August 2016 batch

M.S. Ramaiah Medical College, Bangalore

COURSE EVALUATION

Degree completed: MBBS

Date: 03-07-2017

This evaluation will be made by students who have completed the course recently.

Students are required to rate the course on the following attributes using the 5 points.

SI. No.	Characteristics/Points	Ratings				
1	How much of the syllabus was covered?	91-100%	71-90%	51-70%	50% or less	Not sure
		17	08	02		02
2	How relevant and applicable was the training to real life situations?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		11	14	03		01
3	How satisfied were you with the learning value of the subject as regards to	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	a) Knowledge	12	16	02		
	b) Psychomotor skills	10	15	04	01	
	c) Analytical abilities	11	14	05		
	d) Broadening perspectives	09	17	02	01	01
4	Was the course content covered in depth?	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		10	15	04	01	
5.	How relevant was the additional resource material (Library(Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		10	12	05		02
6	How well did the examination questions	91-100%	71-90%	51-70%	50% or less	Not sure
	reflect the content and emphasis of the teaching?	12	14	03	01	
7	Were the internal grading procedures	Very Great	Great	Modest	minimal	Not sure
	fair?	06	15	08		01
8	How much support did you get from the	Very fair	Fair	Occasionally fair	Not fair	Not done
	faculty when you faced some difficulty while learning?	12	15	03		
9	Rate the overall quality of teaching for	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	the subject.	11	14	05		
10	Overall attitude of faculty members was	Friendly	Cordial	Interested	Disinterested	Threateni ng
		16	08	03	01	
11	How useful were the allied department postings?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure

		08	19	02	01	
12	The opportunity given for UG teaching	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	was	12	12	04	01	01
13	How was the overall practical / clinical	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	training	11	09	07	01	
14	What are the strengths and weaknesses of the course offered by the department?					
15	Suggestions for improving the course					
16.	What is your current career position?					

14. What are the strengths and weaknesses of the course offered by the departments?

- Strengths: clinical posting & number of patients present in the hospital & 2 hospital internship.
- Concept clearing & doubts were cleared well
- Strength: good faculties
- Ok
- It was good enough to make us understand things coming in future.
- Strengths: workshops. Weakness: talking a same level as UG student.
- Faculties are good and helpful.
- Give more clinical works rather than documentation work.
- We learnt about recent techniques in medical field. Not exposed to practical skills to that extend.
- In the whole, it's good.
- Good coverage of all the subjects needed for the course.
- Topics were taught well & syllabus was covered.
- Ready to teach whenever I asked any type of doubts irrespective of its importance & great quality by all faculty.
- All is well
- Very friendly and was very helpful. No weakness.

15. Suggestion for improving the course

- Please introduce lab postings in electric (internship)
- Improve the labs postings then clinical posting.

- More focus on application of theory would be helpful.
- Over all development
- Make it more interactive and interesting.
- More ALC workshops.
- Clinical case discussions.
- Along with theoretical knowledge, please emphasis a practical skills too.
- More of concept based teaching rather than information based. Discussion of clinical approach at the end of theory classes.
- More practical training and less paper work in internship.
- Need to trace weak / poor students with little more self interest from the college side and try to solve the possible problems as they did to me. Thank you all.
- Continue the same
- More black board teaching
- All is well

16. What is your current career position?

- Post-intern
- Intern
- Finished internship
- MBBS
- Doctor
- MBBS-Intern
- Preparing for PG entrance
- Completed internship
- Planning to join PHC.
- Preparing for NEET examination
- Studying for board exam

Thanks to Ramaiah and the faculty. Love you all.

March 2016 batch

M.S. Ramaiah Medical College, Bangalore

COURSE EVALUATION

Degree completed: MBBS

Date: 23-02-2017

This evaluation will be made by students who have completed the course recently.

Students are required to rate the course on the following attributes using the 5 points.

SI. No.	Characteristics/Points	Ratings				
1	How much of the syllabus was covered?	91-100%	71-90%	51-70%	50% or less	Not sure
		38	40	4		
2	How relevant and applicable was the training to real life situations?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		12	62	8		
3	How satisfied were you with the learning value of the subject as regards to	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	a) Knowledge	14	62	6		
	b) Psychomotor skills	7	51	22	1	1
	c) Analytical abilities	8	46	27	2	
	d) Broadening perspectives	8	39	34	1	
4	Was the course content covered in depth?	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	•	12	54	15		
5.	How relevant was the additional resource material (Library(Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		25	48	8	1	
6	How well did the examination questions	91-100%	71-90%	51-70%	50% or less	Not sure
	reflect the content and emphasis of the teaching?	18	59	4	1	
7	Were the internal grading procedures	Very Great	Great	Modest	minimal	Not sure
	fair?	9	41	30	2	
8	How much support did you get from the	Very fair	Fair	Occasionally fair	Not fair	Not done
	faculty when you faced some difficulty while learning?	29	45	8		
9	Rate the overall quality of teaching for	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	the subject.	17	56	9		
10	Overall attitude of faculty members was	Friendly	Cordial	Interested	Disinterested	Threateni ng
		28	45	5	2	1
11	How useful were the allied department postings?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure

		11	63	6		1
12	The opportunity given for UG teaching	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	was	12	56	11		1
13	How was the overall practical / clinical	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	training	12	49	19	1	
14	What are the strengths and weaknesses of the course offered by the department?					
15	Suggestions for improving the course					
16.	What is your current career position?					

14. What are the strengths and weaknesses of the course offered by the departments?

- Strengths: active faculty involvement. Exposure to advance learning centre. Weaknesses: greater involvement of interns in meaningful work is desirable.
- Strict faculty and attendance is strength. Weakness: more paperwork and not many chances for procedures are given to interns.
- Strength: very professional and exam oriented. Weaknesses: can be more student friendly.
- Teaching is satisfactory. Decrease the clerical work, give first hand experience.
- Strength: teaching is good both theory and clinics. Weaknesses: can include recent advances and trending topics. Can be more clinical oriented.
- Strength: skills lab was useful. Teaching classes were good. Weakness: PPT presentation was not that influential.
- Strengths: knowledgeable and approachable faculty. Abundant resources in the form of digital library and new additions with recent additions. Weakness: decreased practical exposure due to decreased clinical time. Less faculty members in numbers which increase the burden on existing staff.
- Strength: knowledge, library and museum
- Strength: the faculty teaching is very good. They clarity doubts well always encouraging us to learn more. Approach to clinical is good.
- I am totally unsatisfied with A and E department. Dr. Priyanka torturing the interns.
- Strength: dedicated faculty. Very good platform for research in undergraduate level. Weakness: more focus on theory. Facilities for extracurricular activities can be bettered.
- Strengths: well qualified faculty. Weakness: teaching is too exam based.

- Less of practical skills.
- Strengths: completion of course on time. Approachable faculty. Comfortable classrooms. Weakness: more emphasis to be laid on clinical skills and examination of the patient and live demonstration of procedures would be helpful them mannequins.
- Good teaching and practically oriented. Has to be a little more organized.
- Strength: made us interact with patients and write prescriptions occasionally. Also strict about attendance. Weakness: no clinical procedures given to interns. More of paper work.
- Weakness: internship lot of paper work. Interns are not given any clinical procedures. Nursing staff treat intern doctors very unprofessionally. Strength: faculty and postgraduates have an excellent programme, clinical facilities are world class with opportunities given to advanced learning techniques.
- If days a lot of emphasis on theory than practical aspects.
- Strength: good teaching and interaction with students. Weaknesses: inability to complete entire syllabus.
- Strength: good way of teaching and understanding of subjects. Weakness: completion of the syllabus.
- Good knowledge
- Strength: strict attendance protocol, good platform for learning. Weakness: less clinical procedures. More clinical procedures to be given to interns.
- The strength is that we get exposed to various departments and also corporate hospital set up. Hence, it can help us in future regarding facing all types of patients. Paperwork burden has to be reduced.
- Strength: good teaching with cordial staff members.
- Good UG teaching.
- Good teaching. More clinical and practical teaching required. (bedside)
- Good UG teaching especially the preclinical and paraclinical.
- Teaching was good, teachers were friendly.
- Good faculty. Friendly approach from faculty to students.
- Everything was satisfactory up to March.
- Theory teaching is good but clinical classes teaching can be more effective to improve our selves.
- Good teaching faculty. Better equipments.
- Classes could be made more interesting, without power point presentations. Strength: good teaching. Clinics were good. Weaknesses: many classes could be made much more interesting.
- Strength: good exposure. Good teaching.
- Very good teaching staff. Weakness: not too much opportunities during internship.

- Teaching was very good.
- Everything is good.
- Keep it up.

15. Suggestion for improving the course

- More lectures and focus seminars in final year. More confidence building exercises in practical aspect.
- More procedures to be given to interns under faculty supervision in the hospital. 2 monthly tests in 2nd year MBBS.
- Resource materials can be improved.
- Black board teaching or similar rather than just using PPTs to read out subjects instead of teaching them.
- Course content could be covered in depth. Internship can be made little more student friendly, by providing us chances (clinical procedures), please decrease the amount of clerical work given to interns (like asking to write dummy files).
- More of teaching skills should be introduced to doctors who take classes.
- Increase the amount of time in clinics as students. Increase clinical exposure as interns and include them in discussion, classes and journals. Repeated motivation of students and involving them in clinical procedures. In the hospital, improve the number of staff in all the positions and train them accordingly to make the institutions a better one.
- Reduce useless work in internship.
- Try increasing clinical hours more than theory hours. Reduce power point presentations and increased interaction.
- Some teachers rely a lot on PPTs and just read them out unlash we can do by ourselves. Interns should be involved more in patient care and should have a little more freedom. Basic details about faculty including their degree, research papers and experience.
- Internship could be a lot more relevant. It's only paper work and kills any interest that a student has in a subject. Undergraduate teaching is good but a little more emphasis must be given for teaching interns too. Also, it would greatly be appreciated if interns were not made to run personal errands.
- Pay more money to interns and treat us respectfully. We are just doing paper work in internship.
- More time in clinics. Sports complex. Better recognition of opportunity for student research.
- More clinical discussion during rounds.
- Develop out of the box approaches to teaching.
- Less of slides in class and more of blackboard teaching. More of interaction in class. More of case scenarios.
- Clinical examination to be taught during second year would be helpful and gives more confidence by final year.

- Departments have to kindly submit intern attendance to accounts department as soon as possible so that it will save operational time. And we don't have to make multiple visits to the office. Community medicine department has to work on organization of all the activities of the department.
- The load of documentation which makes us reduce the time we get to learn about the diseases. Also some missing staff treat us like class IV workers occasionally and give us their work to us.
- More clinical procedures and less paper work to be given to interns.
- Should be more clinically oriented.
- The amount of paper work interns and PGs do, the process of learning in the name of NABH. If the same time and energy is spent bedside, evaluating the patient, it will help in progress of students.
- 24 hours library service. Scheduled time table for course completion. More practical's oriented classes.
- Add on for more electives postings like super speciality instead of 2 months for surgery / OBG we could actually have had 1 month of it and 15 days of super speciality postings.
- Clinical subjects to be taught in a much better way.
- More tests and more of clinically oriented teaching to be done.
- Clinical subjects need more clinically oriented teaching.
- More of clinical exposure needed.
- Clinical oriented teaching.
- More clinical exposure.

16. What is your current career position?

- Looking for research opportunities in India.
- Aspiring to be a surgeon.
- MBBS intern
- Undergraduate
- Done with internship (MBBS)
- MBBS intern
- Intern
- House surgeon
- MBBS completed
- Post internship (studying for MD exams)
- Aspiring dermatologist

• Post internship

M S RAMAIAH MEDICAL COLLEGE Department of Physiotherapy Cardiorespiratory and General Physiotherapy

Clinical training

Batch: 2016

- 1. What went well that we should continue?
 - ICU exposure (2), peads (1) and hands on experience
 - Respiratory medicine posting were informative and helpful in developing skills
 - Discussions and case presentations (2)
 - Ventilated cases in ICU
 - Treating patients with supervision and reasoning
 - Surgery and OBG discussion went well
 - Good guidance and allowed to perform procedures
- 2. What needs to be relooked at?
 - Demonstration of postural drainage
 - More practise of reading of ECG
 - Bedside teaching
 - Clinical teaching should be taught well
 - Make changes in writing log books and write what is learnt
 - Theory class(1) and practical class (3) should be done before treating the patients
 - Clinical discussion should be more on hands on skills rather than theory
 - Clinical timing should be equally divided between learning and treating patients
- 3. What should we start that would benefit the program?
 - More practise in ECG reading and X-ray
 - Should be taught before letting students treat patients independently
 - Faculty should come on rounds regularly (2)
 - Increase the frequency of bedside teaching
 - Demonstration on patients
 - Include viva's during IA and rounds.
 - Teach about drugs in each posting
 - Professor should demonstrate assessment/technique on patient
 - Better organisation of postings
 - SDLs to be supervised by the professors
 - Staffs should review patients regularly
 - PGs handing out cases without any insight especially in postings such as surgery

M S RAMAIAH MEDICAL COLLEGE <u>Department of Physiotherapy</u> <u>Cardiorespiratory and General Physiotherapy - Practical skills</u>

Batch:2016

- 1. What went well that we should continue?
 - Comprehensive surface marking class (5)
 - OBG class taken by Kirti Ma'am for Kegel exercises
 - Percussion classes were very good (3)
 - Revision in the end to be continued
 - Auscultation taught well
- 2. What needs to be relooked at?
 - How to comment on auscultation findings, what the sounds actually sound like and what the significance (2)
 - How to make proper interpretation of X ray
 - Auscultation, Percussion and palpation skills (2) should be taught on the patients (2)
 - Interpretation should be taught in more details
 - Hands on skills should not be self directed and to be looked by the faculty
 - More time for surface marking
 - Small test after practical class
 - Breathing exercises demonstration
- 3. What should we start that would benefit the program?
 - Reduce SDLs.
 - Practical class held at the bedside where students can practise on patients under the guidance of teachers
 - Practise practical on patients under supervision of faculty
 - Teachers should direct more learning because we end up learning wrong things from seniors.
 - PT general practical class to be done more often
 - More classes on PT management
 - ABG with more examples
 - More practical test that demonstrates skills
 - One hour practise session at the end of the week
 - Video demonstration
 - Less SDL classes
 - To be more punctual

Batch: of 2018 - 2019 1ST YEAR BPT FEEDBACK ON BIOMECHANICS - PRACTICAL SKILLS

What went well that we should continue?
 prachse practical nucle helpful
 proper schedule & order was maintained
 walking aids practicals were apod explained thoroughly

2. What needs to be relooked at?

For joint analysis, only students performed in groups. In externals, we didn't know how to go about for the joints. ADL's were not properly explained, there should have been more classes about it, we didn't know the name of exercises asked for ADL's Exam. In Gonometry, external examiner asted a hot of extra positions to perform the same gonometric measurements, so more positions should be taught. Spine class had linge discontinuity

3. What should we start that would benefit the program?

⇒ monthy class practical test can be the conducted so that it would reinforce the students.

> For sheary, better notes should be given.

Batch: 2018-19.

1ST YEAR BPT

FEEDBACK ON BIOMECHANICS – PRACTICAL SKILLS

1. What went well that we should continue?

Goniometry was well taught and joint analysis was good as well. Gait and Posture teaching helped for is energday life. Teachers have been coosperative enough and herpful

2. What needs to be relooked at?

ADIs much weed to be really looked at and Answer pattern for examination (theory) needs to be looked at. *Custains in the 100m*.

3. What should we start that would benefit the program?

- Better PPTs on topics with information. Sharing PPTs with sludents (soft copies) Batch: 2018 - 2019 1ST YEAR BPT FEEDBACK ON BIOMECHANICS - PRACTICAL SKILLS

1. What went well that we should continue?

Goniometry and Walking aids

2. What needs to be relooked at?

ADL's should be taught more dearly. Types of lifting wasn't taught.

living more information on the practical side

Batch: 2018-2019

1ST YEAR BPT

FEEDBACK ON BIOMECHANICS – PRACTICAL SKILLS

1. What went well that we should continue?

> Work shop on analysis of posture was of immense help in understanding the topic

2. What needs to be relooked at? -> All the methods of check KOM at a posite. Ext. Examiners asked for other alternative methods we were not aware of.

3. What should we start that would benefit the program?

-> Better pratising bonders

Batch: 2018 - 19.

1ST YEAR BPT

FEEDBACK ON BIOMECHANICS – PRACTICAL SKILLS

1. What went well that we should continue?

* Gamiernetry was taught well * For joint analysis presentation idea was good *

- 2. What needs to be relooked at?
- Classes get cancelled frequently which should be relooked. Information about the enams should be informed prior. Fielback should be given after presentation given from groups specially ADU's.

· Class tests should be conducted on practicles · Practicals should be linked to theory

1ST YEAR BPT

FEEDBACK ON BIOMECHANICS – PRACTICAL SKILLS

- 1. What went well that we should continue?
- Bastes were tought very well, we had enough practical hows
- Practical part leavet there is well applied in our diniral postings

2. What needs to be relooked at?

-ADL, as many of own friends still confise with the movement & inscles involved

- Alear

- 3. What should we start that would benefit the program?
 - As such nothing to be changed all own. practical sessions went well & were explained well.

Batch: 2017-

1ST YEAR BPT

FEEDBACK ON BIOMECHANICS – PRACTICAL SKILLS

1. What went well that we should continue?

- The phopen nepetition and explaination of Gonometry pmoefficall and we hope, thus type of pmacticall impnove oux skills well.

2. What needs to be relooked at? - Jhe division of groups and presentations doesnot help us in opwining complete and clamity information which to be looked at.

	The new	vision e	lasses with	mone	practic	a
rlasses	Ome	Some	benificien	notes	QHE	. neorwired .

1ST YEAR BPT

FEEDBACK ON BIOMECHANICS – PRACTICAL SKILLS

1. What went well that we should continue?

Teaching of gonionneter, joint analysis was nice and should be kept same.

-The sequence for Activities of daily lining (ADL) was propor.

- Walking dids demonstration was good.

2. What needs to be relooked at?

- In goniometer endfeel was not talted appropriately. - In walking aids principle and measurement - the should be relocked.

- In activities of daily living (ADL) they didnot mention about conditions tike kyphosis, lordous as ADL so we were not aware about as these are not a part of daily living activity.

3. What should we start that would benefit the program? Autonging internal as exam with exam based question, so we get a exposure to it.

Batch: 2017 (18-19) 1ST YEAR BPT FEEDBACK ON BIOMECHANICS – PRACTICAL SKILLS

1. What went well that we should continue?

goniomletry was taught will Measurements were taught in detail for each joint Jaint analysis Was done well

2. What needs to be relooked at?

-> Walking Aiels - gait, indicatione, contraindicatione was asked in escam (which wasn't taught in Iye)

-) ADL - Remision needed

-) goint Analysie - Sub talas wasn't taught

3. What should we start that would benefit the program?

-> More practice for ADL

 Batch: 2017 (18-19)
 2nd YEAR BPT

 FEEDBACK ON EXERCISE THERAPY – PRACTICAL SKILLS

1. What went well that we should continue?

Regulae praticale, Short sersions, Sufficient Practice praitical sessions.

2. What needs to be relooked at?

Cossection of mistake in glading strengts. Individual attention is necessary.

Regular test before internal. More practice practical session.

Batch: 2017 (18-19) 2nd YEAR BPT <u>FEEDBACK ON EXERCISE THERAPY – PRACTICAL SKILLS</u>

1. What went well that we should continue?

- & Too many practical classes - Detailed explanation of topic - Repetitions. - Long hours of lessons. - Encouraging questions - Entra Knowledge.

2. What needs to be relooked at?

- Hygiene of lab. - Exact parameters of the machines - Dosages in detail. - Grad ventillation in lab - Closedication of duetats

2nd YEAR BPT

FEEDBACK ON EXERCISE THERAPY – PRACTICAL SKILLS

1. What went well that we should continue?

Regular practicale, completing portion, giving time for practice on Friday.

2. What needs to be relooked at?

Many techniques weere défferent fear teachers to teachers, we faced issues during exams with examinees. Eg: Stretching, strengthening, MT

3. What should we start that would benefit the program?

To look foe studente demonstration dueing practical hours not objecting the practical exams. Palpation of bony points and teadons.

2nd YEAR BPT

FEEDBACK ON EXERCISE THERAPY – PRACTICAL SKILLS

1. What went well that we should continue?

MMT Zwell faught. Suspension

2. What needs to be relooked at?

DNF

Start teaching, App dividing the class into groups.

Batch: 2017

2nd YEAR BPT

(18 - 19) FEEDBACK ON EXERCISE THERAPY - PRACTICAL SKILLS

1. What went well that we should continue?

-) Practical classes gave us more knowledge and hands-on skill. -) It gave us confidence to treat patients in clinics. -) We understood theory better after our practical classes. -) manual massage Therapy was helpful in treating patients without use of any modalities

2. What needs to be relooked at?

-) more Pravical classes should be taken.

-) Revision practical classes should be organised.

-) modalilies in Electrotherapy should be upgraded.

3. What should we start that would benefit the program?

-) more of clinical Presentation classes should be taken. -) more results should be

Batch: 2017 (2018-19) 2nd YEAR BPT <u>FEEDBACK ON EXERCISE THERAPY – PRACTICAL SKILLS</u>

1. What went well that we should continue?

Mareage · MMT - Manual muscle testing { taught in aletail · Skutching · Paggive movemente · Accessory movement All these topics were taught well.

2. What needs to be relooked at?

· PNF (· TMT ? should be staught in detail PNF-) not enough practice from escan point of view INT-> all muscles not done in aletail

3. What should we start that would benefit the program? -> Practice -> tests

D

2nd YEAR BPT

FEEDBACK ON ELECTROTHERAPY – PRACTICAL SKILLS

1. What went well that we should continue?

→ lyining time for practice → Dufficient practical time → Importance and time was given maximum to motor points

2. What needs to be relooked at?

-> Is change the list pads -> lyining still more time to ultrasound, IFT and TENS

3. What should we start that would benefit the program?

Nore friquent class tests that should be added to internals.

Batch: 2017 (18 - 19) 2^{nd} YEAR BPT **FEEDBACK ON ELECTROTHERAPY – PRACTICAL SKILLS** 1. What went well that we should continue? · Ultrasound · SD curve Solone cuell ·SWA -) Practice Practicals should be continued 2. What needs to be relooked at? · Tens . Laser (should be dealt in detail · TET tens - parameters and meetings were not taught in detail IFT- there was confusion in parameters and setting of frequency 3. What should we start that would benefit the program? -> More practice > More tests

2nd YEAR BPT

FEEDBACK ON ELECTROTHERAPY – PRACTICAL SKILLS

1. What went well that we should continue?

* practice practical on need to be continue. * Frough machines for stimulation. * Madalities mere to taught in appropriate way

2. What needs to be relooked at?

- Practice practicals need to be superinsed - To check if me more doing exact thing or wrong thing.

-To increase number of modalities like TENS, IFT

Batch: 2018-19

2nd YEAR BPT

FEEDBACK ON ELECTROTHERAPY – PRACTICAL SKILLS

1. What went well that we should continue?

- Practice practical classes were bulpful as we could spend a lot of time in practicity different modalities. - We usere exposed to all the equipments.

2. What needs to be relooked at?

- Hygiene of the lab.

the

- The lecturers must have a communication orrorg themselves to finalize one particular procedure / perotocol for a modality.

3. What should we start that would benefit the program?

- Faulty electrodee and other equipments.

Batch: 2017

2nd YEAR BPT

FEEDBACK ON ELECTROTHERAPY – PRACTICAL SKILLS

1. What went well that we should continue?

Massage itent well

MMF wost tought well

-> more claborated things for specific toping 2. What needs to be relooked at? > mole practical elegens should be allot go that clinical knowledge can be simproved. Doctriz. -> propre/ modelities - ehould be provided, So, Het it will be ever to learn.

3. What should we start that would benefit the program? ~ My dro therefy. Can be more.

3rd YEAR BPT

FEEDBACK ON ORTHOPEDICS & SPORTS PT – PRACTICAL SKILLS

- 1. What went well that we should continue?
 - . Hands on technique done in practicals for each joint/Rx
 - · Neural tension testing

- 2. What needs to be relooked at?
 - · Practical assessment for patients and reasoning behind it.

- 3. What should we start that would benefit the program?
 - . More practical classes for practice

3rd YEAR BPT Batch: 2016 FEEDBACK ON ORTHOPEDICS & SPORTS PT – PRACTICAL SKILLS 1. What went well that we should continue? → knee assessment class went well (peachial). → Crewical assessment class went well (peachial). - (all the techniques were demonstrated well and doubts were cleared). 2. What needs to be relooked at? > Important (must know) topics should not be taken by PG's Spine was not taught properly (tre. -> Resper Proper X say's (molwas not even taught once and asked always) -> prost Frachere class was not done well -> Tendon teanstes pt PT management technique should be reloted at (on patient) → On satisfient that would benefit the program? A demonstrate the peoples described the before asking pad students to take up a case. (technique) peoplety planned also) (technique) that are contra-indicated & indicater before exams than on the day exame. 3. What should we start that would benefit the program? on the day exans.

Batch: 2016

4

3rd YEAR BPT

FEEDBACK ON ORTHOPEDICS & SPORTS PT – PRACTICAL SKILLS

1. What went well that we should continue? - Japing classes, assessment dasses, mobilization classes bandaging for amputees the were all done really well. - Spire practically classes were very well done.

- How to do simple ROM, MMT assessments on a patient population is actually very challenging. So, we feel it should be faught under quidance of a teacher as a practical dates with a patient.

3. What should we start that would benefit the program? - Practical bedside classes where the teaches shows is how to perform tests practically on a patient.

- Atleast one case presentation by the teacher # at the start or mid-year to show students how it's done.

Batch: 2016-17/2015-16. 3rd YEAR BPT FEEDBACK ON ORTHOPEDICS & SPORTS PT – PRACTICAL SKILLS 1. What went well that we should continue? - Demonstration of assessment of all the joints went pretty well - Applichte Ourlooking on the groups while practicing - Practicals right after the theory class 2. What needs to be relooked at? - special texts for the joints and various conditions should be taught I emphaged emphagised on - Prostheight and orthois gold teaser - donning and management - Pediatric topies has to be dealt with more detail è demonstrations: - Fracture Management 3. What should we start that would benefit the program? to teach how to known down diagnosis -> Might tay for a few tests -> Lumbar spine ere should be taught in detail -> Gait training à prosthesis · Interprotation of gaint analycis

3rd YEAR BPT Batch : 2016 FEEDBACK ON CLINICAL TRAINING - ORTHOPEDICS AND SPORTS PHYSIOTHERAPY 1. What went well that we should continue? > stad Oathopedic patient rounde was regular and informative. 2. What needs to be relooked at? > faceper organization of postings (let of students de hardly got 15 days in orthp) > Demonstration of handling and transfers of a patient with a preticular fracture ~ X say demonstration of every conditions 3. What should we start that would benefit the program? -> Clinical discussion should be more hand. → Just not the condions in postions but i all condition we will treat in weade should be tought -> Do's & port's of each & creary condition should be specified.

Batch: 2016-17 15-16 3rd YEAR BPT FEEDBACK ON CLINICAL TRAINING - ORTHOPEDICS AND SPORTS PHYSIOTHERAPY 1. What went well that we should continue? - Case presentations classes to be continued. - Rounds with maan in wards. should be done often, we got to learn a lot. 2. What needs to be relooked at? - Evaluation in opd has to be allowed to be taken by 3rd years, (cubjecture and basic objective) under supermision. - Considering our niews on questioning and interacting a regard to the plan of treatment for the patient -Discussions has to be often and regularly 3. What should we start that would benefit the program? - Case presentation in clinics - Ei Physiology and mechanics of exercises for charicers conditions

Batch: 2016

3rd YEAR BPT

FEEDBACK ON CLINICAL TRAINING - ORTHOPEDICS AND SPORTS PHYSIOTHERAPY

1. What went well that we should continue?

* Bouck & Knas cooses ware toraget used * Asserement taking has taught well * Exposure of the patient to be continued. * Rounds by Dr. Shobha (PT) are amaking. Students get to learn what the consultant is thinking

2. What needs to be relooked at?

* Stokierras to ba taagat properly. * Arunnant demois

3. What should we start that would benefit the program?

Batch : 2016

3rd YEAR BPT

FEEDBACK ON CLINICAL TRAINING - ORTHOPEDICS AND SPORTS PHYSIOTHERAPY

- 1. What went well that we should continue?
 - · Bed side teaching
 - · Case presentation

- 2. What needs to be relooked at?
 - · X- vay interpretation of patients in words.
 - · To be taught well before letting us go treat patients individually.
 - · Discussions Delinical, with patients
 - · Students should not be burdened with many no. of patients to treat.
- 3. What should we start that would benefit the program?
 - · Jours on helping students learn than on hurrying to finish treating all patients.
 - · Students to be oriented well on first day in clinics with all details needed.

Batch : 2016

3rd YEAR BPT

FEEDBACK ON CLINICAL TRAINING - ORTHOPEDICS AND SPORTS PHYSIOTHERAPY

1. What went well that we should continue?

Bedside tratment

Reading of # X- Rays Learn to Correspond protocol to actual clinical eases.

2. What needs to be relooked at?

Conducting more clinical discussions Teaching of measurements required for coalking aids.

3. What should we start that would benefit the program?

Application of measuring walking aids for patients.

2nd YEAR BPT

FEEDBACK ON ELECTROTHERAPY – PRACTICAL SKILLS

- 1. What went well that we should continue?
- We had sufficient practical trouvers.
- We got good esposure to all the electrical equipments.

2. What needs to be relooked at?

- Different tubriques and different parameters were explained by staff and this confined us as we didn't know the correct techniques.

- 3. What should we start that would benefit the program?
 - Different models of the same machine should be explained as the working and handling is going to be different.

BATCH - 2016 3rd YEAR BPT Batch: 2016 FEEDBACK ON CARDIO-RESPIRATORY & GENERAL PT – PRACTICAL SKILLS 1. What went well that we should continue? Good patient experience - Comprehensive surface marking class - OBG dassertaken by Kisti Maram for Kegel enereises. 2. What needs to be relooked at? Association : How to comment on augustatory findings. . What the sounds actually sound like and what the significance is. - 21- Racy: . How to make proper inter pretation of 21- Racy. 3. What should we start that would benefit the program? - Reduce self learning dasses. These are comony sources, that students get confused. Please consider this. - Practical classes held to at the bed side where patients students can practice on patients under guidonce of the teacher.

3rd YEAR BPT Batch: 206 FEEDBACK ON CARDIO-RESPIRATORY & GENERAL PT – PRACTICAL SKILLS 1. What went well that we should continue? > Sueface marking was done well (I-shietidea). → Auscultation, Percursion & palpatory stills should be taught on a patient A interpretation should be taught in more detail. Hande- on skills should be looked at by the teachers (not self directed Practice classes should be conducted. Practice practicles on patients under supression of proffers should be 3. What should we start that would benefit the program? \rightarrow Refter Teachers should direct more \rightarrow leagning (we mostly end up leagning woong things from our seriors) 'So SDL'3 less

3rd YEAR BPT Batch: 2016 FEEDBACK ON CARDIO-RESPIRATORY & GENERAL PT – PRACTICAL SKILLS 1. What went well that we should continue? -> Burface Marking should be continued as it was taken. - Permissione adasses were pretty good. > The remisions in the end should be continued. 7 2. What needs to be relooked at? -> Ausulatory assessments has to be taught with the other abnormal sounds to differentiate well. -> Palpatory findings has to be taught with regard to patients -00 3. What should we start that would benefit the program? more » PT general practical classes should be done eften;. . * Mere classes a knowledge on the management of various conditions than just accessments. -> KESE OKEN To . ABG with more examples

3rd YEAR BPT Batch: 2016 FEEDBACK ON CARDIO-RESPIRATORY & GENERAL PT – PRACTICAL SKILLS

1. What went well that we should continue? Ausaultation - Taught seally well. Surface Marking - T-Shiet Activity was recy ugaging & intrustin Percussion - Really helped.

2. What needs to be relooked at?

More time alloted to surface marking. Small tests aper practical classes.

3. What should we start that would benefit the program?

More Practical tists (april each tichnight) that demonstrati skills. Batch: 2016.

3rd YEAR BPT

FEEDBACK ON CARDIO-RESPIRATORY & GENERAL PT – PRACTICAL SKILLS

1. What went well that we should continue? , Surface marking on the white shirt.

. Percussion class was taught innovatively using

2. What needs to be relooked at?

· Auscultation · Palpatory stilly - BP and itc · & preating ex demonstration.

3. What should we start that would benefit the program?

we would like one or her to practice ewything at the end of the week

- · vodere video demonstration,
- · Less SDL clarens.
- · Be punctual about class timings.

Batch: 2016

3rd YEAR BPT

FEEDBACK ON CLINICAL TRAINING - CARDIO-RESPIRATORY & GEN. PHYSIOTHERAPY

1. What went well that we should continue?

Discussions Case presentations. Ventilator class for ICU. BLSEPR closes in international learning center.

2. What needs to be relooked at?

* Bed side feaching * Clinical resar reasoning sheeld be thought

3. What should we start that would benefit the program?

* It is better to have ICU postings alterately 2 weeks instead of contrious 4 weeks. * Theory clarges should be done before the prachele praches in the camiles. * Shalent should be tought before letting them heat patient individually

Batch: 2016-17 (15-16. 3rd YEAR BPT FEEDBACK ON CLINICAL TRAINING - CARDIO-RESPIRATORY & GEN. PHYSIOTHERAPY 1. What went well that we should continue? > Merning discussion should be continued. =. Lase Presentations - mere often =) Treating patients with superiision and reasoning. 2. What needs to be relooked at? ⇒ Make changer in writing log books > write what is learn't from each patiend rather than writing T/O/A => Faculty should come on sounds regularing. ⇒ Increasing the frequency of bedside teaching 3. What should we start that would benefit the program? > Demonstratione on patients. ⇒ Include vivos during internals and during rounds. > Teach about drugs in Kasa each postings

Batch : 2016

3rd YEAR BPT

FEEDBACK ON CLINICAL TRAINING - CARDIO-RESPIRATORY & GEN. PHYSIOTHERAPY

1. What went well that we should continue? ~ Suctioning demonstration on the maniquine . -> Suggery & OBG discussion went well ! → Ktoi Clinical timings should be equally divided i between learning (eg assessment & managment planning from the peofereores) and treating patients 2. What needs to be relooked at? → Demonstration of techniques should be do taught paior to entering the postings (not by seniore as all teach differently). -> clinical discussion should be more on hands on stills sather than theory 3. What should we start that would benefit the program? -> Professors has to do the ass demonstrate the assessment/fechnique on the patient (from & HOPI to objective & management) -> Better aganization of postings -> SDL's should be superviced by peoplesors

Batch: 20%

3rd YEAR BPT

FEEDBACK ON CLINICAL TRAINING - CARDIO-RESPIRATORY & GEN. PHYSIOTHERAPY

1. What went well that we should continue? Regular patient review in some postings when as ICV and Paeds. - Students de given good guidance and allowed to perform procedures.

2. What needs to be relooked at? breathing - Teach the students all the renceises and all the ICV classes should be taken earlier on in the academic year to that students can apply them Usage of devices suchas flutter, IPAP, rebulizes. etc. How to use, when to prescribe, how to write meteription for these devices and inculate use of these devices in the patient's Freatment 3. What should we start that would benefit the program? - Regular to rounds by all the clinical staff incharge. - Some patients weren'd reviewed by the staff and the PG. PGs, just hand out cases to 3rd years to treat without any insight in some postings such as - Significant assessment factors over as how to plan the patients treatment.

Batch : 2015.

3rd YEAR BPT

FEEDBACK ON CLINICAL TRAINING - CARDIO-RESPIRATORY & GEN. PHYSIOTHERAPY

1. What went well that we should continue? ICV exponere & hands on experience à learning leg: & suctioning, palpation) & it's application The discussions were productive & we found it really helpful.

2. What needs to be relooked at? Demonstration of Postural drawinger can hards on & also - more practice in reading of ECGs.

3. What should we start that would benefit the program?

Our ICV experience along with our Respiratory medicine posting was very informative & helpful in developing our skills. & More practice in EGr readings & Krays would definitely benefit the program.

March 2017 batch

M.S. Ramaiah Medical College, Bangalore

COURSE EVALUATION

Degree completed: MBBS

Date: 14-03-2018

This evaluation will be made by students who have completed the course recently.

Students are required to rate the course on the following attributes using the 5 points.

SI. No.	Characteristics/Points	Ratings				
1	How much of the syllabus was covered?	91-100%	71-90%	51-70%	50% or less	Not sure
		36	41	05		
2	How relevant and applicable was the training to real life situations?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		16	60	08		
3	How satisfied were you with the learning value of the subject as regards to	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	a) Knowledge	21	59	08		
	b) Psychomotor skills	12	58	16	01	
	c) Analytical abilities	13	60	13		
	d) Broadening perspectives	14	52	20	01	
4	Was the course content covered in depth?	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		16	56	16		
5.	How relevant was the additional resource material (Library)	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		20	56	11	01	
6	How well did the examination questions reflect the content and emphasis of the teaching?	91-100%	71-90%	51-70%	50% or less	Not sure
		25	54	07		
7	Were the internal grading procedures fair?	Very Great	Great	Modest	minimal	Not sure
		08	43	31	06	
8	How much support did you get from the faculty when you faced some difficulty while learning?	Very fair	Fair	Occasionally fair	Not fair	Not done
		15	57	12	04	
9	Rate the overall quality of teaching for the subject.	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		20	53	15		
10	Overall attitude of faculty members was	Friendly	Cordial	Interested	Disinterested	Threateni ng
		31	43	11	02	01
11	How useful were the allied department postings?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure

		18	59	08	03	
12	The opportunity given for UG teaching was	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		16	61	11		
13	How was the overall practical / clinical training	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		20	56	10	02	
14	What are the strengths and weaknesses of the course offered by the department?					
15	Suggestions for improving the course					
16.	What is your current career position?					

14. What are the strengths and weaknesses of the course offered by the departments?

- Strengths: infrastructure, opportunities additional like ALC, digital library. Weakness: un interactive classroom learning. Internship learning opportunities unsatisfactory.
- Strength: very comprehensive and in dept teaching. Weakness: didn't get much time for exam preparations.
- Good course!
- Strength: knowledge base is good
- Strong theory, however course emphasis on clinical relevance especially in early year. Lack of case vignette discussion.
- Less number of interactive teaching sessions.
- Good faculty & infrastructure
- It is need organized and good for improvement.
- Strengths: group discussion
- Strength: the wide range and the way it's organized. No weakness
- Friendly staff. Strong alumni
- Strength: very good clinically. Weakness: however, clinical teaching could be more
- Strength: teaching
- Excellent teaching
- More emphasis on clinical application of knowledge.

- Strengths: relevance to daily life comprehensiveness. Weakness: hurried through
- Strengths: Punctual & dedicated
- Teaching methods & ways are quite good & very helpful. However, more interactive sessions & workshops will help further.
- Covering the course.
- Ethical dilemma understood.
- Strengths: teaching.
- Strength: teaching, skills lab & bed side cases. Weakness: not enough cases
- Less patient load for clinics.
- Strength: good facilities. Weakness: none
- Good
- Gained clinical skills & adequate theory knowledge pertinent to examinations.
- Strength: confidence, knowledge. Weakness: practical experience (hands on experience is less)
- Good teaching. ALC course was beneficial.
- Strength: good classroom teaching. PPT teaching
- Only strength no weakness
- Good academics
- Good faculty & infrastructure
- Very good teaching programme & faculty
- Helps us to manage the situation we are going fall in future.
- Supportive in teaching all clinically related cases. Advance learning centre helped us a lot in applying on real patients.

15. Suggestion for improving the course

- Better curriculum for clinical postings with emphases on skills and problem solving, case discussion. More focus on teaching skills and actual experience as a doctor during internship.
- More time should be allotted for exam preparations.
- Better & simple
- Be a bit more student friendly

- Include case vignette discussion. Try to improve more clinically relevant teaching less teaching of para clinical subjects.
- Being impartial during internals.
- Nothing from my side
- More clinically oriented classes would be of great help.
- More practicality
- More emphasis on clinical application of knowledge
- Exposure to para clinical subjects in the hospital.
- More interactive session to promote active learning.
- Increasing number of patients.
- Cut down on theory classes as time for exam preparation is less.
- Integrated teaching classes should be conducted in more number to improve analytical abilities of students.
- Good
- Chalk board teaching. Concept based learning
- Final year clinics internal exams could be more similar to externals.
- Continue the same
- Improved access to online learning resources such as up to date.
- •

16. What is your current career position?

- MBBS pass, preparing for PG
- Junior resident
- MBBS graduate
- Intern
- Internship completed
- Pursue PG course
- Ex-intern
- Preparing for NEET
- Completed internship

- Post internship
- Post MBBS
- Studying for PG
- UG

<u>M S RAMAIAH MEDICAL COLLEGE</u> <u>Department of Physiotherapy</u>

Electrotherapy- practical skills

Batch 2015/2017

- 1. What went that we should continue?
 - Electrical stimulation
 - Had sufficient practical hours
 - Good exposure to all electrical equipment
 - Giving time for practise (2)
 - Importance was given maximum to motor points
- 2. What needs to be relooked at?
 - IFT, TENS and faradism under pressure
 - Different techniques and different parameters were explained by staff and this confuses us as we didn't know the correct technique
 - To change the lint pads
 - To give more time to ultrasound, IFT and TENS
- 3. What should we start that would benefit the program?
 - Better teaching how to deal with different diagnosis
 - Different models of same machine should be explained
 - More frequent class test

Exercise therapy – Practical Skills

- 1. What went that we should continue?
 - MMT (2)
 - Suspension well taught
 - Regular practical (2)
 - Completing portions
 - Giving time for practise on Friday
 - Practical classes gave us more knowledge and hands on skill.
 - It gave us confidence to treat patients in clinics.
 - We understood theory better after our practical cases.
 - Manual massage therapy was helpful in treating patients without use of any modalities.
 - Accessory movements
 - Short sessions, sufficient practice practical sessions.
 - Too many practical classes
 - Detailed explanation of topic.
 - Repetitions.
 - Long hours of lessons
 - Encouraging questions
 - Extra Knowledge.
- 2. What needs to be relooked at?
 - PNF (2)
 - IMT should be taught in detail
 - PNF Not enough practice from exam pint of view.
 - IMT All muscles not done in detail
 - Many techniques were different from teachers to teachers, we faced issues during exams with examiners (eg. Stretching, strengthening. MMT)
 - More practical classes should be taken.
 - Revision practical classes should be organised.
 - Correction of mistake in grading strength. Individual attention is necessary.
 - Hygiene of lab.
 - Exct parameters of the machines
 - Dosages in detail
 - Good ventilation in lab.
 - Clarification of doubts.

- 3. What should we start that would benefit the program?
 - Start teaching and stop dividing the class into groups.
 - To look for students demonstration during practical hours during the practical exams
 - Palpation of bony points and tendons.
 - More of clinical presentation classes should be taken.
 - Practice
 - Tests
 - Regular test before internals.
 - More practice practical session.
 - Class presentation
 - Interactive sessions.
 - Clarification of doubts
 - Punctuality

Electrotherapy – Practical Skills

- 1. What went that we should continue?
 - Ultrasound, SD Curve, Stimulation, SWD done well.
 - Practice Practicals should be continued.(2)
 - Enough machines for stimulation.
 - Modalities were taught in appropriate way.
 - Practice practical classes were helpful as we could spend a lot of time in practicing different modalities.
 - We were exposed to all the equipments.
- 2. What needs to be relooked at?
 - TENS, Laser, IFT should be dealt in detail.
 - Tens- Parameters and settings were taught in detail.
 - IFT There was confusion in parameters and setting of frequency.
 - Practice practicals need to be supervised To check if we were doing exact or wrong.
 - The lecturers must have a communication among themselves to finalize one particular procedure/protocol for a modality.
 - More elaborated things for specific topics
 - More practical classes should be allotted so that clinical knowledge can be improved.
 - -
- 3. What should we start that would benefit the program?
 - More Practice
 - More tests
 - To increase number of modalities like TENS, IFT.
 - Hygiene of the lab.
 - Faulty electrodes and other equipments.
 - Hydrotherapy can be kept more

Biomechanics – Practical Skills

- 1. What went that we should continue?
 - Proper repetition and explanation of goniometry practicals (2)
 - Sequence of ADL was proper
 - Walking aid demonstration was good
 - Basics were taught well
 - Sufficient practical hours
 - Goniometer was taught well.
 - Measurements were taught in detail for each joint.
 - Joint Analysis was done well
- 2. What needs to be relooked at?
 - Division of groups and presentations doesn't help us in requiring complete and clarity information which needs to be looked at
 - Goniometer end feel not taught appropriately
 - Walking aid- principle and measurements
 - ADL conditions like kyphosis, lordosis as ADL were not mentioned
 - ADL practicals still confusing
 - Walking aids: gait, indications, contraindications was asked in exam (which wasn't taught in 1st year)
 - ADL Revision
 - Joint Analysis Subtalar wasn;t taught
- 3. What should we start that would benefit the program?
 - Revision class with more practical classes
 - Beneficiary notes are required
 - Arranging internal as exam with exam based questions
 - To get good exposure
 - Nothing to be changed all went well.
 - More practice for ADL.

Biomechanics – Practical Skills

- 1. What went that we should continue?
- Goniometer was taught well (2)
- Joint analysis presentation idea was good (2)
- Practical on analysis of posture was of immense help in understanding the topic
- Goniometer and walking aids (2)
- Gait and posture teaching helped
- Teachers have been helpful
- Practise practical helpful
- Proper schedule and order was maintained
- 2. What needs to be relooked at?
- Classes get cancelled frequently
- Information about exams to be informed prior
- Feedback to be given after presentation from group especially ADLs
- Alternate methods of assessing range of motion (external examiner asked for alternate methods) (2)
- ADLs to be taught more clearly
- Type of lifting wasn't taught
- ADL, answer pattern for examination
- Curtains in the room
- Joint analysis only student performed in groups
- ADLs not properly explained
- Had difficulty in university exams
- Spine class had a huge discontinuity
- 3. What should we start that would benefit the program?
- Class test should be conducted on practicals
- Practicals should be linked to theory
- Better practising conditions
- More information on practical aspect
- Better PPT on topics
- Sharing PPTs
- More videos or pictorial representations
- Monthly class and practical test
- Theory better notes to be given

CBR - Clinical training

Batch 2012 in 2015-2016

- 1. What went that we should continue?
 - Kaivara well organised
- 2. What needs to be relooked at?
 - most of the syllabus was covered in short span of time
 - Organising out postings for odd batch
- 3. What should we start that would benefit the program?
 - More structured group therapy at saimandali
 - Implement more community posting which would benefit community and not students

STGRADUATE 0

M. S. Ramaiah Medical College- Bangalore Curricular Feedback form for Alumni

<u>Note:</u>- Kindly circle the appropriate choices in the form provided. Please provide your valuable suggestions in the remarks column to help us improve the learning experience & make value additions to the curriculum.

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
 - a) Very Good b) Good c) Satisfactory d) Not satisfactory
- 2. The Curriculum addressed effectively
 - I. In dealing with the knowledge content Yes/No
 - II. In addressing Skill development Yes/No
 - III. In developing attitudes expected of a Health Care professional Yes/No
 - IV. In addressing practical issues- Yes/No
 - V. In Over-all personality development –Yes/No
- 3. Has it helped you in fulfilling the needs as a Health care professional Yes/No
- 4. Has it helped in being academically in par with other professional colleagues Yes/No
- 5. Has it helped you in meeting the requirements of providing efficient health care delivery-Yes/No
- 6. Has it prepared you in meeting the expectations of Health care industry Yes/No

- 7. Has it been helpful in nurturing needs of the community at large –Yes/No
- 8. Was it helpful in fostering a research culture/environment Yes/No
- 9. Was there incorporation of standards of Global competency-Yes/No
- 10.Was an effort made to make value additions to the curriculum Yes/No

Remarks/Suggestions for improvement:

Contact No: 9448671898 Email ID: theplay @ provil 60 Date: 4/6/16

DV HEMANTH (1999-2002 batch) Signature: T. H.

<u>M. S. Ramaiah Medical College- Bangalore</u> <u>Curricular Feedback form for Alumni</u>

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- 8. Was it helpful in fostering a research culture/environment Yes/No
- 9. Was there incorporation of standards of Global competency-Yes/No
- 10.Was an effort made to make value additions to the curriculum Yes/No

Remarks/Suggestions for improvement:

Need to be part of government health programmer as a learning by attending meetings.
 holis

Date: 3/6/16 Contact No: 9740153962 Email ID: cncmanie

Signature:

M. S. Ramaiah Medical College- Bangalore Curricular Feedback form for Alumni

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 - IV. In addressing practical issues-Yes/No
 - V. In Over-all personality development -Yes/No
- 3. Has it helped you in fulfilling the needs as a Health care professional Yes/No
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- 8. Was it helpful in fostering a research culture/environment Yes/No
- 9. Was there incorporation of standards of Global competency-Yes/No

10 Was an effort made to make value additions to the curriculum Yes No

Remarks/Suggestions for improvement:

Date:

3 16

Contact No:

9686976129

Email ID:

chethanasi@gna

S Prin's

Signature:

M. S. Ramaiah Medical College- Bangalore Curricular Feedback form for Alumni

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- 6. Has it prepared you in meeting the expectations of Health care industry Yes/No

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- 8. Was it helpful in fostering a research culture/environment Yes/No
- 9. Was there incorporation of standards of Global competency-Yes/No
- 10.Was an effort made to make value additions to the curriculum Yes/No

Remarks/Suggestions for improvement:

Date: 3 116 Contact No: 9880280528 Email ID:

Signature:

Por Syman

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
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 - III. In developing attitudes expected of a Health Care professional Yes/No
 - IV. In addressing practical issues-Yes/No
 - V. In Over-all personality development Yes/No
- 3. Has it helped you in fulfilling the needs as a Health care professional Yes/No
- 4. Has it helped in being academically in par with other professional colleagues –Yes/No
- 5. Has it helped you in meeting the requirements of providing efficient health care delivery-Yes/No
- 6. Has it prepared you in meeting the expectations of Health care industry Yes/No

- 7. Has it been helpful in nurturing needs of the community at large -Yes/No
- 8. Was it helpful in fostering a research culture/environment -Yes/No
- 9. Was there incorporation of standards of Global competency-Yes/No
- 10. Was an effort made to make value additions to the curriculum Yes/No

To Structure better

<u>Date:</u> 3/6/2016. <u>Contact No:</u> 9880172875. <u>Email ID:</u> Lguaj201 @ yahron

<u>Signature:</u> Sum

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Dr. Shweta

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
- (a) Very Good b) Good c) Satisfactory d) Not satisfactory
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- 9. Was there incorporation of standards of Global competency-Yes/No
- 10.Was an effort made to make value additions to the curriculum Yes/No

Date: 3/6/2016 <u>Contact No:</u> 9986484994 <u>Email ID:</u> drohwethaan

Signature: Studta. A.N.

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
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The institution has provided a good matform for realizing the true potential patform for realizing the true potential Deach student. Opportunities for inte-institutional research and foreign exchange <u>Date:</u> <u>Contact No:</u> <u>Email ID:</u> 6/6/2016 9916799937 Benandakumare msrme.ac.u

Signature: A. C. Hr.

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
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Date: 3 6 16

Contact No: 8971961860 Email ID: Ushavavihithe

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Signature:

(D.S. Usha. M Batch: 2003) PA-MP

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
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- 9. Was there incorporation of standards of Global competency-Yes/No
- 10.Was an effort made to make value additions to the curriculum Yes/No

- Lealent learning atmosphere

Date:

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Contact No: 9845750080

Email ID: Vee jayoz @ gmail.com

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Signature: (of popport Forensie Mudicine

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- 10. Was an effort made to make value additions to the curriculum Yes/No

Date:

Signature: (Forensic Medicine)

<u>Contact No:</u> 9945446766

S Prin

Email ID: aksrash@gmail

<u>Note:</u>- Kindly circle the appropriate choices in the form provided. Please provide your valuable suggestions in the remarks column to help us improve the learning experience & make value additions to the curriculum.

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- 10. Was an effort made to make value additions to the curriculum Yes/No

Most appropriately designed curricelum

Date:

Contact No: 9739325152

Email ID: bshuga& 2007(gmall.com

Signature:

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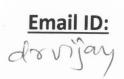
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For Global Competency, we can add wifi taabtator ashde Campus.



Contact No: 98457ania



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Signature:

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- 9. Was there incorporation of standards of Global competency-Yes/No
- 10.Was/an effort made to make value additions to the curriculum Yes/No

Date: 3/6/16, <u>Contact No:</u> 9886475610 <u>Email ID:</u> ambanshv@ hedffmail.co.

Signature:

Nil -

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9. Was there incorporation of standards of Global competency-Yes/No

10. Was an effort made to make value additions to the curriculum Yes/No

Remarks/Suggestions for improvement:

Date: 3/6/16 Contact No: 982 5803787

Email ID:

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Remarks/Suggestions for improvement:

-> MORE OPPURTUNETY

EXPLORE & EXPERIENCE.

ADVANCES IN RESEARCH AND TEACHENG. IN

JOBAR WRITH CENTRAL UNSTENTES

Date:

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Contact No:

+919845700618

Email ID:

drasun km @ gmail. com

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Date: 03/06/2016 Contact No: 9742334950 Email ID: Kirtharaku @gnail.con

Signature: Arthou 2016. D3/06 (Dr. KIRTHANA KUNIKULLAYA. U).

<u>Note:</u>- Kindly circle the appropriate choices in the form provided. Please provide your valuable suggestions in the remarks column to help us improve the learning experience & make value additions to the curriculum.

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- 5. Has it helped you in meeting the requirements of providing efficient health care delivery-Ye\$/No
- 6. Has it prepared you in meeting the expectations of Health care industry Yes/No

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- 9. Was there incorporation of standards of Global competency-Yes/No
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- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
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- 10. Was an effort made to make value additions to the curriculum Yes/No

Date:

Contact No:

Email ID: gayathri_devizoo6@ reditmenil.com.

03.06.2016

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<u>Note:</u>- Kindly circle the appropriate choices in the form provided. Please provide your valuable suggestions in the remarks column to help us improve the learning experience & make value additions to the curriculum.

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 - V. In Over-all personality development (Yes/Ne
- 3. Has it helped you in fulfilling the needs as a Health care professional Yes/No as a teacher
- 4. Has it helped in being academically in par with other professional colleagues Yes No
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NIL.

Date: 3 6 2016. Contact No: 9035044023 Email ID:

parameshraddika@g

Signature:

- How was the overall experience with the UG/PG curriculum during the duration of the course?
 A Very Good b) Good c) Satisfactory d) Not satisfactory
- 2. The Curriculum addressed effectively
 - I. In dealing with the knowledge content -(Yes) No
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 - III. In developing attitudes expected of a Health Care professional Yes/No
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- 3. Has it helped you in fulfilling the needs as a Health care professional Yes No
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- 5. Has it helped you in meeting the requirements of providing efficient health care delivery Yes/No
- 6. Has it prepared you in meeting the expectations of Health care industry Yes No

- 7. Has it been helpful in nurturing needs of the community at large-Yes/No=> I cannot comment on this aspect as I have not been involved in any health caups,
- 8. Was it helpful in fostering a research culture/environment -(Yes)No Juniti
- 9. Was there incorporation of standards of Global competency-(Yes)No
- 10. Was an effort made to make value additions to the curriculum (Yes/No

=) The post-graduate students of Biochemistry can get an exposure at health cange / health care industries in order to colore their knowledge and know about the basic health care available at the presen-<u>Date:</u> <u>Contact No:</u> Email ID: **Email ID:** Sailo Kusufabbi @ Yahoo.com 03 06 2016 9886283045

Signature: Kugunt

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Curricular Feedback form for Alumni

M. S. Ramaiah Medical College-Bangalore **Curricular Feedback form for Alumni**

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<u>Note:</u>- Kindly circle the appropriate choices in the form provided. Please provide your valuable suggestions in the remarks column to help us improve the learning experience & make value additions to the curriculum.

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Remarks/Suggestions for improvement: During Undergraduate teaching, more emphasis to be solving to trype MCQ questions.

<u>Date:</u> 03/06/16

<u>Contact No:</u> 9742341871

Email ID: dosnidhar 24 @rediffmail.com

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Signature:

Batch- 1994-95)

DR. H. SRIDHAR

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
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NIL.

Date:

Contact No:

3/6/2016 . 9888392301

Email ID: Kalpankegmail.com

Signature: Dave. DR. KALPANA KUMARI MBBS ALUMNI 1996 BATCH

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Date: 3 6/16 Contact No: 8971961860 Email ID: vshevavihill

@ gonail.com

Signature: (Dr. Usha, M

Batch 97-98 batch) MBBS

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
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Date: 3/6/16

Contact No: 9 739 6 2 1916 Email ID: Ranhnikknighnappa @ yahoo. co. in

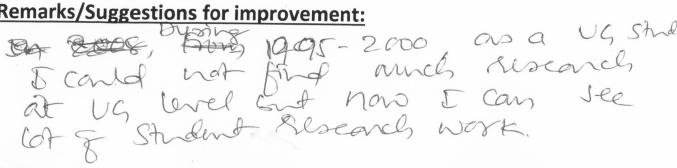
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(DR. RASHMI, K MBBS BATCH: 2000)

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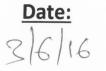
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Signature:

Contact No: 9845540213

Ogefelon. Drvijayadas

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 - I. In dealing with the knowledge content Yes/No
 - II. In addressing Skill development Yes/No
 - III. In developing attitudes expected of a Health Care professional Yes/No
 - IV. In addressing practical issues-(Yes/No
 - V. In Over-all personality development Yes/No
- 3. Has it helped you in fulfilling the needs as a Health care professional Yes/No
- 4. Has it helped in being academically in par with other professional colleagues Yes/No
- 5. Has it helped you in meeting the requirements of providing efficient health care delivery-Yes/No
- 6. Has it prepared you in meeting the expectations of Health care industry Yes No

- 7. Has it been helpful in nurturing needs of the community at large - Yes/No
- 8. Was it helpful in fostering a research culture/environment (Yes/No
- 9. Was there incorporation of standards of Global competency-(Yes)No
- 10. Was an effort made to make value additions to the curriculum Yes/No

Date:

Contact No:

Email ID:

Kmurthyu@yahoo.co.i

8/6/2016. 9342249684

Signature:

Leimbler. (Dr. KRISHMAMUNTHY. U) MBBS - 1993-94 Bostch.

- How was the overall experience with the UG/PG curriculum during the duration of the course?
 a) Very Good b) Good c) Satisfactory d) Not satisfactory
- 2. The Curriculum addressed effectively
 - I. In dealing with the knowledge content τ Yes/No
 - II. In addressing Skill development Yes/No
 - III. In developing attitudes expected of a Health Care professional Yes/No
 - IV. In addressing practical issues- Yes/No
 - V. In Over-all personality development -Yes/No
- 3. Has it helped you in fulfilling the needs as a Health care professional Yes/No
- 4. Has it helped in being academically in par with other professional colleagues –Yes/No
- 5. Has it helped you in meeting the requirements of providing efficient health care delivery Yes/No
- 6. Has it prepared you in meeting the expectations of Health care industry Yes/No

- 7. Has it been helpful in nurturing needs of the community at large –Yes/No
- 8. Was it helpful in fostering a research culture/environment Yes/No
- 9. Was there incorporation of standards of Global competency-Yes/No
- 10.Was an effort made to make value additions to the curriculum Yes/No

Date: 3 6 2016

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Contact No:

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Email ID:

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Signature:

ILS. Dr. haven Humar S 1999 2000 bath

- 1. How was the overall experience with the UG/PG curriculum during the duration of the course?
 - a) Very Good b) Good c) Satisfactory d) Not satisfactory
- 2. The Curriculum addressed effectively
 - I. In dealing with the knowledge content Yes/No
 - II. In addressing Skill development Yes/No
 - III. In developing attitudes expected of a Health Care professional Yes/No
 - IV. In addressing practical issues-Yes/No
 - V. In Over-all personality development -Yes/No
- 3. Has it helped you in fulfilling the needs as a Health care professional Yes/No
- 4. Has it helped in being academically in par with other professional colleagues -Yes/No
- 5. Has it helped you in meeting the requirements of providing efficient health care delivery-Yes/No
- 6. Has it prepared you in meeting the expectations of Health care industry Yes/No

- 7. Has it been helpful in nurturing needs of the community at large -Yes/No
- 8. Was it helpful in fostering a research culture/environment Yes/No
- 9. Was there incorporation of standards of Global competency-Yes/No
- 10.Was an effort made to make value additions to the curriculum Yes/No

Remarks/Suggestions for improvement: Faculty/professional development programmes to be encouraged to initiate the advanced skills at Bileague in thea - To make the skall labs as a part of averallem in concerned dept. Date: <u>Contact No:</u> <u>Email ID:</u> CUITACT NO: Email ID: 03/06/16 9902708710 Prasanna9482 Quin BATCH OF 2000. Signature: Augulation Date: .3BS - BATCH OF 2000 . Signature:

- How was the overall experience with the UG/PG curriculum during the duration of the course?
 a) Very Good (b) Good c) Satisfactory d) Not satisfactory
- 2. The Curriculum addressed effectively
 - I. In dealing with the knowledge content Yes/No
 - II. In addressing Skill development Yes/No
 - III. In developing attitudes expected of a Health Care professional Yes/No
 - IV. In addressing practical issues- Yes/No
 - V. In Over-all personality development -(Yes/No
- 3. Has it helped you in fulfilling the needs as a Health care professional Yes No
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- 5. Has it helped you in meeting the requirements of providing efficient health care delivery-Yes/No
- 6. Has it prepared you in meeting the expectations of Health care industry Yes/No

- 7. Has it been helpful in nurturing needs of the community at large –Yes/No
- 8. Was it helpful in fostering a research culture/environment Yes/No
- 9. Was there incorporation of standards of Global competency-Yes No
- 10.Was an effort made to make value additions to the curriculum Ves/No

Date:

Contact No: 9620680075

Email ID: dr. sandeept ayerhoo.co.in

Signature: Jandeet

Sept 2014 batch

M.S. Ramaiah Medical College, Bangalore

COURSE EVALUATION

Degree completed: MBBS

Date: 03-04-2015

This evaluation will be made by students who have completed the course recently.

Students are required to rate the course on the following attributes using the 5 points.

SI. No.	Characteristics/Points	Ratings				
1	How much of the syllabus was covered?	91-100%	71-90%	51-70%	50% or less	Not sure
		23	13	-	-	-
2	How relevant and applicable was the training to real life situations?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		15	21	1	-	-
3	How satisfied were you with the learning value of the subject as regards to	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	a) Knowledge	11	24	2	-	-
	b) Psychomotor skills	9	24	4	-	-
	c) Analytical abilities	8	21	7	1	-
	d) Broadening perspectives	8	22	6	-	-
4	Was the course content covered in depth?	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		14	19	4	-	-
5.	How relevant was the additional resource material (Library(Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		12	19	5	-	-
6	How well did the examination questions reflect the content and emphasis of the teaching?	91-100%	71-90%	51-70%	50% or less	Not sure
		15	20	2	-	-
7	Were the internal grading procedures fair?	Very Great	Great	Modest	minimal	Not sure
		8	20	5	1	-
8	How much support did you get from the faculty when you faced some difficulty while learning?	Very fair	Fair	Occasionally fair	Not fair	Not done
		11	25	1	-	-
9	Rate the overall quality of teaching for the subject.	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		13	22	2	-	-
10	Overall attitude of faculty members was	Friendly	Cordial	Interested	Disinterested	Threateni ng
		18	12	4	-	-

11	How useful were the allied department postings?	Very relevant 10	Relevant 23	Slightly relevant	Irrelevant -	Not sure	
12	The opportunity given for UG teaching was	Very Good 8	Good 26	Satisfactory	Unsatisfactory	Not sure	
13	How was the overall practical / clinical	Very Good	Good	Satisfactory	Unsatisfactory	Not sure	
14	training What are the strengths and weaknesses of the course offered by the department?	11	23		-	-	
15	Suggestions for improving the course						
16.	What is your current career position?						

14. What are the strengths and weaknesses of the course offered by the departments?

- **<u>Strength</u>** of the course was the coverage of topics in class. The illustrative interactive discussion.
- Interesting teachers
- Excellent faculty supportive and approachable
- Good teaching skills
- Everything satisfactory
- Highly qualified faculty
- Practical lessons with strong emphasis on history taking and clinical examination.
- Knowledge, increase confident, interaction with patient.
- Faculty and study resource
- Strength is coverage
- Good teaching program

- Lectures are approachable
- Good infrastructure
- Motivation given by faculty members are very encourage
- Complete course completion and revision
- Friendly of faculty. Availability of all possible types of resource for learning (library)
- COP to learn about reality, real life situation of a doctor at community level.
- Proving great hands on experience with good sense of independence given to doctors.
- Over all good
- Weakness large batches to teach divided skills
- Illogical assignments
- Less discussion done on how to interpreter signs and symptoms in to diagnosis
- Streamlined / uniform methodology of teaching
- Lack of interest of faculty members at time in teaching the needy
- Language problem
- Decrease patient to student ratio on clinical side- less exposure to clinical cases.
- Need more exposure and give more responsibility during internship.

15. Suggestion for improving the course

- Interactive seminar session
- Periodic multiple choice type class test and discussion
- Topics revision session at the end of the class
- Interaction among students through group discussion
- Can include suturing techniques as a part of anatomy dissection classes
- Use of more video based explanation of basic success
- Clinical bedside discussion can be improved by dividing batches into small group
- 2nd and 3rd year clinics should be more oriented to complete examination including differential diagnosis
- More practical classes rather than theory
- College is at the best
- Clinical knowledge based study modules

- More emphasis on integrated teaching
- Usage of multimedia for approaching confusing/difficult concepts
- PG entrance exam based worksheets/material apart for study manuals for theory examination
- Classes should be conducted in a more clinically relevant way
- On the clinical side- allotting one patient to each student and make them follow the patient from the day of admission, till the day of discharge to get to know his/her condition, investigation done and treatment given and the improvement. Helps the student in learning the overall course of a disease and to bring a sense of commitment to their professions.
- Creating office hours for professors to allow for an organized time for students to meet themindividuals.
- To provide more practical opportunities.
- More involvement of students in ALC
- Better infrastructure for interns (duty room)

16. What is your current career position?

- Intern
- General medicine
- Junior resident
- Doctor
- Completed MBBS
- Intern
- PG
- Completed internship
- MBBS
- MBBS, Intern
- Medicine residency
- Post internship
- MBBS graduate

M S RAMAIAH MEDICAL COLLEGE Department of Physiotherapy

Neuro - Practical skills

Batch 2013/2014

- 1. What went that we should continue?
 - Helping students whenever required
 - Completion of portion on time
 - Topic discussion in detail
- 2. What needs to be relooked at?
 - Make a realistic schedule and adhere to the schedule
 - Focus on student learning than patient treatment
 - More hands on practise for assessment skills
 - Lot of free classes and mostly SDLs
- 3. What should we start that would benefit the program?
 - Increase number of practical sessions
 - Make small group for clinical posting
 - Demonstrate techinques rather than givinh SDL
 - Guest lectures
 - Outreach programs

<u>M S RAMAIAH MEDICAL COLLEGE</u> <u>Department of Physiotherapy</u>

Paediatrics – Clinical Training

BATCH 2013

- 1. What went that we should continue ?
 - Clinical case discussions and clinical rounds and multi disciplinary approach
 - Great exposure like NICU and high risk
- 2. What needs to be relooked at?
 - Strong implementation of EBP
 - Particular protocol for each condition in an organised way.
- 3. What should we start that would benefit the program?
 - More organised way of follow up
 - Workshops and guest lectures

M S RAMAIAH MEDICAL COLLEGE Department of Physiotherapy

CBR - Clinical training

Batch 2013 in 2016-2017

- 1. What went that we should continue ?
- Combining of multi disciplinary departments
- Exposure of CBR for rural people
- Clinical case and log book discussion
- All out postings were informative
- Objectives set with the help of staffs were helpful
- Helped us grow professionally and personally
- Taking us to and Mobility India where we saw the applications of CBR.
- Introduction of group therapy brought about lot of difference in them, which helped us help the old population and cancer patients to a greater extent and bring more awareness about physical fitness.
- 2. What needs to be relooked at?
- EBP to be made compulsory
- Increase duration of CBR clinical training
- Conducting seminar/ workshops on disability, evaluate, high risk screening, ergonomics, womans health, assistive devices.
- -
- 3. What should we start that would benefit the program?
- Increase out posting with respect to government setups, PHC and Anganwadis
- Collaborate with an NGO, industrial setup and IT sectors.

M S RAMAIAH MEDICAL COLLEGE Department of Physiotherapy

CBR - Clinical training CHECK

Batch 2014 in 2016-2017

- 1. What went that we should continue ?
- Taking us to COP and Mobility India where we saw the applications of CBR.
- Introduction of group therapy brought about lot of difference in them, which helped us help the old population and cancer patients to a greater extent and bring more awareness about physical fitness.
- 2. What needs to be relooked at?
- Insufficient study material as we were unable to find proper resources.
- Transportation facility as it was time consuming for people to come by own in their own feasible time.
- 3. What should we start that would benefit the program?
- More exposure to CBR in practice.
- More CBR bases program and more knowledge pertaining to look at patients in CBR view.

Batch: 2015

2nd YEAR BPT

FEEDBACK ON ELECTROTHERAPY – PRACTICAL SKILLS

1. What went well that we should continue?

Carcipse Electric Stimulation

2. What needs to be relooked at?

IFT TENS Furndigue under pressure.

3. What should we start that would benefit the program?

Better teaching how to deal with different diagnos is

BPT Batch of 2013 4th YEAR BPT Batch: Nov 2016 109 2017 FEEDBACK ON CLINICAL TRAINING - CBR 1. What went well that we should continue? - All out posting were informative. - objectives set with the help of staff were helpfil for the visit - faculty incharge was well aware of the visit & it was helpfil to meet the - A alifferent exposure helped us apersonally to professionally. 2. What needs to be relooked at? - Elucicese duration for CBR clinical -training. - Conducting Seminers/ workshops on Ergonamics, womens health, disability Evol, high risk screening, Assistive devices etc.

3. What should we start that would benefit the program?

- Increase of posting with respect to government sectors - PHIC, angenbed etc. - Collaborial with an NGO, Endishiel site, IT sector etc.

Batch : 2013

4th YEAR BPT

FEEDBACK ON CLINICAL TRAINING - CBR

- 1. What went well that we should continue?
 - combining of other multi Disciplenary Departments Acceltur.
 - Exposures like community Based Rehab Services for Aular people.
 - Puntiality and frequency of classic were taken. clinical case and logbook discussions.

2. What needs to be relooked at?

Enidence Baked Pratice Should be made compulsory

3. What should we start that would benefit the program?

Workshops

Batch: 2015

3rd YEAR BPT

FEEDBACK ON ORTHOPEDICS & SPORTS PT – PRACTICAL SKILLS

1. What went well that we should continue?

Bedside thatment Reading & the x2000gs All Protocols were taught well. Assissment taught well. Special test welle undustored

2. What needs to be relooked at?

Detailed Protocols dynamitation. day.

3. What should we start that would benefit the program?

Special test demonstration class.

Batch: Nov 2017 4th YEAR BPT Aug 2018 FEEDBACK ON CLINICAL TRAINING - CBR Batch: 2014 - 2019 1. What went well that we should continue? ? Taking US to SBP and mobility India where we Bow the applications of J CBR Introduction of group therapy brought about lot of difference in the them, which helped us help the old population to a greater extent and being more awarness about physical fittiness 2. What needs to be relooked at? 7 Insufficient Study material as all were unable to find proper resources. 2) Teanspoetation facility as it was time Consuming for puople to come by own in their orang frantste time. 3. What should we start that would benefit the program? inposure to CBR in practice. > More 2) mole CBR based program & mole knowledge pretaining to look at pt in CBR View.

Batch: Sept 2014.

4th YEAR BPT

FEEDBACK ON NEURO PHYSIOTHERAPY - PRACTICAL SKILLS

1. What went well that we should continue?

- Topie Discussions in detail.

- completion of the portions on time.

- Helping sludente whenever required

2. What needs to be relooked at?

More Hands on Practise for Assessment

3. What should we start that would benefit the program?

- Guest lectimers

- Outreach programs,

Batch:Sept 2014.4th YEAR BPTFEEDBACK ON CLINICAL TRAINING - NEURO PHYSIOTHERAPY

1. What went well that we should continue?

- Interaction with faculty and case discussion. - Topic discussion.

- Assessment. and treatment planning

2. What needs to be relooked at?

- Hands on practise for assessment skills,

3. What should we start that would benefit the program?

- Guest lectimeores rs

- otore outreach programs.

Batch: 2013, 4th YEAR BPT <u>FEEDBACK ON CLINICAL TRAINING - PAEDIATRICS</u> 1. What went well that we should continue? • Demonstration while teaching • Princtuality & frequency of classes. • Chinical Case descussions • Chinical Case descussions • Chinical Rounds & Multi Disciplinary Approach. • Great exposure loke NICU'S & Flyp Rich intervent

2. What needs to be relooked at?

· strong uplementer of Evidence based Preactice. · Perficular protocal for each condition in an Olgandedway_

3. What should we start that would benefit the program?

· More oreganised way of follow up. · Worekshops & guest lectures.

Batch: 2013

4th YEAR BPT

FEEDBACK ON CLINICAL TRAINING - NEURO PHYSIOTHERAPY

1. What went well that we should continue?

he had a lot of fur classes, & was notly SDL.

2. What needs to be relooked at? The schedule thought to followed correctly & on time. Try to atleast complete 50% of the cyllaber

3. What should we start that would benefit the program?

- Do Neuro is a voiet subject which request if the faculty set admins to the schedule & try to come the eyllabus as much as possible. HUMBLE REQUEST

Batch of 2013 4th YEAR BPT Batch: FEEDBACK ON NEURO PHYSIOTHERAPY – PRACTICAL SKILLS 1. What went well that we should continue? - Aludraphe Minhert of Atactical Zelsions. - take Endeller 250+07 - me had a lot of free clesses and mostly SDL's 2. What needs to be relooked at? - Make a realistic Schedule and adhere to the schedule. - focus on student learning then potient treelment. 3. What should we start that would benefit the program? - Encrease number of gracticel sessione. - Make Smeller groups for chief postings - Demonstrille techniques rather - Then giving as SDL.

2012 Batch: Nac 2015 - 4th YEAR BPT July 2016, <u>FEEDBACK ON CLINICAL TRAINING - CBR</u>

1. What went well that we should continue?

The outpostings were a good way in giving patient-centric treatment. Hence that needs to be continued. Kaiwara was well-organised, most components from the Syllabus were covered in a short span of time.

A must needed break indeed.

2. What needs to be relooked at?

Please do consider organising outpostings for the odd batch as well

3. What should we start that would benefit the program? More structurized group therapies at Sai Mandali. Implement more community posting which would benefit the community of not just the students.

March 2015 batch

M.S. Ramaiah Medical College, Bangalore

COURSE EVALUATION

Degree completed: MBBS

Date: 16-03-2016

This evaluation will be made by students who have completed the course recently.

Students are required to rate the course on the following attributes using the 5 points.

SI. No.	Characteristics/Points	Ratings				
1	How much of the syllabus was covered?	91-100%	71-90%	51-70%	50% or less	Not sure
		17	50	7		
2	How relevant and applicable was the training to real life situations?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		9	54	11		
3	How satisfied were you with the learning value of the subject as regards to	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	a) Knowledge	15	50	9		
	b) Psychomotor skills	14	39	21		
	c) Analytical abilities	11	43	20		
	d) Broadening perspectives	16	48	9	1	
4	Was the course content covered in depth?	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		14	34	26		
5.	How relevant was the additional resource material (Library(Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		18	42	11	2	
6	How well did the examination questions	91-100%	71-90%	51-70%	50% or less	Not sure
	reflect the content and emphasis of the teaching?	24	37	11	2	
7	Were the internal grading procedures	Very Great	Great	Modest	minimal	Not sure
	fair?	9	33	30	2	1
8	How much support did you get from the	Very fair	Fair	Occasionally fair	Not fair	Not done
	faculty when you faced some difficulty while learning?	25	39	10		
9	Rate the overall quality of teaching for	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	the subject.	10	52	12		
10	Overall attitude of faculty members was	Friendly	Cordial	Interested	Disinterested	Threateni ng
		28	32	10	2	
11	How useful were the allied department postings?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure

		16	49	7		
12	The opportunity given for UG teaching	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	was	17	37	17	1	
13	How was the overall practical / clinical	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	training	18	40	12	2	
14	What are the strengths and weaknesses of the course offered by the department?					
15	Suggestions for improving the course					
16.	What is your current career position?					

14. What are the strengths and weaknesses of the course offered by the departments?

- Strength: lessons are covered well. Weakness: practical aspects not covered with enough emphasis.
- Strength: all major and clinically important topics were covered.
- Clinical experience was excellent with adequate patient load for leaning.
- Internship should be more focused towards clerical duties.
- Bed side clinical teaching was excellent. Weakness: please mane internship more clinical, not mechanical.
- Strength: most of the positions were covered well in advance. Teaching schedule was put up which gave us time to read about the topic beforehand. Weakness: very few ALC classes were conducted.
- As UGs, they should get more skills like giving injection, drawing blood, etc before start of internship.
- They are supportive to help the students.
- Strengths: classes were very effective and knowledgeable. Good teaching. Good moral values. Weakness: practical class time is less.
- Good effect by all the faculties. Come well prepared for class.
- Very good
- Strength: cordial when approach. Weakness: practical aspect could be evolved.
- All class theory topics were put up prior to the classer. So it was easy for us t read and come.
- Reduce number of undergraduate per patient.
- Satisfactory portion completion.

- Strength: good interaction, cordial in nature, approachable. Weaknesses: need more clinical exposure (especially Med), need more than rote learning even in clinical classes.
- Strengths: covered most of the syllabus. Schedule of the classes put up so it was convenient for us to be purposed for the class. Weaknesses: very few ALC classes. The number of students for bedside clinics or too many.
- Good teaching. Clearing doubts when needed.
- Strengths: great teachers. Friendly faculty. Weaknesses: more clinical involvement of interns. Proper orientation with respect to documentation required for completion.
- Strengths: 1. Detailed coverage of the subjects. 2. Very experienced faculty. 3. Video & audio aids used in teaching. Weaknesses: too much dependence on audio visual aids.
- Detailed coverage of subjects. Experienced faculty. Demonstrations used are good.
- Strength + weakness too much of documentation.
- Strengths: well trained faculty. Very good lesson plans. Comprehensive teaching. Weakness: large group teaching.
- Covered most of the syllabus. Weakness: too many people in each batch. PPT quality was not good.
- Schedules put much in advance and followed accordingly. Weaknesses: wish for letter bedside clinics with letter organization. Senior faculty takes few clinical classes.
- The teaching quality is excellent. It provides good insight into each subject and handling real life situations. We get a lot of opportunities and that really helps us in becoming good doctors.
- Strengths: presentations, seminars and interactive sessions. Weaknesses: clinical bed side discussion could be better.
- Strengths: good teaching faculty. Fair infrastructure and latest medical equipment (ALC). Weaknesses: more clerical work than clinical involvement of interns.
- Teachers were very knowledgeable & approachable.
- The syllabus was covered well & in depth. Practical teaching was excellent.

15. Suggestion for improving the course

- Career guidance talks would be help full.
- Please focus on improving internship experience clinically. For example more emphasis on allowing interns to manage cases and teaching simultaneously. Please avoid giving interns jobs other than that expected of a doctor (such as carrying files, shifting patients, collecting reports).
- Internship should include case discussions and diagnosis and management of common cases. Please limit on interns job to that of a doctor, and not any other.

- Have smaller group for bedside clinical. To have more classes in ALC and teach us more about applied aspects.
- More time to correlate clinical finding to what is taught in theory classes.
- Give more chance to interns to do procedure and not involved them to writing fake files.
- More time has to be give to practical classes.
- Fairer grading system (more uniformity rather than having different faculty grade different students) for internals. This would also help secure more gold medals at RGUHS.
- Less clinical work.
- Block board teaching is better than PPT.
- Bedside classes should have teaching where we can remember the case, not what we have mugged up.
- Viva questions (expected) Q & A format can be given at the beginning of the session so that more can be discussed during bedside.
- Small groups for the bedside clinics. ALC classes should be directed more towards case wise.
- Internal papers should be corrected by a same person and not different people.
- Block board teaching. Power point only for images or demonstrations. Regular unit tests.
- During internship less clerical work. Balanced working hours. More involvement of interns in clinical procedures by consultants.
- Most also have black board teaching at places necessary.
- Coverage of important topics by experienced faculty.
- Having interactive sessions.
- Please reduce the clerical work given to interns.
- Concentrate on giving more hands on clinical work and experience.
- More interaction during clinical rounds.
- More emphasis on clinical education. More of one to five ratios of student and teachers. Teachers giving feedback about individual student's strength and weakness would boost performance.
- To conduct more practical aspects of course like training procedures in ALC. Student facilities should be improved better books in library would be good.
- More clinical classes and more ALC classes.
- More classes in the ALC, and more stress on teaching procedures. Smaller groups for clinical classes.
- ALC classes should be directed more towards case wise.
- Less clerical work. More clinical involvement of interns.

- Need a student friendly management.
- More hands on teaching.

16. What is your current career position?

- Studying for PG
- MBBS Completed
- MBBS
- PG studies
- Post graduate
- Intern
- MBBS doctor
- Super specialize in some field of surgery
- Completed internship.
- Preparing for PG
- Preparing for PG entrance examination.

October 2015 batch

M.S. Ramaiah Medical College, Bangalore

COURSE EVALUATION

Degree completed: MBBS

Date: 20-06-2016

This evaluation will be made by students who have completed the course recently.

Students are required to rate the course on the following attributes using the 5 points.

SI. No.	Characteristics/Points	Ratings				
1	How much of the syllabus was covered?	91-100%	71-90%	51-70%	50% or less	Not sure
		11	16	2		
2	How relevant and applicable was the training to real life situations?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		7	17	4		
3	How satisfied were you with the learning value of the subject as regards to	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	a) Knowledge	11	13	5		
	b) Psychomotor skills	10	14	5		
	c) Analytical abilities	7	14	7	1	
	d) Broadening perspectives	5	14	9	1	
4	Was the course content covered in depth?	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
		5	16	8		
5.	How relevant was the additional resource material (Library(Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		6	14	8		1
6	How well did the examination questions	91-100%	71-90%	51-70%	50% or less	Not sure
	reflect the content and emphasis of the teaching?	8	18	3		
7	Were the internal grading procedures	Very Great	Great	Modest	minimal	Not sure
	fair?	5	11	11	2	
8	How much support did you get from the	Very fair	Fair	Occasionally fair	Not fair	Not done
	faculty when you faced some difficulty while learning?	11	13	4	1	
9	Rate the overall quality of teaching for	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	the subject.	9	17	2	1	
10	Overall attitude of faculty members was	Friendly	Cordial	Interested	Disinterested	Threateni ng
		11	14	2	2	

11	How useful were the allied department postings?	Very relevant	Relevant	Slightly relevant	Irrelevant	Not sure
		9	17	3		
12	The opportunity given for UG teaching	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	was	6	18	5		
13	How was the overall practical / clinical	Very Good	Good	Satisfactory	Unsatisfactory	Not sure
	training	7	14	8		
14	What are the strengths and weaknesses of the course offered by the department?					
15	Suggestions for improving the course					
16.	What is your current career position?					

14. What are the strengths and weaknesses of the course offered by the departments?

- I have learnt good ethics and clinical skills from all departments.
- Academics are good.
- Library books are not issued easily.
- Computer system is very slow in library.
- Faculties are very friendly, cooperative in examination and carrier point of view.
- Strength: holistic approach to medical education.
- Strength: excellent teaching program.
- Strong clinical integration in program.
- Weakness: less guidance and insight to various entrance exams.
- Good clinical classes
- All classes were useful
- Most of the syllabus completed
- Strength: good teaching faculty. Weakness: not clinically much relevant (1)
- Satisfied with learning and knowledge. Faculty support is also good.
- Lectures take personal interest in teaching students. Weakness: nil
- Good teaching. Friendly faculty.

- Knowledge by learning and interactions with students is satisfactory.
- Very helpful.
- They did a average teaching and they could have done it better.
- Weakness non integration of medicine to real life scenarios.

15. Suggestion for improving the course

- Administrative work speed needs to be increased.
- Involvement of interns for clinical procedure.
- Skill labs classes.
- Improvement regarding clinical cases during final year MBBS.
- Keep it up.
- They need to be impartial while grading and helpful to the students.

16. What is your current career position?

- MBBS
- Intern
- Preparing for USMLE entrance exam
- Preparing for PG

Curricular Feedback Students

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

- Has the curriculum been marginally supplemented / enriched by the institute
- 2. The curriculum has been effective
 - a. In dealing with the knowledge content
 - b. In addressing skill development
 - c. In developing attitudes expected of a Health care Professional
- 3. Have adequate Learning resources provided to fulfill curricular requirements
- 4. Have the curricular aspects been modified to address student needs
- 5. Has the student community been involved in enriching the curriculum
- 6. Has the curriculum been able to address professional requirements / needs
- 7. Does the curriculum address holistic development of students
- 8. Has the curriculum been translated / implemented to facilitate student learning
- 9. Are value additional in tune with regional / national or global trends
- 10. Have there been revisions / value additions in the curriculum based on feedback

Ves No

Yes No

Pes

(res)

(res)

Pes

(Yes)

Yes

Yes

Yes No

Comments:

Date: 07(06/16 Student ID:4716

E.mail ID: Varung Kataran @ gwail.co

Signature : Non E.K.

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

1.	Has the curriculum been marginally supplemented / enriched by the institute	Yes No
2.	The curriculum has been effective a. In dealing with the knowledge content	Yes No
	b. In addressing skill developmentc. In developing attitudes expected of a Health care Professional	Yes No
3.	Have adequate Learning resources provided to fulfill curricular requirements	Yes No
4.	Have the curricular aspects been modified to address student needs	Yes No
5.	Has the student community been involved in enriching the curriculum	Yes No
6.	Has the curriculum been able to address professional requirements / needs	Yes No
7.	Does the curriculum address holistic development of students	Yes No
8.	Has the curriculum been translated / implemented to facilitate student learning	Yes No
9.	Are value additional in tune with regional / national or global trends	Yes No

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 7 | 06 | 2016Student ID: 4693

E.mail ID: shubhamaq 22@gmail.con Signature :

Yes No

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

- 1. Has the curriculum been marginally supplemented / enriched by the institute
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- 8. Has the curriculum been translated / implemented to facilitate student learning
- 9. Are value additional in tune with regional / national or global trends
- 10. Have there been revisions / value additions in the curriculum based on feedback

Yes No

Yes

No

No

No

Not

No

No^

No

No

Nó

No

No

Comments:

Date: 7.6.16 Student ID: Sushmitha

E.mail ID: me dappa.suchmitha Signature: Lushmitha @ gmai

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

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- 1. Has the curriculum been marginally supplemented / enriched by the institute
- 2. The curriculum has been effective a. In dealing with the knowledge content Ves No b. In addressing skill development Yes No c. In developing attitudes expected of a Health care Professional Kes No 3. Have adequate Learning resources provided to fulfill curricular requirements Yes No 4. Have the curricular aspects been modified to address student needs Yes No 5. Has the student community been involved in enriching the curriculum Yes No 6. Has the curriculum been able to address professional requirements / needs Yes No 7. Does the curriculum address holistic development of students Yes No 8. Has the curriculum been translated / implemented to facilitate student learning Yes No 9. Are value additional in tune with regional / national or global trends Yes No

10. Have there been revisions / value additions in the curriculum based on feedback

Yes No

Yes

No

comments: Nueds more of remission dances.

Date: $\mathcal{F} \mid \mathcal{G} \mid \mathcal{G}$ Student ID: E.mail ID: sachitp769@gma Signature: Augurt -

CURRICULAR FEEDBACK-STUDENTS

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8. Has the curriculum been translated / implemented to facilitate student learning

9. Are value additional in tune with regional / national or global trends

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: FIGILG Student ID: DR. ARJUN. BIJAG

E.mail ID: arjun-bijah@rediff Signature: mail. Lon

Yes

Yes Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes No

Yes No

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

1	. Has the curriculum been marginally supplemented / enriched by the institute	Yes No
2.	 The curriculum has been effective a. In dealing with the knowledge content b. In addressing skill development c. In developing attitudes expected of a Health care Professional 	Yes No Yes No
3.	Have adequate Learning resources provided to fulfill curricular requirements	Yes No
4.	Have the curricular aspects been modified to address student needs	Yes No
5.	Has the student community been involved in enriching the curriculum	Yes No
6.	Has the curriculum been able to address professional requirements / needs	Yes No
7.	Does the curriculum address holistic development of students	Yes No
8.	Has the curriculum been translated / implemented to facilitate student learning	Yes No
9.	Are value additional in tune with regional / national or global trends	Yes No
	영상 비행 전쟁에 가지 않는 것이 같이 많은 것이 같은 것이 많이 많이 많다.	

10. Have there been revisions / value additions in the curriculum based on feedback

Yes No

Comments: wied more intraction with studients.

Date: 7[6]16 Student ID:

E.mail ID: SasikarAzi@gmail.con

Signature : Jeeket

CURRICULAR FEEDBACK-STUDENTS

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- 9. Are value additional in tune with regional / national or global trends
- 10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 7/6/16 Student ID: 14312

E.mail ID: humasmohommed @. Signature: Muylus gmail-con

Yes

(Yes)

Yes)

(Yes)

(Yes)

(Yes)

(Yes)

(Yes)

(Yes)

(Yes)

(Yes) No

(Yes) No

CURRICULAR FEEDBACK-STUDENTS

<u>NOTE:</u> Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

1. Has the curriculum been marginally supplemented	ed /
enriched by the institute	

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- 8. Has the curriculum been translated / implemented to facilitate student learning
- 9. Are value additional in tune with regional / national or global trends
- 10. Have there been revisions / value additions in the curriculum based on feedback

Yes No

Yes No

(es) No

(Ve)

res

Ves

Ves

Yes

Yes

Yes

(es) No

Yes No

No

No

No

No

No

No

(No)

Comments:

Date: 07/06/16 Student ID: 14M0290

E.mail ID: Madhrehman@gmall.com Signature: 4

CURRICULAR FEEDBACK-STUDENTS

<u>NOTE:</u> Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

No

Yes

Kes No

No

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10. Have there been revisions / value additions in the curriculum based on feedback

Comments: annialum is present	but needs to he modified
Comments: Curriculum is present esp. wrt 20 Pg reaching. More needed Date: 7/6/2016	enposure to skill denelops
needed,	
Date: 7/6/2016	E.mail ID: neelankert@ grail.
Student ID: 511	Signature :

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

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- 10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 67/6/16 Student ID:

E.mail ID: Bhopen, Poh@gmail. Signature: Bhoperahe

Yes No Yes No ¥es | No Ves No Yes No Yes No No Yes Yes No Yes No Yes No

Yes

No

Yes

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

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10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 07/6/16. Student ID: ALI AHMED KHUSHRU. E.mail ID: aliahmed Khushru 69 Dynai Signature : Ale Ahmed Khushen.

Yes No Yes No Yes No Ýes No Yes No Yes No Yes No Yes No No Yes Yes No

Yes

No

Yes

CURRICULAR FEEDBACK-STUDENTS

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Yes No Yes No

Yes) No

Yes No

Yes No

Yes No

No

No

No

No

(No)

No

Yes

Yes)

Yes

Yes

Yes

Yes

Comments:

Date:

Student ID: AMARNATH KUMAR IRMO329 E.mail ID: Kumarcommons 1987@ gmail, Co-Signature : Apparants /cr

CURRICULAR FEEDBACK-STUDENTS

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Comments:

Date:7/6/16 Student ID: Sunaina Shetty

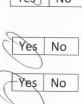
E.mail ID:	survina. 1095@g	mailc
Signature :	Such	



No

(Yes)

No Yes/ Yes No Yes No Yes No (Yes) No Yes No Yes No



Yes

CURRICULAR FEEDBACK-STUDENTS

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- 10. Have there been revisions / value additions in the curriculum based on feedback

Yes No

Vés

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

y yés

No

No

No

No

No

No

Nø

No

No/

No

No

Comments:

Date: 07/06/2016 Student ID: Resident

E.mail ID: redybara@grail.Com Signature: @al.

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

1.	Has the curriculum been marginally supplemented / enriched by the institute	Yes No
2.	The curriculum has been effective a. In dealing with the knowledge content b. In addressing skill development	Yes No Yes No
	c. In developing attitudes expected of a Health care Professional	Kes No
3.	Have adequate Learning resources provided to fulfill curricular requirements	Yes No
4.	Have the curricular aspects been modified to address student needs	Yes No
5.	Has the student community been involved in enriching the curriculum	Yes No
6.	Has the curriculum been able to address professional requirements / needs	Yes No
7.	Does the curriculum address holistic development of students	Yes No
8.	Has the curriculum been translated / implemented to facilitate student learning	Ves No
9.	Are value additional in tune with regional / national or global trends	¥és No

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 7/6/2016

Student ID:

E.mail ID: noroshansherty @gma

Wes No

CURRICULAR FEEDBACK-STUDENTS

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Yes No Yes No

No

Yes

Yes No

Yes	No
Yes	No
	-

Yes (No)

Yes No.

Comments:

Date: 706 Student ID:

E.mail ID:

Signature :

CURRICULAR FEEDBACK-STUDENTS

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Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

1.	Has the curriculum been marginally supplemented / enriched by the institute	Yes No
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7.	Does the curriculum address holistic development of students	Yes No
8.	Has the curriculum been translated / implemented to facilitate student learning	Yes No
9.	Are value additional in tune with regional / national or global trends	Yes No

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 7.6.16 Student ID:

E.mail ID: Santh & gmail . com Signature : Ash

Yes No

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

No

Yes

Yes

Yés

Yes

Yes

Xes

Yes

Yes

Yes

Yes

Yes

Yes

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10. Have there been revisions / value additions in the curriculum based on feedback

Comments: ALC Training is more chances to by five Date: Holds on Cin Surficed Student ID: 15	excellent,	hul ub tal
Date: The and son Con Surgecal	depts incl E.mail ID:	Eng Ophithe
Student ID:	Signature :	1 O hoh

CURRICULAR FEEDBACK-STUDENTS

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- 9. Are value additional in tune with regional / national or global trends
- 10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 7 [6/16

Student ID: 4632

E.mail ID: 009 Kisan Nads Egme Signature:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes No

Yes No

Yes No

No

N₆

N₆

No

No

No

No

No

CURRICULAR FEEDBACK-STUDENTS

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- 9. Are value additional in tune with regional / national or global trends

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 7 /6 /16

Student ID: 101387

E.mail ID: Sipharshairs Oyohood Signature : A.G.

No

Yes

es

es

Yes

Yes

Yes

Xes

Ves

CURRICULAR FEEDBACK-STUDENTS

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- 9. Are value additional in tune with regional / national or global trends

10. Have there been revisions / value additions in the curriculum based on feedback

Comments: Please take necessary steps to improve negative apperts.

Date: 07/06/2016

Student ID:

E.mail ID: siddeshn9965@gmail.co Signature : Sidduh

No Yes

No Yes Yes (Nð Yes (No) Yes No No) Yes (No) Yes (No) Yes (No) Yes No Yes Yes No

No Yes)

CURRICULAR FEEDBACK-STUDENTS

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- Has the curriculum been able to address professional requirements / needs 6.
- 7. Does the curriculum address holistic development of students
- 8. Has the curriculum been translated / implemented to facilitate student learning
- 9. Are value additional in tune with regional / national or global trends

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: # 06 16.

Student ID:

E.mail ID: drshantini@gm Signature: Sundhi

Yes

Yes

Yes

Yes

Yes)

Yes)

(Yes)

Yes

Yes

Yes

Yes

Yes

No

CURRICULAR FEEDBACK-STUDENTS

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- 7. Does the curriculum address holistic development of students
- 8. Has the curriculum been translated / implemented to facilitate student learning
- 9. Are value additional in tune with regional / national or global trends

No

Yes

No

Yes	No
Yes	No
Yes	(No)

Yes No

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 7/6/2016. Student ID: 🦛

E.mail ID: ble oursage Signature :

CURRICULAR FEEDBACK-STUDENTS

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1.	Has the curriculum been marginally supplemented / enriched by the institute	Yes No
2.	The curriculum has been effective a. In dealing with the knowledge content b. In addressing skill development c. In developing attitudes expected of a Health care Professional	Yes No Yes No Yes No
3.	Have adequate Learning resources provided to fulfill curricular requirements	Yes No
4.	Have the curricular aspects been modified to address student needs	Yes No
5.	Has the student community been involved in enriching the curriculum	Yes No
6.	Has the curriculum been able to address professional requirements / needs	Yes No
7.	Does the curriculum address holistic development of students	Yes No
8.	Has the curriculum been translated / implemented to facilitate student learning	Yes No
9.	Are value additional in tune with regional / national or global trends	Yes No

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 07 - 06 - 2016 Student ID: 14 M 0 286.

E.mail ID: haajirah 125@ gmail. Signature : Magreekthalid

(Yes) No

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

 Has the curriculum been marginally supplemented / enriched by the institute 	Ves No
 2. The curriculum has been effective a. In dealing with the knowledge content b. In addressing skill development c. In developing attitudes expected of a Health care Professional 	YesNoYesNoYesNo
3. Have adequate Learning resources provided to fulfill curricular requirements	Yes No
4. Have the curricular aspects been modified to address student needs	Yes No
5. Has the student community been involved in enriching the curriculum	Yes No
6. Has the curriculum been able to address professional requirements / needs	Yes No
7. Does the curriculum address holistic development of students	(es) No
8. Has the curriculum been translated / implemented to facilitate student learning	Yes No
9. Are value additional in tune with regional / national or global trends	(Yes) No
10. Have there been revisions / value additions in the curriculum based on feedback	Yes No

Comments:

Date: 7-6-2015

Student ID: 14M0260 [4605]

E.mail ID: amout a gua gorai Signature :

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

1.	Has the curriculum been marginally supplemented / enriched by the institute	Yes No
2.	The curriculum has been effectivea. In dealing with the knowledge contentb. In addressing skill developmentc. In developing attitudes expected of a Health care Professional	YesNoYesNoYesNo
3.	Have adequate Learning resources provided to fulfill curricular requirements	Yes No
4.	Have the curricular aspects been modified to address student needs	Yes No
5.	Has the student community been involved in enriching the curriculum	Yes No
6.	Has the curriculum been able to address professional requirements / needs	Yes No
7.	Does the curriculum address holistic development of students	Yes No
8.	Has the curriculum been translated / implemented to facilitate student learning	Yes No
9.	Are value additional in tune with regional / national or global trends	Yes No

10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: $\Im \neq | b | b$ Student ID:

E.mail ID: jou eria iman 1946 Signature : Juverie

Yes No

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

1. Has the curriculum been marginally supplemented /	Yes No
enriched by the institute	TES NO
 The curriculum has been effective a. In dealing with the knowledge content 	Yes No
b. In addressing skill development	Yes No
c. In developing attitudes expected of a Health care Professional	Yes No
3. Have adequate Learning resources provided to fulfill curricular requirements	Yes No
4. Have the curricular aspects been modified to address student needs	Yes No
5. Has the student community been involved in enriching the curriculum	Yes No
6. Has the curriculum been able to address professional requirements / needs	Yes No
7. Does the curriculum address holistic development of students	Yes No
8. Has the curriculum been translated / implemented to facilitate student learning	Yes No
9. Are value additional in tune with regional / national or global trends	Yes No
10. Have there been revisions / value additions in the curriculum based on feedback	Yes No

Comments:

Date: 7/06/15 Student ID: Siddharthkrstigh. E.mail ID: Siddhars Mueun@ ghail.ion Signature: Sid

M.S.RAMAIAH MEDICAL COLLEGE BANGALORE.

CURRICULAR FEEDBACK-STUDENTS

NOTE: Kindly circle the appropriate choices in the form provided.

Give your valuable suggestions in the space provided for comments for improvement of learning standards and make value additions for curricular enrichment.

- Has the curriculum been marginally supplemented / enriched by the institute
- 2. The curriculum has been effective
 - a. In dealing with the knowledge content
 - b. In addressing skill development
 - c. In developing attitudes expected of a Health care Professional
- 3. Have adequate Learning resources provided to fulfill curricular requirements
- 4. Have the curricular aspects been modified to address student needs
- 5. Has the student community been involved in enriching the curriculum
- 6. Has the curriculum been able to address professional requirements / needs
- 7. Does the curriculum address holistic development of students
- 8. Has the curriculum been translated / implemented to facilitate student learning
- 9. Are value additional in tune with regional / national or global trends
- 10. Have there been revisions / value additions in the curriculum based on feedback

Comments:

Date: 07-07-2016 Student ID: E.mail ID: monoj rp 93@ gmail.ea Signature: Manaj H

Yes No

Kes No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

M S RAMAIAH MEDICAL COLLEGE Department of Physiotherapy

Orthopedics and Sports PT – Practical Skills Batch 2016

- 1. What went that we should continue ?
 - Hands on technique done in practicals for each joint / treatment.
 - Neural tension testing.
 - Knee assessment class went well (Practical).
 - Cervical assessment class went well.
 - (All the techniques were demonstrated well and doubts were cleared).
 - Taping classes, assessment classes (2), mobilization classes bandaging for amputees were all done really well.
 - Spine practical classes were very well done.
 - Demonstration of assessment of all the joints went pretty well.
 - Overlooking on the groups while practicing.
 - Practicals right after the theory class.
- 2. What needs to be relooked at?
 - Practical assessment for patients and reasoning behind it.
 - Important (Must Know) topics should not be taken by PG's.
 - Spine was not taught properly.
 - X-rays (was not even taught once and asked always).
 - Fracture class was not done well.
 - Tendon transfer PT management technique should be relooked at (on patient).
 - How to do simple ROM, MMT assessments on a patient population is actually very challenging. So we feel it should be taught under guidance of a teacher as a practical class with a patient.
 - Special tests for the joints and various conditions should be taught.
 - Prosthesis and orthosis doing and management.
 - Paediatric topics has to be dealt with more detail with demonstrations.
 - Fracture management.
- 3. What should we start that would benefit the program?
 - More practical classes for practice.
 - On Saturdays teacher/professor should demonstrate the proper assessment before asking students to take up a case (properly planned also).
 - Things (technique) that are contra-indicated and indicative should be taught before exams than on the day of exams.
 - Practical bedside classes where the teacher shows us how to perform tests practically on a patient.
 - Atleast one case presentation by the teacher at the start or mid-year to show students how its done.

- Might try to teach how to narrow down diagnosis for a few tests.
- Lumbar spine exercises should be taught in detail.
- Gait training with prosthesis.
- Interpretation of gait analysis.

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M S RAMAIAH MEDICAL COLLEGE Department of Physiotherapy

Orthopedics and Sports PT – Clinical Training

Batch 2016

- 1. What went that we should continue ?
 - Orthopedic patient round was regular and informative.
 - Case presentations classes to be continued. (2)
 - Rounds with ma'am in wards should be done often, we got to learn a lot.
 - Assessment taking has taught well.
 - Exposure of the patient to be continues.
 - Rounds by Dr. Shobha(PT) are amazing. Students get to learn what the consultant is thinking.
 - Bedside teaching (2)
 - Reading of fracture X-rays.
 - Learn to correspond protocol to actual clinical cases.
- 2. What needs to be relooked at?
 - Proper organization of postings (lot of students hardly got 15 days in ortho)
 - Demonstration of handling and transfers of a patient with a particular fracture.
 - X-ray demonstration of every conditions.
 - Evaluation in OPD has to be allowed to be taken by 3rd years. (Subjective and basic objective) under supervision.
 - Considering our views or questioning an interacting with regard to the plan of treatment for the patient.
 - Discussions has to be often and regularly.
 - X-ray interpretation of patients in wards.
 - To be taught well before letting us go treat patients individually.
 - Discussions clinical with patients.
 - Students should not be burdened with many number of patients to treat.
 - Conducting more clinical discussions.
 - Teaching of measurements required for walking aids.
- 3. What should we start that would benefit the program?
 - Clinical discussion should be more hands on rather than theory.
 - Just not the conditions in portions but all condition we will treat in wards should be taught.
 - Do's and Dont's of each and every conditions should be specified.
 - Case presentation in clinics.
 - Physiology and mechanics of exercise for various conditions.
 - Focus on helping students learn than on hurrying to finish treating all patients.
 - Students to be oriented well on first day in clinics with all details needed.
 - Application of measuring walking aids for patients.

M S RAMAIAH MEDICAL COLLEGE Department of Physiotherapy

Orthopedics and Sports PT – Clinical Training

Batch 2015

- 1. What went that we should continue ?
 - Bedside treatment
 - All protocols were taught well.
 - Assessment taught well.
 - Special test well understood.
- 2. What needs to be relooked at?
 - Detailed protocols demonstration class.
- 3. What should we start that would benefit the program?
 - Special test demonstration class.



DEPARTMENT OF PHYSIOTHERAPY

ANALYSIS OF COURSE FEEDBACK

AUGUST 2017

ANALYSIS OF FEEDBACK ON BIOMECHANICS

- 1. What went well to continue?
 - Practical (V. Good)
 - Lecturer interaction (average)
 - Seminar need explanation
 - Seminar (well) shoulder, knee, ankle, gait (Continue with same teachers)
 - ADL continue with Soni
 - Vertebral Column (Practical) helpful and fun
- 2. What to Stop?
 - Decrease Seminars
 - Introduce topic and then allot seminar (2)
 - Decrease Goniometry practicals (3)
 - No Seminar for wrist and hand (3)
 - ADL analysis for student needs more help from teachers
 - Posture only as practical (2)
- 3. What to start?
 - Increase Gait, posture, ADL practical (2)
 - Increase hours taught for tough topics instead of only seminar
 - Increase Theory classes to 3/week
 - Indicate what to read from Cynthia Norkin for the chapter (2)
 - Increase Revision classes
 - After seminar, staff must summarize the topic (2)
 - More classes for ADL (2)
 - Joint structure and function needs more explanation for understanding.
 - Forces, levers, pulleys, friction needs revision with question paper to understand what to write.
 - More interaction with students

ANALYSIS OF FEEDBACK ON ELECTROTHERAPY

- 1. What went well to continue?
 - Maintenance of practical records (2)
 - Practice practical useful (2)
 - Timetable given before hand
 - Giving case scenario (4)
 - Revision practical
 - PG joining in practice practical was good, we can easily clear doubts
 - Test after each topic was good (2)
 - Dividing in groups and having us compete with each other was good (2)
- 2. What to Stop?
 - Stop group presentations because we learn very little. eg. Ultrasound (5)
 - Cancelling classes at last minute (3)
 - Avoid doing 2/3 topics simultaneously. Do theory and practical of same topic eg. IFT (2)
 - Stop PG classes.
 - When student do presentation, staff must also teach or give PPT.
- 3. What to start?
 - Individual presentation.
 - Provide enough "working" machines (TENS + IFT)
 - Topics of groups to be discussed in class (2)
 - PG should know about practical
 - More information on placement of electrodes in TENS and IFT.
 - VIVA question.
 - Explanation of machines in OPD to be given in detail

ANALYSIS OF FEEDBACK ON EXERCISE THERAPY

- 1. What went well to continue?
 - Clarity of each topic (2)
 - Revision class (4)
 - Individual attention in practical (2)
 - Practice practicals (2)
 - Interaction in class
 - Learning origin/insertion before practical useful
 - Discussion for resisted exercise
- 2. What to Stop?
 - PG not to take classes (4)
 - Cancelling class in last minute (2)
 - Simultaneous teaching of 2 topics
 - No PPT presentation by students
- 3. What to start?
 - Surprise test
 - Maintain practical record.
 - Timetable to be given beforehand
 - Case scenario to study and solve (2)
 - Viva for each topic.
 - Share all PPT

ANALYSIS OF FEEDBACK ON ORTHOPEDICS PHYSIOTHERAPY

- 1. What went well to continue?
 - Ortho clinical (4)
 - Senior staff is good (2)
 - Practical Shobhalakshmi/Soni. S good (3)
 - Case presentation (4)
 - Special tests well taught
 - OSPE to be continued
 - Classes well done (3)
- 2. What to Stop?
 - Time management in class (2)
 - Interns do not treat patients and put load on 3rd and 4th years
 - Nagging and cutting attendance with respect to attire (OPD). (2)
 - Partiality (2)
 - Making big issue for small things.
 - Leaving topics unfinished (2)
 - PG teaching
 - Stop reading from PPT, make topic interesting
 - Too much SDL
 - Class of 1 hour 45 minutes wasted for irrelevant talks/topics.
- 3. What to start?
 - Classes for odd batch
 - Put schedules up on time.
 - Give more explained practical (2)
 - BST by consultants
 - More case presentation/practical

ANALYSIS OF FEEDBACK ON CARDIO-RESPIRATORY PT

- 1. What went well to continue?
 - ICU postings (3)
 - Advance learning centre practicals (4)
 - Revision classes.
 - Class tests were good
 - Case presentation in posting
 - Group Discussion (2)
- 2. What to Stop?
 - One week shuffling in each posting
 - Clearing doubts immediately
 - Not completing topics (2)
 - Teachers not coming on time (2)
 - SDL classes (3)
 - Cancelling attendance on punishment
 - Making sit in class, not conducting class (3)
 - Taunting students.
 - Partiality (3)
- 3. What to start?
 - Classes for odd batch
 - Discussion in clinical posting especially surgery (3)
 - Suggestion/Complaint box to be kept.
 - Cardiac Rehab, Pulmonary Rehab & 6MWT to be taught by staff
 - More Shaswat sir classes
 - Finish one topic and then go to next
 - Clear doubts rather than asking us to find out ourselves
 - Group rounds in clinical with respective staff (Ortho, General Medicine, General Surgery, OBG)

ANALYSIS OF FEEDBACK ON PT NEURO

- 1. What went well to continue?
 - Exposure to patient was good (4)
 - Professors good in their field.
 - Few topic taught well
 - Group discussion in clinical postings were effective (2)
 - Use of outcome measures (2)
- 2. What to Stop?
 - Learning topics incomplete in theory and practical (5)
 - Wasting Neuro hours/classes to other area
 - SDL (2)
 - Continuous 3 months Neuro posting
 - Cancelling classes (3)
 - Stop being irresponsible to students
 - Sufficient practical class not done (2)
 - Information on class timings not given
- 3. What to start?
 - Organize class properly.
 - Case discussion on types of case (2)
 - Professor should be punctual
 - Regular classes (2)
 - Complete portion, continuity of classes (3)
 - More practicals after theory (3)
 - Bedside rounds in clinical posting in Memorial Hospital
 - CT and MRI to be done

	Topics 1 7		Tapico 9 15		Topics 10 17	
	Topics 1 – 7		Topics 8 – 15		Topics 16 – 17	
R	ehabilitation, CBR and Disability		Roles of Govt, NGOs, Social		Geriatrics and Ergonimics	
	Evaluation		Works, and other services			
	related to CBR					
What went well that we should continue? 1. Good introduction about topics (2) 1. Clear idea of topic 1. Good exposure for geriatrics						
	Good introduction about topics (2) Punctuality and prior information		Notes were given (3)	1.	(2)	
Ζ.	about class (2)		Simple and understandable	2	Use of geriatric outcome	
2	Good exposure		Focusing on exam point of	۷.	measures	
	Useful Study material provided (4)	ч.	view (2)	З	Good introduction to topics	
	ICF (2)	5.	Field trips (2)		Guidance	
	CBR planning and management	5.	(<u>-</u>)		Topic wise presentation for	
	Exposure to different CBR				each scenario and	
	programs				ergonomic advise	
					0	
What should we stop doing?						
1.	Stop SDLs, They are pointless	1.	Since topic is boring, black	1.	SDL (2)	
	Theory classes should be reduced		board teaching won't help		Wasting student time	
	External lecture was not required	2.	Stop wasting time on		Limit student presentations	
	and didn't go well (2)		unnecessary talks	4.	Telling us to prepare and	
4.	Avoid repetition (2)	3.	Stop gossiping in middle of		present topics without	
			lecture		giving us any idea about it	
		4.	No personal talks about	5.	Leaving the topic	
			students in class		incomplete	
		5.	Stop reading from notes	6.	Explanation of ergonomics	
		6.	Beating around the bush		was not done properly	
		7.	SDL			
		8.	Distractions during class			
What should we start doing?						
1.	More field trips (2)	1.	Videos which includes different	1.	Weightage and allotment of	
2.	Provision of study material for all	-	acts	-	class hours based on topic	
2	topics	2.	More field trips (2)		Filed trips	
3.	Disability evaluation should be	3.	Simplified version of laws	3.	Practical session and	
л	done more seriously (2)	4.	Discussion of question papers		demonstration	
4.	Some structural preparations will	-	alongside the topics	4.	Giving ergonomic advise to	
F	be appreciated	5.	Utilize the time given of the		every required patient as	
5. 6.	Stick to the topic Point out the relevance		class preciously		part of regular physiotherapy practice	
о. 7.	ICF in depth			5	Cover the entire topic	
7. 8.	Teach according to student level of				Comprehensively explain (2)	
0.	understanding				More practical sessions for	
	understunding			1.	outcome measures in	
					ergonomics	
				8.	One week rural posting	
L		I				

GIROUP-1

MPT

FEEDBACK – ACADEMIC PROGRAM

14/08/ x019.

1. What went well that we should continue?

- Or the elective was good learning enperience / knowledgeable.

- Dr. Shobhalateshni is all time favorite + the heave winner DOD ** OD (hove you naa'm) (lots of kinnes), your are the liest ma'ars'

- Knowledge and shill of the Profferors.

2. What needs to be relooked at?

- Combined dans with the speciality departments should be scheduled and well organized.

- Handling skills should be demonstrated by the staffs (one on one) & students handling skills should be relooked on fine tuning. - Teaching skill should be lought to the student

- Spss clanes.

3. What should we start that would benefit the program?

- Incuare the duration of elective portings/classes (6-8 months).

- Students life Cannot be wined with PPT, teachers are suppose to trach the student rather than being Observes I telling us what is wrong. - Motivation from teacher would be better

vather than made at institut of the student skill

GROUP-1

MPT

FEEDBACK – CLINICAL TRAINING

1. What went well that we should continue?

- Grood explore.

2. What needs to be relooked at? - Porting ad would be more conducive to learning. - idea of log-book should be relooked, as it fails to sure the purpose in most of the portings. - Repetition of porting should be avoided, every More Student should get opportunely to work in speciality.

3. What should we start that would benefit the program?

- Scubs would be made available.

- Rules & regulation should be more adaptive barred on requirement of the individual (energiney, other reaves & circumstances).

- 80% attendance is mandatory, according to ROUHS for the candidate, "It should be the responsibility of the student & only student".

GROUP-2 14/8/19. MPT FEEDBACK – ACADEMIC PROGRAM 1. What went well that we should continue? Of the elective closes next well an schedule. Entpostings and academic conference oppoilumities nere good esposure. for al Interdisciplinary classes should continued as it help in interacting i consultants and waking aware of What needs to be and in have been best contribution for physic monogurent 2. What needs to be relooked at? Classoon teeling for handlon skills by faulty, may not be in detail but mild Exposure tonored the approach. updated to the Every month leaves should be students, or once in a while. in proper mannel Case presentations should not go not stopping in between East any conclusion 3. What should we start that would benefit the program? Elective postings for should be stasted from End year Againsed classes for Neuro elective geople copenally bepause closes all porto in unschedulled manner (Iming scheduled seminars & UC teaching programme prior 6 marters attan Scheduled academics time table should be alone

GIROUP-2 MPT FEEDBACK – CLINICAL TRAINING 1. What went well that we should continue? - Discussione during clinical hours - Commbante coning the normal and also and 2. What needs to be relooked at? - Distribution of particula to Pas and clinical staffs (mH) appropriately. - All postings to be given priorly (for a year) such that there is not pusting "reprititions. - NO repairious of OPD postivizes (always) - Increase number of prople working for sunday holiday duties a in MTH ICU. - Should coursider buildayf teoliday duty attendence 3. What should we start that would benefit the program? hould be gin - Inverse stipud fee every would for god people - Food break in between posting for god people - Alands on for Neuersbogies approaches / paediatere appraches disuld be taught - In detailed assemnent should be staught for - Most of the portings are surving just on Paul school all chetties in general.

GROUP-3

MPT

FEEDBACK – ACADEMIC PROGRAM

14 819-

1. What went well that we should continue? 1) Excellent 2nd year coordinater <u>Shabha</u> wardin managed aren fling very well, may very understanding and made in feel very compressive throughout the year which is a nare in our college. (i) coordinater ensured all denses were schiceluled ? (ii) coordinater ensured all denses were schiceluled ? (iii) coordinater ensured all denses were schiceluled ? Nafferred out wars also ensured was done. wised out wars also ensured was done. We have the start and all the and the schice which were the start ward also ensured way done. (ii) the set ward also ensured way done.

iii) service also not very useful in leading agel A hould NOT BE USED AS A GARNING METHOD iv) stap ned to provide adequate crimits - lot of time stap walks in & walke out a no input time stap walks in & walke out a no input

3. What should we start that would benefit the program? uiended clauses taken by the staff that improve all knowledge. i) stap ii) Discussions & SDLs will Not and the already ensempt knowledge.

existant

Electrues Neuro: Das Romesh's clouses viere very insightful and knowledgable. They were not basice allel were advanced latring which is entremely appreviated 2) Dr. Namelakummen mas hendly avourlable to take clauser and most of them were concelled to all the syllabors that he was supposed to the 1000 not courred. 3) ziona maian was very helffe during the clause and helfed up enclusional our remo course hotton better internal fortuge would be belffel. <u>aitho</u>: .) clauses une scheduled piefuly. 2) arteur clauses taken by Dr. Hiskda and Dr.Sem uer very informative and helfed are in molentude compte autoin clauser mere very superficial and not much infusts men point form the staff. infusts men point form the staff. infusts traving by fold wars a great exposure & wars a great exposure & mars a great exposure & 5) De. Anobha's clauser were very menhod of teacher, bad howals on leaguing. Envellent method of teacher, which involves students to think & work on alize ? indua it's Parale:) des tepas under the syllabore mere consister 2) Mostly SDis and discussions and semmere by Ris does not help in adequade haring. 3) Pre-requisites and basics can be SDL beit advanced learning needs to be done by the staff. 4) Enternal postus were helpfie, bewere 't strander of not have been done at the last mouth of

GIROUP-3

MPT

FEEDBACK – CLINICAL TRAINING

1. What went well that we should continue? i) Sure staff have regular des cursions in the fasting _ Registre maion, first maion, thatha maion, ziona maion, Sundar sir, Diene maionn maion, ziona maion, Sundar sir, Diene maionn ii) stap come more frequently for clincal rounds

2. What needs to be relooked at? i) Parti we bad experially in the memory when clinical styp does not help. ii) por leaving will not vappen if we out see ii) Certour Mre derical staff de NOT WORK !! jour alles and stat the first our work of the i) Also feld like we paval \$a fee to just work in parmaian as "cheap laber". 3. What should we start that would benefit the program? i) nou des consisters in energy fasting. i) Des crusion of indus carles when forsible E not just about have money cares we love coultos (ii) Moie leuray to try neur there on fateuts. under supervision so us can apply what we al vouries m-leaning would definited be appreciated und.

14/8/19

FEEDBACK – ACADEMIC PROGRAM

- 1. What went well that we should continue?
- Shelpha muam is avesome of
- Good learning from: Ramesh sui, Soni maam, sundar su ziona maam, Shobha maam.
- Kaiwara and other outpostings were a good onp.
- yood conference held here.
- 2. What needs to be relooked at?
 - dog book is bunificial in a way but certain topics like new realls and soff evaluation are not always applicable.
 - Entra scrube would be less enpensive than buying actus for college.
 - central library. physiotherapy books at
 - ptr rooms needs removations.
 - seminar rooms ceiline is falling.
- 3. What should we start that would benefit the program?
 - Framework for the Pla program should be given before starting; time spend for topic should be relevant to eylabye and ename.
 - whenever there is gap of knowledge during leminare or case presentatione, w. beaching bound benifil trather tran walking out.

MPT

GROUP-4

Ortho:

- Elective classes by Surior faculty was very informative. not all joint were taken with as much clarity or depth .

- Outpossing was beneficial - would be vive if it happened any on in eve program by not so dose to exame. Would also be vive if college took up some of the expenses as part of the fees paid for the course of y the came fairlifes were provided on campus so everyone can participate.

the second of the state of the second of the second of the

Also president

GROUP-4 MPT FEEDBACK – CLINICAL TRAINING 1. What went well that we should continue? postinge are informative - shobhar maams sundar sir kisti maam Rayita maam soni naam ziona maam ROS 2. What needs to be relooked at? - hegular hounds by our staff for patient review and skill orsessment should be done regularly in all poetinge. -REvaluations should be done by staff and corrections should be told. - clinical states should be selected with cartion and trained. 3. What should we start that would benefit the program? - avidence based mactice should be implimented. - If staff also treats infront of us, we heaved lear more.

Elutines

Peds

- staff teaching should happen instead of constant ppt presentations by students.
- Topics chould be taken by staff abo. not just the students.

Nuco

- out postings were de not there for Neuro Pu's Many topies cour not consud under electre posting due to concellation of classes

Cardio.

- Classes should be more Structured by organised. My classes should be given priorily.
- Program was chaotic by confusing better direction to be provided.
- Alinical application of oridence based practice is vill be meter beneficial for Andent learning by patient outcome.

8/19 GIROUP-1 21 1 MPT FEEDBACK – ACADEMIC PROGRAM 1. What went well that we should continue? * clinicals - Hosting -* Case prembha I Mou of Santa Man's Casses. (interesting * Soni Mami classes .. 2. What needs to be relooked at? * Logbook * Conduction of classes * To finish classes within time period. * Conduction of JC in a beller way rather than pressuring the students (interactive 2 motivative way) * Seminary. * Classes with the medicine Phie for resperine sleeping. 3. What should we start that would benefit the program? & othopgic compiled * more classes by the staff than students (discussion will be fine) * Stop teating Pais like they know sneuthing. *

GROUP-11

MPT

FEEDBACK – CLINICAL TRAINING

1. What went well that we should continue?

* Different posting 2 dissussions * Hydrotherapy. postings * Shaehwathig Sin's discussions fare the <u>sest</u>).

- 2. What needs to be relooked at?
 - * Repetetive Postings (Shouldn't be) -> toteton * Sunday duty & Evening duty should not be kept in the Same week for a student.

* Allow Phis to offend sugaries & proceeding Officially.

3. What should we start that would benefit the program?

* gload the work of Phis More involvement of Junior staff in clinical NORK. Eval dutics with Serior Stall

GROUP-2

FEEDBACK – ACADEMIC PROGRAM

1. What went well that we should continue?

-> Schedule

1 MPT

- -> Brometrics
- → Case presentations
- -> Enthusiastic co-ordinator

-> Samita Maamie classes

2. What needs to be relooked at?

→ log book
→ <u>Rotations of clinical postings</u>
→ Sanctioning of leaves (OUR EARNED CL'S)
→ Classeroom and laptop for PGs
→ Journal clubs and Seminaris
→ Spacious Lockers to be provided

3. What should we start that would benefit the program?
→ Poroper class teaching
→ Poronioling study materials
→ Inputs by Staff
→ 6 MONTHS OF ELECTIVE POSTINGS
→ Combined classes with medical PGs
→ PROVISION OF LIBRARY CARD

FEEDBACK – CLINICAL TRAINING

1. What went well that we should continue?

GROUP-2

→ Morning discussions in Jew portings → Clinical enpositure

2. What needs to be relooked at?
→ Rotations of clinical postings
→ Clinical timings especially in OPDs
→ Clinical rounds

3. What should we start that would benefit the program?
 → 6 MONTHS OF ELECTIVE POSTINGS
 → Vaccination

GROUP-3

MPT- 1SYR MPT

FEEDBACK – ACADEMIC PROGRAM

21819

1. What went well that we should continue?

-> Bed side teaching (practicals),

→ case presentation → Jouenal club.

2. What needs to be relooked at?
→ Organized stedule (both from staff of students).
→ Seminars; the input from the staff should be more.
→ Journal club checklist deadlines should be more earlier
→ Functuallity of staff to class.
→ Blame game should be availed.

3. What should we start that would benefit the program?

→ Sharing learning material. → Active participation from staff

-> More practical and evidence based teaching

MPT

FEEDBACK – CLINICAL TRAINING

1. What went well that we should continue?

GROUP-3

-> Individual decision making opportunity ~ Exposure is adequate. > Morning dissensions (atleast in few postings)

2. What needs to be relooked at?

-> No repeat postings -> Log book adherence (by staff) → Frequent Rounds by consultants → stanggle for Ch. Ð

3. What should we start that would benefit the program? → Bed side teaching exists to assess skills. → If teaching statfl and clinical staffs can take leave for cody, to I month, why is it so that Phs can't take more than 3 days togethice?

1 MPT

GIROUP-4

FEEDBACK – ACADEMIC PROGRAM

1. What went well that we should continue? =>1. Schedule 11. Basic assessment classes iii) Journal club iv) Case presentation

2. What needs to be relooked at? -> 1) Pards assersment classes ii) Seminans i) Stall Inputs in presentation / seminous.

3. What should we start that would benefit the program?
→ i) Studints Counselling
ii) some extracticular activities during frustrating phase.
→ 6 MONTHS OF ELECTIVE POSTINGS & OUT POSTINGS.

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> WE WOULD LIKE TO HAVE "SUGGESTION BOX" FOR STUDENTS TO COMMUNICATE WITH AUTHORITY.

THE A ANTING WIT BUS TO MORE A LONG TO

GROUP-4

MPT

FEEDBACK – CLINICAL TRAINING

1. What went well that we should continue?

-> Good exposure -> Alternative holiday Sunday duty in MH (MTH

2. What needs to be relooked at? -> Most of the time senday duty & Evening duty put together. -> Staff involvement in treating patients. > boaded Philens -> Patient load in Jew portings. & -> Repeated postings 3. What should we start that would benefit the program? -> Structured Clenical posting like UG program for the whole year -> More of cleative posting -> Vaccination for PGs.

GROUP-5 MPT -1 FEEDBACK - ACADEMIC PROGRAM 1. What went well that we should continue? - Journal aubs & Seminar Modules (- Modules were scheduled appropriately. - Warnen's fleaten module was completed appropriately as campared to other modules. 2. What needs to be relooked at? - Modules could have been schedulel and done in a better wall, more practical - Emphaisis of the module was lost michay started off well but kept lagging throughout - Research Classes could be taken in forther detail of informative as it was just theoretical of not directly relevant to synapsis. - Evenise physiology I module was not enembed properly, teaming Learning did hot ofene out of it - reachers do not adhere to finalines as per schedule. ECET classes NOT TAKEN -APPROPRIAGELY 3. What should we start that would benefit the program? - More hab - b and practicals like the ones held for Encenise Physiology - Exposure to the equipment available both at MH & MTH. as a practical dars! - LAB - Practicals. More Servinars but with modified approach, - NOTTLE BOARD & CLARCROAM For PLES

GIROUP-5

MPT -

FEEDBACK - CLINICAL TRAINING

21/8/19

1. What went well that we should continue? — Discussions held at climics.

2. What needs to be relooked at? * fly drofturery portings. - Emphasis on LOGBOOK needs to be mandatory - Case presentations should be more in nomber (maybe 2) -> depending upon Students interest - More sel Elective exposure in Ist year too. Appropriately scheduled pushings - No Repetitions of cydie stu postives - Not weryone comes from a good was college. So it would be better if the staff would consider that into auount. 3. What should we start that would benefit the program? $P_1^{(0)}$ A jew months of electric possing even in 2st year because directly bethy elective posting is difficult to catch up in Indy ear. - PG-Elective clarses with other department PGs. (respective) eq :- Ortho classes & PT+ Ortho Pais that are ben day. I carried out already. - Entramicular activities CHealth based Enerise based & sports - based activities for staff & PGS -Mid-teen Break & Jed Stingle for chs

FEEDBACK - CLINICAL TRAINING

1. What went well that we should continue? Discussions held at climics.

GIROUP-5

2. What needs to be relooked at? & fly droftunery porhigs. - Emphasis on LOGBOOK needs to be mandatory - Case presentations should be more in number (maybe 2) -> depending upon students interest - More se Elective exposure in Ist year too. Appropriately scheduled - No Repetitions of postings positives cydie sty - Not averyone comes from a good va coulege so it would be better if the staff would consider that into auount. 3. What should we start that would benefit the program? - A jew months of elective possing even in 2st year, because directly getly elective posting is difficult to catch up in Indy ear. - PG-Elective classes with other department PGes, Crespensive) eg:- Ostho classes & pT+ Ostho PGS. that are bene day I carried out already. - Entraminular activities CHealth based Exercise based & sports - based activities for staff & PGS - Mid-teen Break & Jed Stingte for chs by the part of the second

MPT -

· Repetition of postings to be avoided.

TO BE STARTED:-

· Alydro Hurapy portings. · Aleetine pushings. · Cyclic Smithing of portings -> with a record of purphies alleady held with

· Out postings, Euposure, more prequently

here a barder with a select paper of the fillenger

MPT

" GIROUP-1

FEEDBACK – ACADEMIC PROGRAM

1. What went well that we should continue?

- Class neut as scheduled. - Journal Chills next an well Servicenaes about vonen health, Pain module. 4 Schools of manual therapy. Aging module is in detale.

2. What needs to be relooked at?
- Infrastructure such as PG room, more chains,
- It would be appreciated if people were not to
stern abs regarding ducty swaps & leaves.
- Interaction with HOD as a batch / as a individual. (more approache)

3. What should we start that would benefit the program?

* Holiday in betneen academe years. * General leave allonance - Start respecting Students.

MPT

15

GIROUP-1

FEEDBACK – CLINICAL TRAINING

1. What went well that we should continue?

- Interaction with some staff was extremely screptical · Y: bou maian, flutsa maian, Ramesh Stevan, Veena maian, Ruth maian, Kirthi maian

2. What needs to be relooked at?
- Pabent eare needs to be relooked at
- Babent should not been soon for the rate
of statistics.
- It would be appreciated if Consultants come
for chinical sounds.
- Proper clinical posting tobalism Curitlant any repetition of
3. What should we start that would benefit the program? postings?
- Utimical staffs attribute storaets Pais weeds to be charged and not dumping them work a Pais.
- Practical bedrade learning duald be encouraged.
- Ranc handsan straining -

FEEDBACK – ACADEMIC PROGRAM

- 1. What went well that we should continue?
- 1. Synapsis by data collection schedule. 2. éléctive classes.

2. What needs to be relooked at? 1. hore danses for specific topics. 2. Learning should happen in every posting 3. Our leaves should be reconsidered 4. I've should be allowed to attend classes with juniors/seniors during our free time. 3. More specific direction towards our learning instead of re-scheduling classes when we must 3. What should we start that would benefit the program? classel 1. Interest specific classes according to syllabus 2. Class best following each module with fiedback from the staff following test-3. Less research dasses. y Attendance to clinical meetings only when relevant to physiotherapy.

MPT

, GIROUP-R

MPT

GROUP-2

FEEDBACK – CLINICAL TRAINING

- 1. What went well that we should continue?
 - 1. Case presentations by divide discussions. 2. bedrie teaching.
 - 3. Daily/ bi- weekly rounds in the possings that do have men.
- What needs to be relooked at?
 Round in Wery posting.
 Reinion of clinical skille.
 Reinical discussions about differential diagnosis / physiotherapy specific discussions on the.
 - 3. What should we start that would benefit the program?

1. Delegation of work

MPT

GIROUP-3

FEEDBACK – ACADEMIC PROGRAM

1. What went well that we should continue?

1. Research ment well (NoI- for many) 2. We mere able to learn ceritiquing. 3. "some" staffs mere heally innolved & dedicated.

-> Actine involvement of the staff during & after the case presentation of the staff during & after the -> Bed eide teaching should happens -> Vnnecessary mules that don't help us grow should not be given so much importance one, they hinder our performance as students like dress, mistaker of others.

3. What should we start that would benefit the program? -> We should he break from acadentic work, me would be able to work better. - skill training programme should be there » sterretured programme for elective & non-elective subjects.

GIROUP-3 MPT FEEDBACK – CLINICAL TRAINING 1. What went well that we should continue? 1. We leave to take up responsibility and to manage work and the team. K. 2. What needs to be relooked at? " experience "oriented. · hearing oriented than · Distribution of Postings evenly. · Scrubs could be a good idea. · Rounds as I when of where required. 3. What should we start that would benefit the program? - Lather stop" loading as with patients also racking there part of your bas it is making us no better than skilled technicians. (which we already are!) I We could use as "marker" an environment which is conducive to learning and self improvement. + Stop deciding for us. Just cuake an invisionment Where we have fundom of thought and action.

GIROUP-4 MPT FEEDBACK – ACADEMIC PROGRAM 1. What went well that we should continue? 1. Jonral clubs 2. Case presentations 3. Aringt Women health module went well. 4. teriatric and pain went reasonably well. 2. What needs to be relooked at? a once or this averignmente related to the b. small tests once the topic is over c-more classes to denelop reasoning on clinical concepts.

3. What should we start that would benefit the program?

à-regular soams topies mise classes b. Access to internet in college campus 80 that we can hole for more journale during class hours. c Helping & guiding atlitude feion Junor staff.

GIROUP-4 63.8 MPT FEEDBACK – CLINICAL TRAINING 1. What went well that we should continue? 1. Discussione during alimical house 2. Exposure to new skille and independant pertvent heredling 2. What needs to be relooked at? 1. Nor repeated postings. 2. Regular rounde by our faculty and not medical faculty 3. What should we start that would benefit the program? 1. More of sporte exposure to 2. De need scrubs which 3. De nil be more comførtable while Neuvou Kehab).