cents	-	-	-
Class rooms	27	1	Self Funding	28
Laboratories	04	-	-	04
Seminar Halls	06	-	-	06
No. of important equipments purchased (\geq 1-0 lakh) during the current year.	-	109	Self Funding	109
Value of the equipment purchased during the year (Rs. in Lakhs)	20,86,89,096	6,50,47,161	Self Funding	27,37,36,258
Others:			Self funding	
Buildings: (Rs. In Lakhs)				
Multipurpose Stadium	-	1	Self funding	9,09,090
OT Renovation	-	-	Self funding	80,32,340
Psychiatry and OPD Renovation	-	1	Self funding	21,74,025
Sacred Heart Building Renovation	-	1	Self funding	51,01,700

4.2 Computerization of administration and library:

- Application software used is Easy lib
- Charging and discharging work is computerized
- Publications are Bar-coded
- Barcode printer and scanner were added to the circulation section
- Biometric access control system is installed to the UG/PG entrance door
- Library Software EPAC (Electronic Public Access Catalogue) was linked to all the departments of FMCC from the Central Library
- Ezproxy: Remote access to e-resources service is provided to faculty and students.

4.3 Library services

From the beginning to July 2014 - March 2015

	Existing		Newly added		Total	
	No.	Value	No.	Value	No.	Value
Text Books	12361	1,62,04,010	336	14,34,249	12697	1,76,38,259
Reference Books	5100	-	168	-	5268	-
Donated Books	2019	-	44	-	2063	-
e-Books	13272	-	-	-	-	-
Journals	566	2,38,64,835	-	-	566	2,38,64,835
e-Journals	6769	-	-	-	6769	-

Journals	175	-	24,93,331
e-Journals	6834	-	-
Digital Database	1.HELINET	-	2,08,500
	2.DELNET	-	11,500
	3. Uptodate	-	6,76,182
CD & Video	-	36	-

4.4 Technology up gradation (overall):

	Total Computers	Computer Labs	Internet	Browsing Centres	Computer Centres	Office	Depart-ments	Others
Existing	480	22	100 mbps	41	-	10	-	383
Added	39	-	-	-	-	-	-	39
Total	519	22	-	41	-	10	-	422

4.5 Computer, Internet access, training to teachers and students and any other programme for technology

Upgradation (Networking, e-Governance etc.)

- Wi-Fi enabled LAN networking system campus
- Remote access to e- library to all staff and students.
- Training has been given on the use of MIS & HIS package.
- LCD and internet system, Laptop and Desktop in all departments.
- Expansion of E-technology has enhanced the use of computers in teaching-learning, evaluation and research.
- Internet browsing is available for teachers and students at the Internet Centre free of cost
- Orientation to students on Basic Computing.

4.6 Amount spent on maintenance in lakhs:

ICT		12,94,009
CAMPUS INFRASTRUCTURE AND FACILITIES		
Building Maintenance	1,64,06,795	
Furniture Repairs	1,55,518	
Lift Maintenance	5,60,337	
Premises Maintenance	34,36,374	
		2,05,59,024
EQUIPMENTS		
Equipment Maintenance	65,56,523	
Service Contracts	1,47,25,760	
STP Expenses	12,31,980	
		2,25,14,263
OTHERS:		
Disposal of Bio-Medical Waste	10,99,880	
Motor Repairs and Maintenance	6,42,450	
Road Tax and Insurance	4,03,313	
		21,45,643

TOTAL**4,65,12,939****Criterion – V****5. Student Support and Progression****5.1 Contribution of IQAC in enhancing awareness about Student Support Services**

- Orientations, Notice Boards, website, student council
- Soft skills training programme for students
- Group counselling for students
- Exit examination on Skills for interns
- New Basket ball court
- Music room with Band and instruments
- Extension of Wi-Fi facility to entire campus
- Skill Lab – Phase I
- Orientation during Parent Teachers Association
- Establishment of Alumni Association
- Book Bank for all students
- New advanced Cath Lab
- Reimbursement facility for students participating in cultural/sports.

5.2 Efforts made by the institution for tracking the progression:

- Tracking of student's progression department wise
- Data base of Alumni
- Mentor – mentee system

5.3 (a) Total Number of students

UG (MBBS)	PG	Ph. D.	Paramedical UG	Paramedical PG 'S	Others
748	251	05	330	55	---

(b) No. of students outside the state

MBBS	252
PG	85
Paramedical	314

(c) No. of international students

MBBS- Overseas	22
Paramedical - Overseas	04

PG - 126	50
Paramedical - 118	31

Women

No	%
MBBS - 510	68
PG - 125	50
Paramedical - 267	69

Bachelor of Physiotherapy:

Last Year						This Year					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
147	1	-	-	-	148	149	-	-	-	-	149

B.Sc. Medical Laboratory Technology:

Last Year						This Year					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
85		--	--	--	85	87	--	--	--	--	87

B.Sc. Medical Imaging Technology:

Last Year						This Year					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
69		--	--	--	69	77	--	--	--	--	77

B.Sc. Radiotherapy:

Last Year						This Year					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
16	--	--	--	--	16	17	--	--	--	--	17

M.Sc. Medical Laboratory Technology:

Last Year						This Year					
General	SC	ST	OBC	Physically	Total	General	SC	ST	OBC	Physically Challenged	Total

10	--	--	--	--	10	11	--	--	--	--	11
----	----	----	----	----	----	----	----	----	----	----	----

Masters in Hospital Administration:

Last Year						This Year					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
30	--	--	--	--	30	33	--	--	--	--	33

Master of Physiotherapy:

Last Year						This Year					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
19	--	-	-	-	19	11	--	--	--	--	11

Note: * 2015 batch students yet to join.

MBBS:

Last Year							This Year						
General	SC	ST	OBC	Physically Challenged	NRI	Total	General	SC	ST	OBC	Physically Challenged	NRI	Total
391	27	8	204	----	120	750	376	26	8	203	---	135	748

PG:

	Last Year	This Year
General	137	126
SC	12	12
ST	0	1
OBC	25	24
In-service	16	17
NRI	70	71
Physically Challenged	1	0
Total	261	251

Demand ratio: 95%

Dropout %: 0%

5.4 Details of student support mechanism for coaching for competitive examinations (If any)

- Implementation of OSCE for students/interns.

No. of students beneficiaries

20

5.5 No. of students qualified in these examinations:

NET ET/SLET GATE CAT
 IAS/IPS etc State PSC UPSC Others

5.6 Details of student Counselling and Career Guidance:

- Counsellor appointed for guiding students in the campus
- Mentor mentee system for every student
- Student career guidance conducted in allied health science departments.

No. of students benefitted: a) Individual Counselling
 b) Group Counselling

5.7 Details of campus placement:

<i>On campus</i>			<i>Off Campus</i>
Number of Organizations Visited	Number of Students Participated	Number of Students Placed	Number of Students Placed
01	09	-	02

5.8 Details of gender sensitization programmes:

- Gender Sensitization Programmes conducted for students.

5.9 Students Activities:

- The Annual Inter-Collegiate Cultural and Sports Fest was held from 16th to 19th of April. Comprised of 34 events that include fine arts, literary, cultural, and academic, sports as well as informal events.
- The events held were Table Tennis, Basket Ball, Foot Ball, Quiz, Eastern Singing, Duet dancing, Comic strip, Quiz, Sudoku, Dodge ball, Mad-ads, Cooking without fire, Arm wrestling, Eating contest, Fun Games, Magic Shows, Street play, Clay Modeling, Battle of the Bands
- Flash Mobs at 4 locations in order to raise awareness about HIV-AIDS.
- The Annual Inter-batch Cultural Fest
- Blood Donation Drive
- Giveathon a charity drive
- Muller Model United Nation annual intercollegiate event held.

5.9.1 No. of students participated in Sports, Games and other events:

State/ University level National level International level

No. of students participated in cultural events: 300, 19 colleges participated

State/ University level National level International level

5.9.2 No. of medals /awards won by students in Sports, Games and other events:

Cultural: State/ University level National level International level

Other Events

5.10. Scholarships and Financial Support:

	Number of students	Amount In `
Financial support from institution	02	1,60,000
Financial support from government	09	6,62,455
Financial support from other sources	20	7,64,500
Number of students who received International/ National recognitions	-	-

5.11. Student organised / initiatives

Fairs : State/ University level National level International level

Exhibition: State/ University level National level International level

5.12 No. of Social initiatives undertaken by the students:

5.13 Major grievances of students (if any) redressed: **Yes**

- Interns and Post graduates stipend hiked.

Criterion – VI

6. Governance, Leadership and Management

6.1 State the Vision and Mission of the Institution:

<p>VISION STATEMENT</p> <p>Our vision is to heal and comfort the suffering humanity with compassion and respect and to be recognized as a global leader in medical education and research.</p> <p>MISSION STATEMENT</p> <ul style="list-style-type: none"> • To be progressive in providing holistic health care services to all. • To ensure global standards in medical education. • To create and foster centre of excellence for medical research.

6.2 Does the Institution has a Management Information System

<p>Yes.</p> <ul style="list-style-type: none"> • Installed Management Information System. Training has been given to all the staff.
--

6.3.1 Curriculum Development:

- The University Syllabus is enriched by conducting enrichment programmes
- Faculty are BOS members who give inputs and suggestions to the university
- MCQ based evaluation methods adopted for under graduates
- Basic surgical skill training for undergraduates.

6.3.2 Teaching and Learning:

- Skill lab Phase I established
- E resource mobilization, E-learning through MIS
- Up gradation of IT
- Strengthening of library
- Animal experiment simulation software
- MEU conducts periodic faculty development programmes
- Introduction of Basic Life support programme during internship

6.3.3 Examination and Evaluation:

- OSCE, OSPE
- Exit examination for interns

6.3.4 Research and Development:

- Financial support for postgraduate students by the institution for research
- Research Centre to guide
- Staff are guides for ICMR projects and for students from other universities
- Postgraduates undertake project work in addition to thesis
- Research incentives
- All PG present paper, poster and publish
- Leave facility and financial support to faculty and students for scientific presentations.

6.3.5 Library, ICT and physical infrastructure / instrumentation:

- Open access Library
- Up gradation and modernization of instruments
- E-resources
- Internet facility
- Installed modern tools and technologies
- Books, magazines and journals added
- Computers added
- Wi -Fi enabled campus
- Book exhibitions held regularly
- Book bank facility extended

6.3.6 Human Resource Management:

- Orientation for non teaching staff
- Salary revision
- Training in NABH was given for all faculty
- Standard Operating Procedures are documented
- Audit is being done periodically to improve quality
- Recruiting, training, performance appraisal of faculty
- HRD programs for staff are conducted periodically (Eg. Induction programme)
- Grievance Redressal Cell, Student Counselling Centre
- Suggestion Box, Anti Ragging Cell, Women guidance Cell, Health Centre, Information Centre
- Women safety Mobile app awareness programme in collaboration with Mangalore City Police
- Regular training programs- like CME and workshops
- Collaboration encouraged for all college activities
- Orientation for First Year Parents
- Parent friendly campus. Dean and senior faculty available to meet, discuss, counsel and mentor students at all times
- Counsellor in campus on all working days
- Christmas celebrated by Management. Fellowship Dinner hosted by Management
- Teacher's Day celebrated
- Children of Faculty provided admission in Medical College
- Each course starts with an extensive orientation programme
- May Day celebrated annually with workers followed by Fellowship Lunch.

6.3.7 Faculty and Staff Recruitment:

- Recruitment Policy norms followed
- Conducive atmosphere for work and professional growth
- Revision of Pay, housing benefits, promotional avenues
- Benefits like PF, leave, higher studies leave, medical benefits
- Ensuring wide publicity for larger/better choice through ads for vacancies
- Maintaining transparency in recruitment
- All appointment and interviews conducted according to University/Government guidelines
- Verification for new employees from previous employers sought
- Teaching experience and research publications are principal criteria in addition to academic qualifications for selection
- Recruitment of non-teaching staff, as and when vacancies occur, is done after advertisement in papers and is purely merit-based.

6.3.8 Industry Interaction / Collaboration:

- Resource Persons / consultants from Healthcare industry and academics.
- Guest lectures – by all departments
- Field trips and Hospital visits create opportunity to interact with experienced executives from the Health care.

6.3.9 Admission of Students

- Web-site
- Brochures, pamphlets
- Other Organization bulletins
- Institutional bulletin.

6.4. Welfare schemes for:

Various welfare schemes provided to teaching staff, non-teaching staff and students. They are as follows:

Teaching Staff:	<ul style="list-style-type: none"> • Enhancement of Provident fund, Gratuity and Pension • Provision of Medical Benefits for employees • Accommodation is provided at a subsidized rate • Credits given to publications of papers, research • Incentives given for the presentation of papers and research work • Benefits like special leave, higher studies leave • Maternity leave facility • Facility for spiritual growth • Prevention of Sexual Harassment Committee • Orientation programme.
Non-teaching Staff:	<ul style="list-style-type: none"> • Education loan for Children • Provident Fund, Gratuity and Pension • Provision for Medical Benefits • Female married staff dependents (Parents, children, husband) facili • Welfare fund loan • Promotion • Incentives based on performance • In-service training programmes • House Building loan • Emergency contingency loan. • Recognition of dedicated Non Teaching staff • One increment/incentive if they obtain higher qualification like a degree • A special Health Card for all staff with 75-100% free healthcare • Maternity leave facility • Facility for spiritual growth • Prevention of Sexual Harassment Committee and orientation programme.
Students:	<ul style="list-style-type: none"> • Provision of Medical Benefits • Encouragement to attend workshops and conferences • Instituting awards for outstanding performance in curricular Activities • Providing incentives for student research activities • New indoor Sports complex work in progress • Committees like Student Welfare Cell, Prevention of Sexual Harassment Committee, Students Council, Anti-ragging Committee and Grievance Redressal Cell to look after the welfare of students.

6.5 Total corpus fund generated

6.6 Whether annual financial audit has been done Yes No

6.7 Whether Academic and Administrative Audit (AAA) have been done?

Audit Type	External		Internal	
	Yes/No	Agency	Yes/No	Agency
Academic	Yes	NAAC	Yes	IQAC/NABH/ NAAC Core Committee
Administrative	-	-	-	IQAC/NABH

6.8 Does the University/ Autonomous College declare results within 30 days?

For UG Programmes

Yes

-

No

✓

For PG Programmes

Yes

-

No

✓

6.9 What efforts are made by the University/ Autonomous College for Examination Reforms:

-

6.10 What efforts are made by the University to promote autonomy in the affiliated/constituent colleges:

-

6.11 Activities and support from the Alumni Association:

- Supported Inter Collegiate Cultural activity
- Guest lectures.
- Table Tennis table.
- Music speakers and computers for the gymnasium
- Wall displays of Alumni.

6.12. Activities and support from the Parent – Teacher Association:

- Annual Parent Teachers Association Meetings conducted
- Participation in Batch Orientation Inaugural Programmes
- Organized a guest lectures on “Stress Management in Medical Students”
- MBBS Parent Feedback and Allied Health Science Parent Feedback are collected.

6.13. Development programmes for support staff:

- Conducting Induction programme for staff
- Training programmes on Bio medical Waste Management
- Ongoing continuous Training Programme in Infection Control and Fire Safety Management
- Training programme on Basic life support
- Orientation and Training Programmes on Rights and Responsibilities of staff towards patients
- Sports and Games organized during Institution Day
- Training in Management Information System (MIS) and Hospital Information System (HIS).

6.14. Initiatives taken by the institution to make the campus eco-friendly:

- Plastic free zone, Non smoking zone and No horn zone
- Planting of trees, Lawns and gardens are maintained
- Vanamahotsava day celebrated annually
- Additional Sewage Treatment Plant
- Solar energy utilization is being actively promoted in the campus
- Up gradation of landscaping of approach driveway and student recreation areas
- Entrance renovated
- Setting up 2 Bus-stop shelters for community
- Additional recycled sewage water to the tune of 1.5 lakhs litres per day.

7. Innovations and Best Practices

7.1 Innovations introduced during this academic year which have created a positive impact on the functioning of the institution. Give details.

- Exit Skill Test for interns
- E-learning methods and resources (Kahoot quiz programme)
- Case based learning has been introduced.
- Introduction of Modular Research Methodology Training for MBBS Students in Block postings
- Hands on Training on SPSS software for MBBS Students in Block postings
- Group counselling for first year students.

7.2 Provide the Action Taken Report (ATR) based on the plan of action decided upon at the Beginning of the year:

Sl. No.	PLAN OF ACTION	ACHIEVEMENTS
1.	Start additional fellowship programmes	Got permission for Fellowship in Cosmetology and Renal dialysis.
2.	Periodic academic audit	Biannual Academic audits of all the departments were done.
3.	Strengthening of Case Based Learning and Integrated Teaching	Case Based Learning and Integrated Teaching were introduced in few departments in the year 2013-14 and extended to remaining departments in the present academic year.
4.	Reconstitution of the Research Committee and enhancement of research activities	Research Committee has been reconstituted and orientation programme on Research methodology has been conducted.
5.	Enhancement of outreach activities	Five new sub-centres have been started to cater to the needs of the people.
6.	Funding student research	Laboratory investigations were made free for student research project.
7.	Animal experiment simulation software	Procured Animal experiment simulation software to facilitate animal research.
8.	Full Fledged MIS & HIS	MIS & HIS were introduced and progressively being upgraded.
9.	Up gradation and relocation of Skill Lab	Process of establishment of Skill lab has been initiated in a new complex (Phase I is completed) and shall be fully implemented in three phases.
10	Expansion of MICU	Establishment of new MICU is in progress.
11	Construction of New Oncology male ward and Semi-private wards	New Oncology male ward and semi-private wards have been constructed.
12	Renovation of Operation Theatres	Operation theatres were renovated as per NABH standards.
13	Dormitory/ rooms for patient attenders	Dormitory for patient attenders has been constructed in the hospital premises.
14	New Advanced Cath Lab	Established and started functioning.
15	Up gradation of Website	Up gradation of Website is in process.
16	Expand the healthcare facility at Rural Health Training Centre, Thumbay	Expanded with respect to infrastructure and healthcare services.
17	Better canteen facility to health care providers	New canteen has been started.

18	Phase wise completion of new auditorium construction work	Second phase is completed/ Work is in progress.
19	Establishment of Chapters of Father Muller Medical College Alumni Association	Effort has been made to establish Chapters of Father Muller Medical College Alumni Association.
20	Book bank for all students	Created Book bank facility for all students.
21	Soft skills training programme for students	Conducted Soft skills training programme for students.
22	Extension of Wi-Fi facility to entire campus	Campus is now fully Wi-Fi enabled.
23	Music room with Band and instruments	Music room has been constructed with Band and instruments to encourage musical activities among the students.
24	New Basket ball court	New Basket ball court has been constructed.
25	Starting of Crèche for children of employees	Crèche for children of employees is complete and due for inauguration on 14 th November 2015.
26	Exit examination on Skills for interns	Exit examination on Skills for interns has been conducted.
27	Group counselling for students	Group counselling for students has been done.
28	Salary Revision	Revision of salary of teaching and non-teaching staff has been done.
29	Fire safety plan	Fire safety plans have been implemented in hospital complex

7.3. Give two Best Practices of the institution (*please see the format in the NAAC Self-study Manuals*)

- NABH Accreditation
- Exit Exams for interns

**** Please find the Best Practices as Annexure- III***

7.4 Contribution to environmental awareness / protection:

- Talks and Orientation
- Celebration of Vanamahotsav Day.

7.5 Whether environmental audit was conducted? Yes - No

7.6 Any other relevant information the institution wishes to add. (For example SWOT Analysis)

9. Plans of Institution for Next Year:

- Brand Building
- Phase II Simulation lab.
- Indoor stadium
- Auditorium Phase - III
- Multi-storeyed parking facility
- Renovation of the Medical College
- Increase collaborations and linkages with National and International Agencies and Institutions.
- Creche facility
- Introducing Ph.D. Programme in Anatomy and Physiology.

Name: DR. RAMESH BHAT M.

Name: DR. JAYAPRAKASH ALVA



Signature of the Coordinator, IQAC

Prof. & H.O.D.
Dermatology, Venereology & Leprosy
Father Muller Medical College
Kankanady, Mangalore-2



Signature of the Chairperson, IQAC

DEAN
FATHER MULLER MEDICAL COLLEGE
MANGALORE - 575 002

USED ABBREVIATIONS

SL. NO.	ABBREVIATIONS	FULL FORM
1.	RGUHS	Rajiv Gandhi University of Health Sciences
2.	MIS	Management Information System
3.	HIS	Hospital Information System
4.	NABL	National Accreditation Board for Testing and Calibration Laboratories
5.	NABH	National Accreditation Board for Hospitals & Health care providers
6.	MCQ	Multiple Choice Questions
7.	MICU	Medical Intensive Care Unit
8.	MCI	Medical Council of India
9.	LPP	Lichen Planus Pigmentosus
10.	DPN	Dermatosis Papulosis Nigra
11.	IADVL	Indian Association of Dermatologists, Venereologists and Leprologists
12.	BRNS	Board of Research in Nuclear Sciences
13.	ICMR	Indian Council of Medical Research
14.	LAN	Local Area Network
15.	WAN	Wide Area Network
16.	Wi-Fi	Wireless Fidelity
17.	OSCE	Objective Structured Clinical Examination
18.	OSPE	Objective Structured Practical Examination
19.	INFLIBNET	Information and Library Network Centre
20.	HELINET	Health Science Library and Information Network
21.	DELNET	Developing Library Network
22.	EPAC	Electronic Public Access Catalogue
23.	HIC	Hospital Infection Control
24.	PBL	Problem Based Learning
25.	BOS	Board of Studies
26.	PTA	Parent Teachers Association
27.	AFMC	Armed Forces Medical College

ACADEMIC CALENDER 2015-16

<u>Sl.No.</u>	<u>Name of the Events</u>	<u>Schedule</u>
1.	Holiday – Republic Day	26.01.2015
2.	Commencement of classes for Phase III-Part I – VIII Term (Regular batch)	22.01.2015
3.	Commencement of classes for Phase III-Part I – VI Term (Regular batch)	02.02.2015
4.	Holiday – Founders’ day / Institutions Day	13.03.2015
5.	University Examination for Allied & Physiotherapy Course	March 2015
6.	Commencement of classes for Phase II – III Term (Casual batch)	16.03.2015
7.	Easter Vacation of 2015	30.03.2015 to 11.04.2015
8.	University Examination for PG Courses	April/May 2015
9.	Holiday – Good Friday	03.04.2015
10.	Holiday – May Day	01.05.2015
11.	University Examination for Phase II, Phase III – Part I, Phase III – Part II MBBS Course	07.07.2015
12.	University Examination for Phase I MBBS Course	13.07.2015
13.	Holiday – Ramzan	18.07.2015
14.	Commencement of classes for Phase III-Part I – VIII Term (Casual batch)	27.07.2015
15.	Commencement of classes for MBBS Phase 1 (2015 batch)	01.08.2015
16.	Commencement of classes for Phase III-Part I – VI Term (Casual batch)	03.08.2015
17.	Holiday – Independence Day	15.08.2015
18.	Commencement of classes M.Ch. (Urology) Course	20.08.2015
19.	University Examination for Allied & Physiotherapy Course	September 2015
20.	Holiday – Nativity of Blessed Virgin Mary	08.09.2015

21.	Holiday – Deepavali	10.09.2015
22.	Commencement of classes for Phase I (Casual batch)	14.09.2015
23.	Commencement of classes for Phase II – III Term (Regular batch) – Tentative date	15.09.2015
24.	Commencement of classes for Phase II – III Term (Regular batch) – tentative date	15.09.2015
25.	Holiday – Ganesh Chaturthi	17.09.2015
26.	Commencement of Classes for I year Allied Courses	21.09.2015
27.	Commencement of classes for I year BPT & MPT Courses	21.09.2015
28.	Commencement of Classes for I year MHACourses	21.09.2015
29.	Holiday – Gandhi Jayanthi	02.10.2015
30.	University Examination for PG Courses	October/November 2015
31.	Holiday – Karnataka Rajyotsava	01.11.2015
32.	Christmas Vacation of 2015	21.12.2015 to 02.01.2016
33.	University Examination for MBBS Course– Tentative Dates	14.12.2015
34.	Easter Vacation of 2016	20.03.2016 to 02.04.2016

Best Practice- 1

1. Title of the Practice

Intern Exit Exam -

Interns skill evaluation through objectively structured Clinical Evaluation (OSCE).

2. Objectives of the Practice

Objectives:

- To assess the competency of interns
- To evaluate domains of clinical competency
- To demonstrate facts which underpin clinical practice but also *know how* to apply these facts

Intended outcomes:

- a) Improved clinical competency of interns
- b) Attain domains of clinical competency
- c) Better services to the patients.

Underlying principles

This facet of clinical competence relates both to behavioural and cognitive attributes. OSCEs are a common method of assessing the *shows how* aspects of clinical competency.

3. The Context:

- a) Acceptability of the test
- b) Cost efficiency
- c) Reliability and validity of stations
- d) To train examiner to objectively assess candidate performance based on the pre-set criteria and
- e) To get a reserve examiner who can step in at the last time if required.

4. The Practice :

- a) Unlike the traditional clinical exam, the OSCE could evaluate areas most critical to performance of health care professionals such as communication skills and ability to handle unpredictable patient behavior.
- b) Every intern is assessed for clinical skills. The curriculum does not include assessment of clinical skills. Hence Exit Exam introduced for the interns.
- c) The Objective Structured Clinical Examination is a versatile multipurpose evaluative tool that can be utilized to assess health care professionals in a clinical setting.
- d) It assesses competency, based on objective testing through direct observation.
- e) It is precise, objective, and reproducible allowing uniform testing of students for a wide range of clinical skills.

The advantages of Exit exams, apart from its versatility and ever broadening scope are its objectivity, reproducibility, and easy recall. All students get examined on predetermined criteria on same or similar clinical scenario or tasks with marks written down against those criteria thus enabling recall, teaching audit and determination of standards.

The students were found to perform better on interpersonal and technical skills than on interpretative or integrative skills. This allows for review of teaching technique and curricula.

The Exit exam process does serve to identify areas of weakness in the curriculum and/or teaching methods, and thus can serve as a mechanism to improve educational effectiveness.

The high reliability of Exit Exams is often at the expense of their validity. If correctly designed, Exit exams can have a beneficial impact on medical students learning and future performance.

The tasks in Exit exam depend on the level of students training. Early in undergraduate training correct technique of history taking and demonstration of physical signs to arrive at

a conclusion may be all that is required.

5. Evidence of Success:

Majority of the students felt that Exit exam covers a wide knowledge area and wide range of clinical skills.

Most of the students felt that tasks included in Exit examinations reflect tasks taught, setting and context of station, felt authentic tasks were asked to perform were fair and that the Exit examination provided opportunities to learn.

6. Problems Encountered and Resources Required

The Exit Exam Team:

- a) Large number of examiners and timekeepers are required.
- b) Attaining uniformity in assessing
- c) Shortage of trained assessors.
- d) Time consuming to train the assessors.
- e) Examiners must be prepared to dispense with personal preferences in the interests of objectivity and reproducibility and must assess students according to the marking scheme.
- f) Timekeepers are required for correct movement of candidates and accurate time keeping.
- g) Exit exam is expensive in terms of manpower requirement.
- h) Construction of stations.
- i) Recruitment and Training of Standardized or Simulated Patient: Simulated patients are however expensive in terms of the time it takes to train and coach them in performing and understanding concepts.
- j) Logistics of the examination process: Enough space is required for circuit running and to accommodate the various stations, equipment and materials for the exam.

The manned stations should accommodate an examiner, a student and possibly the standardized patient and also allow for enough privacy of discussion so that the students performing other tasks are not distracted or disturbed.

7. Notes: The Exit exam is judged not by two or three examiners but by a team of many examiners in-charge of the various stations of the examination. This is to the advantage of both the examinee and the teaching standard of the institution as the outcome of the examination is not affected by prejudice and standards get determined by a lot more teachers each looking at a particular issue in the training.

Exit exam takes much shorter time to execute examining more students in any given time over a broader range of subjects.

Best Practice- 2

1. Title of the Practice

- Quality Assurance in Medical College Hospital.

2. Objectives of the Practice

- To maintain high standards of service at all levels
- To provide high level of care and multi speciality services at affordable costs
- To promote continuous quality improvement by identifying benchmarks.

Intended outcomes

- Patient safety and Patient Centered Care
- Patient satisfaction
- Well trained professionals with knowledge of current practices
- All health care professionals and trainees equipped with skills and knowledge of not only medical practices but also hospital infection, safety and quality related practices.
- Educate and create awareness on NABH accreditation process and standards so that health care workers are sensitized to Quality patient care and safety.

Underlying principles or concepts

Continuous quality improvement of faculty and students in patient care by

- Providing a safe working environment for staff and students
- Providing a culture of constant training and updating current practices
- Developing a working practice of collaboration and teamwork
- Educate the students on standard operating procedures and ensuring the compliance to same in day to day practices

3. The Context:

Hospital Accreditation is a public recognition by a National Healthcare Accreditation Body, of the achievement of accreditation standards by a Healthcare Organization.

- The Hospital management first decided about getting accreditation for the hospital from NABH in the year 2012.
- The management formed a core committee which had members from all sections and levels of the hospital. They made a definite plan of action for obtaining accreditation.
- Adequate training and orientation was conducted at regular intervals by external experts and core committee members. Required documentation was prepared as per NABH guidelines.
- The committee then conducted self-assessment as per NABH standards to ensure its compliance before submitting the application. A pre-assessment audit was conducted for NABH standard compliance. After a meticulous final assessment by a team of 4 members on November 25-28, 2014 and verification process by 2 auditors, on 15-6-2015 the hospital was awarded the accredited status on 3-8- 2015.

Challenges faced:

- Resistance in adopting to change.
- Streamlining of processes.
- Inadequate documentation.
- Reluctance to accept the concept of audit and managing deficiencies in departments.
- Infrastructure constraints according to standards.
- Training and motivation of large workforce consisting of different categories of employees and students.
- Increased expenditures.
- Increased clerical and paperwork.

- Difficulty in participation of members from varied departments for discussions, interactions and meetings.
- Difficulty in coordination and collaboration of departments.
- Sustainability of new practices.

4. The Practice

- National accreditation systems for hospitals ensure that hospitals play their expected roles in patient care and safety. This ensures uniformity in patient care and practices.
- The standards provide framework for quality assurance and quality improvement for hospitals, focus on patient safety and quality of care, for continuous monitoring of sentinel events and comprehensive corrective action plan leading to building of quality culture at all levels and across all the functions.
- The 10 chapters in the standards reflect two major aspects of healthcare delivery i.e. patient centered functions (chapter 1-5) and healthcare organization centered functions (chapter 6-10).

Patient Centered Standards:

The following standards in patient care have shown significant improvements. Quality Assurance was determined in the areas of Access, Assessment and Continuity of Care, Care of Patient and Management of Medication. Awareness programme on Patient Right and Education. Detailed policies and processes were evolved in order to achieve Hospital Infection Control.

- Hospital and Management Information System installed to streamline the functioning of the hospital.

- In order to ensure continuous quality improvements quality department was established.

This has helped the hospital to establish objectives and dynamic quality system incorporating requirements given in the standards. These systems are defined, implemented, owned by the staff and finally provide objective evidence of compliance. Some of the key issues are as follows.

1. Patient Related: monitoring safety, treatment standards and quality of care. This would include effectively meeting the expectation of patients and associates.

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2. Employee Related: monitoring competence, ongoing training, awareness of patient requirements and monitoring employee satisfaction

3. Regulatory Related: Identifying, complying with and monitoring the effective implementation of legal, statutory and regulatory requirements

4. Organization Policies Related: Defining, promoting awareness of and ensuring implementation of the policies and procedures laid down by the organization among staff, students, patients and interested parties including visiting medical consultants.

Constraints / limitations:

- Sustaining the quality
- Increasing expenditure
- Modification of existing infrastructure in order to meet the standards
- Resistance to change by health care professionals
- Paucity of time

5. Evidence of Success:

The hospital has a well established quality management system consisting of:

- Periodic collection, analysis and review of quality indicators
- Patient safety reporting system guided by National Patient Safety Goals

- Patient Feedback mechanisms through feedback forms, suggestion boxes and medico social workers placed throughout the hospital
- Systematized and regularized collection of information and database for continuous quality improvement
- Employee safety programme
- Grievance Redressal mechanism and Prevention of Sexual Harassment against women employees
- Continuous orientation, training and follow-up of all stakeholders
- Quarterly audits of all departments, units and sections.

Evidence of success:

- Patients are the biggest beneficiary among all the stakeholders. Accreditation resulted in high quality of care and patient safety. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated.

Accreditation to a hospital stimulates continuous improvement. It enables hospital in demonstrating commitment to quality care. It has raised community confidence in the services provided by the hospital. It provides opportunity to healthcare unit to benchmark with the best.

- The health care professionals are satisfied as it provides for continuous learning, good working environment and leadership.

Results

- Continuous Quality improvement and patient safety
- Enhanced knowledge of students and faculty
- Trained students to work in collaboration and receptive to feedback
- Empowered employees.

6. Problems Encountered and Resources Required

- Training and motivation of large workforce consisting of different categories of employees and students
- Difficulty in coordination and collaboration of departments
- Deciding and maintaining the optimal level of inventory
- Adequate allocation of financial resources to all the required areas
- Scheduling of orientation and training programs
- Inadequate information and database

Resources Required:

- Finance required for upgrading, adding, renovating, and extending facilities
- Qualified, well trained and motivated manpower
- Physical facilities including infrastructure and equipments
- Optimal level of inventories
- Standard Operating procedures
- Hospital Information System
- Time required to adapt to new practices.
