RAMAIAH

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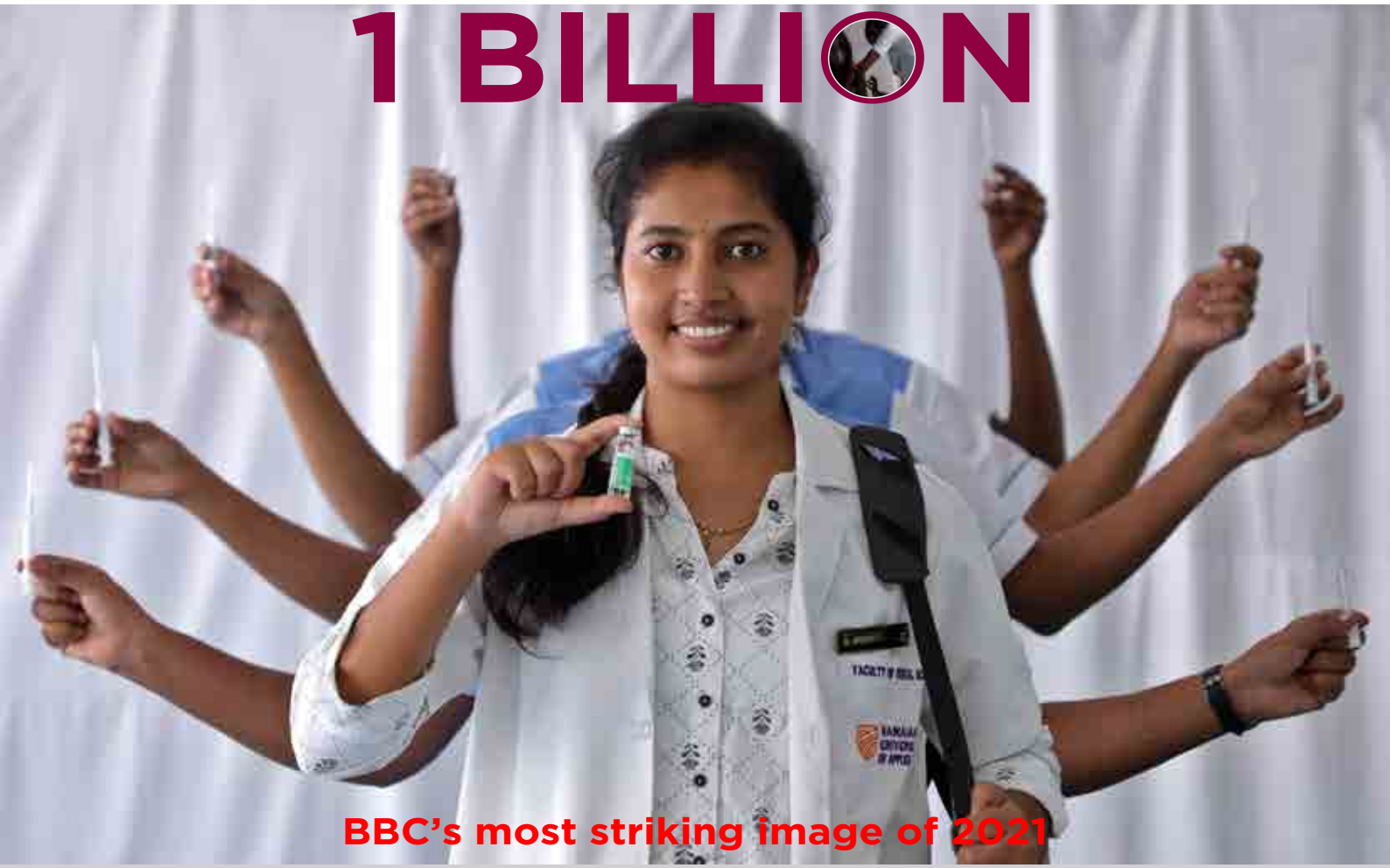
Jnana Vahini

Monthly Newsletter - Gokula Education Foundation (Medical)

Volume - 13 | Issue - 1-2 | October - November 2021

PROUD PARTNER IN ACHIEVING 1 BILLION



BBC's most striking image of 2021

We at Ramaiah take immense pleasure in partnering with the Governments of both, the Centre, and the State to achieve One Billion vaccinations against the deadly COVID virus. The Doctors and health staff who risked their own lives and families to treat the Covid victims also ensured vaccinating the citizens on the frontline to serve the society. The health staff celebrated the One Billion milestone in their own unique style and BBC featured the image amongst the "Most Striking Images of 2021"

#JabWellDone

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For Private Circulation Only

Dancing Molecules Repair Spinal Cord Injuries

In a landmark development in the field of medical sciences, a group of scientists have invented a new injectable therapy that harnesses "dancing molecules" to reverse paralysis and repair tissue after severe spinal cord injuries. **The experiment conducted on a paralyzed mouse showed that after a single injection, it regained the ability to walk withing four hours of administering it. This pivotal research will change the course of treatment for spinal cord damages.**

The new study involves an injectable therapy that causes an influx of what the researchers call 'Dancing Molecules' that trigger tissue regeneration in the damaged spinal cord. The name 'Dancing Molecules' derives its origin from the characteristics of these molecules after they are administered into the spinal cord through a needle.

Professor Samuel I Stupp of Northwestern University who led this path-breaking research says this research aims at preventing individuals from becoming paralyzed after major trauma or disease. Stupp is Board of Trustees Professor of Materials Science and Engineering, Chemistry, Medicine and Biomedical Engineering at Northwestern, where he is the founding director of the Simpson Querrey Institute for Bio Nanotechnology (SQI) and its affiliated research center, the Center for Regenerative Nanomedicine.

According to available information, sending bioactive signals to trigger cells to repair and regenerate dramatically improved severely injured spinal cords in five key ways: (1) The severed extensions of neurons, called axons get regenerated; (2) scar tissue, which can create a physical barrier to regeneration and repair, significantly diminished; (3) myelin, the insulating layer of axons that is important in transmitting electrical signals efficiently, reformed around cells; (4) functional blood vessels formed to deliver nutrients to cells at the injury site; and (5) more motor neurons survived". After the therapy performs its function, the materials biodegrade into nutrients for the cells within 12 weeks and then completely disappear from the body without noticeable side effects. This is the first study in which researchers controlled the collective motion of molecules through changes in chemical structure to increase a therapy's efficacy.

"The key innovation in our research is to control the collective motion of more than 100,000 molecules within the nanofibers. Due to the vigorous movement of these molecules, the supramolecular polymers become more receptive, and the connections within the network become stronger," said Stupp, the lead author of the study, in a press release. "Our research aims to find a therapy that can prevent individuals from becoming paralyzed after major trauma or disease. For decades, this has remained a major challenge for scientists because our body's central nervous system, which includes the brain and spinal cord, does not have any significant capacity to repair itself after injury or after the onset of a degenerative disease. We are going straight to the FDA to start the process of getting this new therapy approved for use in human patients, who currently have very few treatment options". Stupp is gearing up to approach the FDA to approve human trials on patients who do not have many options to get their injury cured.

What the dancing molecules do is move or 'dance' when injected into the spine and rejuvenate the nanofiber network responsible for the movement of limbs. Due to the revamped connection, the axons become more agile and regenerate at a better rate. This triggers a connection between the brain and the limbs and proliferates the growth of blood vessels, which act as fodder for neurons. More details can be accessed on the website of Northwestern University.

"Modern science has made it possible to transplant organs. We now have to develop the culture of organ donation which is crucial in saving lives. It is our collective duty", says Dr. Ramesh, Senior Professor, Department of Urology, Ramaiah Medical College Hospital

How can one harvest or donate organs? Why is this important?

Just as gadgets stop working over time after they are damaged, our organs too can get damaged due to various illnesses which can lead to organ failure. Modern science has brought us to the point where we can replace organs that are not working fully well. This is known as organ transplantation. As far as kidney transplantation is concerned, we can function well with the help of one kidney- therefore when a living person donates their kidney to another; they are known as a 'live donor.' On the other hand, when a brain-dead person donates an organ they are known as a 'deceased donor.' A live donor can only donate a kidney or a part of the liver, whereas a deceased donor can donate around seven organs including the heart, kidneys, liver and eyes.

How do we educate the masses on organ donation? What are the ethical implications of it?

The best gift one can give to a person is a new lease of life. Therefore, we must explain the importance of organ donation to the public. Only those patients suffering from organ failure know the value of an organ and transplantation. We have to keep reiterating to the public that they must come forth and donate the organs before cremating or burying a deceased. In India, all legislative hurdles have been removed to harvest organs. In Singapore, upon a person's death, their body legally belongs to the State and they can harvest the organs and transplant it to those patients who are in need of it. Their government allows them to opt-out of this if they do not want their organs harvested. In India, organ transplantation is still dependent on the consent of the person or their next of kin.

How are we progressing with organ transplants?

We are doing remarkably well. At Ramaiah alone, we have completed more than 800 transplants over the last 25 years. With

the new drugs that are available, we have found that the outcome is very good. The quality of life of a patient who has undergone a renal transplant is far higher than that of a person who is on dialysis. The survival rate of a dialysis patient and organ transplantation is almost the same but the quality of life of a person on dialysis is far lesser. Dialysis patients are required to come to the hospital a couple of times a week, they need somebody who can take care of them and it is difficult for them to return to their vocation. A patient who has undergone a transplant can go back to work, play sports and live a comfortable life. This is the major advantage of transplantation.

When do you think a person should opt for a transplant?

Most patients who require transplantation are already on dialysis, for a short while at the least. Very rarely do we perform pre-emptive transplants which means that before a patient starts dialysis we recognise the renal failure and recommend them for transplant. If a person does not have a donor or is still waiting for one, they are required to be on dialysis until they find a match.

What is the role of Ramaiah Hospitals in organ transplantation?

Ramaiah was among the first to begin a transplant facility in Karnataka. In the late 80s, we began kidney transplants, and today it is a robust program. I was one of the founding members of the ZCCK (Zonal Coordination Committee of Karnataka) which looked at formulation rules and guidelines for deceased donor transplantation. We are now among the top four states in the country running the transplantation program. We also have multi-organ transplants wherein we harvest all organs and give them to the needy. I am proud to say that Ramaiah has played a major role in the development of the transplantation programs. I am also on the advisory panel to the Government of Karnataka on the organ transplant program.

How are people coming forward to donate their organs?

Most of the donors who come to our institution are family members. They are the next of kin or close family members. As per the hospital policy and the Parliament Act, we do not accept organs of unrelated members. This was done to put an end to the unethical practices that were taking place in the name of organ donation.

What is the global perspective on organ donation?

It is only in India that we have maximum donations from living donors. In the West, most donors are brain-dead individuals. We need to look at reversing these numbers in our country as well. The organs of more brain-dead individuals need to be harvested so as to avoid taking the kidney of a living and healthy person. We need to spread awareness about this and hope more people come forward to donate organs.

What are the sacrosanct rules of organ donation?

The fundamental rule of organ transplantation in our institution is to ensure there is no financial transaction amongst donors- so there is no organ trade. We also want to cater to all sections of society. Renal failure affects rich and poor alike, so when organs are being allocated, we like to ensure that there is equitable distribution. This is also a once-in-a-lifetime procedure that is quite expensive, so we, as medical professionals should make sure that the outcome is optimised and the patients receive the best of care.

Can you share a patient's testimony of kidney transplantation?

A couple of months ago, National Award-winning actor Sanchari Vijay met with an accident and was declared brain dead. That evening, we were informed that one of his kidneys had been allotted to a patient undergoing dialysis at our hospital. The next morning we performed the surgery and now the patient is leading a healthy life.

Donate Organs and save lives

A Pump in Time Saves Nine – The Impella Advantage

Dr. V. S. Prakash
Professor and Head, Dept of Cardiology and Electrophysiology

An octogenarian came to us with breathlessness due to fluid accumulation in his lungs. His evaluation revealed severely depressed heart functions and a critical block was found along with dense calcium deposition in the region of the block. In a first of its kind in Karnataka, Dr. V S Prakash and his team at Ramaiah Narayana Heart Centre tackled this through a Protected High-Risk Complex Hybrid coronary Intervention Procedure (HR-CHIP). Using the latest available advances in the field of Interventional Cardiology, a completely percutaneous mechanical cardiac support device - **Impella,** Intravascular Lithotripsy (IVL) and Intravascular Ultrasound (IVUS), they warranted another lease of life to this patient.

The Impella device supported the circulation in the order of nearly 2.5L/min throughout (though the patient had a severely compromised heart function), the IVUS helped in the understanding and planning of the entire stenting process, while the IVL ensured that calcium was not an obstacle in ensuring an optimum and perfect stenting process. The patient recovered well, his heart function improved and at his follow-up said he was back to his routine.

Workshop

10th National delegates (Neurosurgeons) registered for cadaveric dissection and 7 registered as observers. On 9th October 2021, the inauguration of the workshop was attended by the President of Ramaiah Memorial Hospital, Dr. Gurudev K C; the President of RALC, Dr. Sanjay Desai; Professor and Head of Neurosurgery, Dr. A.S. Hegde; the Faculty of Neurosurgery, the delegates, and the residents of Neurosurgery and ENT.

A live surgery (Pituitary Macroadenoma – Acromegaly) was performed in the Neurosurgery OT by Dr. Deopujari, and Dr. Nishit Shah. On 10th October 2021 five cadaver dissections were performed by the delegates (2 delegates were allotted per cadaver).

Glimpses of Second Advisory Board Meeting of Gokula Education Foundation

E poster competition was organized by the Department of Physiotherapy as part of WCPT day 2021 in the month of September.

Winners

First Place
(Department of Physiotherapy)
- Ameena Fatima
- Phalguni B
- Digantha C G

Second Place
(Department of Physiotherapy)
- Bhavishya B Shetty
- Shraddha S
- Suraksha S

Third Place
(College of Nursing)
- Sylvester Francisco
- Don M Sunny
- Rohan P Shalom

ಅರಿವಳಿಕೆ ತಜ್ಞರು..

ಅರಿವಳಿಕೆಯ ಅರಿವಿರುವವರು,
ಅಹಮಿಕೆಯ ಅರಿವಿಲ್ಲದವರು,
ಹೊಗಳಿಕೆಯ ಹೊರೆಯಿಲ್ಲದವರು,
ಶಸ್ತ್ರಕ್ರಿಯಾಗೃಹದ ಆಧಾರರಿವರು,
ತೀವ್ರ ನಿಗಾ ಘಟಕದ
ಸೂತ್ರಧಾರರಿವರು,
ನೋವಿನಾಸ್ಪತ್ರೆಯ ಹರಿಕಾರರಿವರು,
ಸೂಜಿ ಮೊನೆಯಿಂದಲೇ ನೋವ
ಕಳೆಯುವವರು,
ಹನಿ ಔಷಧದಿಂದ ಜಗವ
ಮರೆಸುವವರು,
ತುಸು ಗಾಳಿಯಿಂದ ಜೀವ
ಉಳಿಸುವವರು,
ಇವರೇ, ಅಲ್ಲವೇ.. ನಮ್ಮ ಅರಿವಳಿಕೆ
ತಜ್ಞ ವೈದ್ಯರು...
ಎಲ್ಲರಿಗೂ

ಸಂಭ್ರಮದ ಅಂತರಾಷ್ಟ್ರೀಯ
ಅರಿವಳಿಕೆಯ ದಿನದ ಶುಭಾಶಯಗಳು
(ಕೃಪೆ ವಾಟ್ಸಾಪ್)

Dr. G. Balamurugan, HoD- Dept. of Mental Health Nursing, RNIER was awarded the **first prize** in the **Poster making competition** on the occasion of **World Suicide Prevention Day, 2021.** The theme was, "Creating Hope through Action" and it was organized by the Department of Mental Health Education, National Institute of Mental Health & Neuro Science, Bengaluru.

Diabetes Day

The Department of Endocrinology, Ramaiah Medical College and Hospital celebrated the World Diabetes Day on 15 November, 2021 with a walkathon led by Dr Medha Y Rao, Principal and Dean, Ramaiah Medical College, Dr K.C. Gurudev, President, Ramaiah Memorial Hospital, Dr Shalini.C.Nooyi, Professor and

Vice Principal (Academics), Ramaiah Medical College, Dr Harish.K, Associate Dean, Ramaiah Medical College, Dr Pramila Kalra, Professor and Head of Department, Department of Endocrinology, Dr Nayanjeet Chaudury, Director, Ramaiah International Centre for Public Health Innovation and the faculty and staff of Ramaiah Medical college and hospitals took part in the walkathon.

Ramaiah Memorial Hospital was decorated in blue colour to celebrate Diabetes day

Dept. of Orthopaedics conducted an AO Trauma Asia Pacific hybrid Master course on “Foot and ankle fractures with a specific focus on fractures around the ankle”. The course was held simultaneously at 4 locations in India, and across ten countries in the Asia Pacific.

For the first time in India, there was a module on tele mentoring and it was held in the Advanced Learning Centre (ALC). The Course was conducted by Dr. Ajoy, Assistant Professor, Dept. of Orthopaedics, Ramaiah Medical College & Hospital.

Cadaver Lab was conducted with inputs from Dr. Tomlinson in New Zealand and Dr. Les Grujic from Australia.

Calm After the Storm: A Vivid Experience of Intensivists

2020 has been unprecedented and unforgettable! The pandemic managed to reach every nook and corner of the world leaving no exceptions. “A true soldier fights not because he fears what is in front of him, but because he loves what is behind him”, said the English writer G. K. Chesterton. It remains to be true even in today’s time in the context of the war against COVID-19. All doctors, members of medical staff, and other frontline workers have experienced extremely challenging scenarios that demanded extreme critical thinking.

As Intensivits, we experienced the peak of the pandemic in our ‘Ramaiah Medical College Hospital’ which started in the month of June 2020. We tried to see the light at the end of the tunnel in the most testing times we had seen and ultimately triumphed in this war against COVID-19 with many recoveries. Our hearts go out to those that lost their lives this pandemic.

Never had we imagined that we would one day witness the possibility of shutting down the teaching hospital ICU for regular patients. But it did happen; the pandemic opened the doors to a bizarre version of our everyday lives and in our case, the doors opened to the COVID ICU. Our first task was the installation of the ICU with the requisite facilities which was the need of the hour as the news of the pandemic escalated and the virus proliferated quickly, leaving us no time for preparation. This lack of time we believe was one factor that made our tasks onerous, as no one could explain the pathophysiology and the treatment for this disease.

In our case, the transition of our hospital from a dedicated COVID Healthcare Centre (for admitting and treating patients with mild and moderate COVID conditions in the ward) to a Dedicated COVID Hospital (DCH) happened in a flash. We installed a 20 bed ICU with 9 ventilators for the initial spike. But as the tide grew exponentially, demanding a higher capacity, an ICU with 68 beds (including 28 HDUs) was set up. Ultimately, we had to further increase our ICU capacity to 84 beds in the second wave.

A team of critical care physicians and anaesthesiologists including residents were then ready to take responsibility and face new challenges to treat critically ill COVID patients 24/7. It was at this time that we began to feel the true intensity of the war and witnessed the real battlefield

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ICU Care

that was imminent. Donned in PPEs, being breathless ourselves, entering ICU, and noticing everyone extremely breathless either on NIV or on HFNO itself was a horrifying experience. We had to forget the state we were in and try to alleviate the condition of the patients through whatever means possible. The battle was not just against COVID but also against the fear and panic caused by it. In some cases though we knew the possible outcome, we still constantly reassured the patients that they would go home soon.

Although we were habituated to the gruelling nature of work in ICU with very sick patients and declaring deaths, working in the COVID ICU was a different ballgame. Nothing could have prepared us for the exhaustion and mental challenge that came our way. As we walked the corridors of the ICU hoping to see our patients doing a little better, our hearts would break a little everytime we noticed new patients replacing the patients who had died the previous day.

Video calls with patients’ relatives had made us emotionally close to the patients and noticing or declaring deaths was a daunting task everytime. It was extremely disturbing mentally too. We had many instances of relatives reverse counselling us to assure us that we had really done our best. Managing this emotional breakdown of our staff, residents, and others toiling hard inside was one of the major challenges that we faced. Regular motivation, appreciation, and counselling went a long way in helping and preparing ourselves before treating patients.

Our regular work schedule was disrupted with many of us continuing our work on the phone, attending calls about managing treatment of patients, allotting beds, and accommodating a huge surge of patients, painfully triaging a few until beds were available. Not only this, we had to attend to the various technical issues relating to oxygen and ventilators which with the help of the biomedical staff we could sort out. With a continuous increase in demand for oxygen support, the O2 manifold had to be centralized. This was another feat achieved by the team in a remarkably short period of time.

Stringent precautions were taken, involving training sessions for the entire duty staff including the housekeeping and technical staff on donning and doffing of the PPE kits. Despite these measures, few of the consultants, residents, and nurses tested positive while on COVID duty. However, this did not discourage us as we had immense support from our management, who provided us facilities for quarantine, post quarantine testing, meeting food requirements and treatment for COVID positive personnel among many other vital needs. This also helped us withstand the fight to a great extent.

Though we did lose a few patients, the happiness we felt when our patients would get shifted out of our ICU was beyond compare. Their THANK YOU made us feel like we had won no less than a war against this tiny, unseen yet extremely ruthless enemy which turned the whole world upside down. With both, the 1st and 2nd waves abated, we are now slowly limping back to normalcy hoping we don’t have to face another wave and its devastating consequences.

-Team Critical Care

Congratulations

WHO Vaccine-Preventable Diseases (VPD) CME was conducted on 22nd October 2021 by Departments of Community Medicine. & Paediatrics at Ramaiah Medical College

Dept of Medical Oncology and Make a wish foundation jointly organized on Make a wish gift granting to children on 16th November 2021. Dr. Damiano Rondelli, Professor, Dept. of Hematology, University of Illinois, Chicago, Dr. Gurudev K.C, President, Ramaiah Memorial Hospital, Dr. Rashmi, Dept. of Medcical Oncology, Dr. Kishore Murthy and others were present.

Dr. Prathab A.G. Registrar (Academic) RMC is nominated Member for "Board of Studies in Post Graduates to RGUHS.

Dr. Somashekar K.R., Prof. & Head, Dept. of Paediatric, RMCH is nominated Member for "Board of Studies in Undergraduates to RGUHS.

Dr. Vinyak Maka Prof. & Head, Dept. of Oncology, RMCH is nominated Member for "Board of Studies in Super Speciality to RGUHS.

Dr. Umesh Krishnamurthy, Prof. & Head, Dept. of Radiology, got elected as President for Indian Radiological and Imaging Association.

Dr. Nandakishore Alva, Prof. Dept. of Pathology, got elected as President of Indian Association for Pathologist and Microbiologist, Karnataka State chapter

Ramaiah Blood Bank conducted Voluntary Blood Donation camp on 25 November 2021 at Vidya Nagar, Airport Road.

Dr. Aruna C Ramesh, Prof. & HOD, Department of Emergency Medicine, Ramaiah Medical College received the 2021 ITLS John Campbell Medical Director Award.

PG Mock NEET Exam was conducted by Medical Education Unit, Ramaiah Medical College for Interns at Ramaiah Medical College on 29th October 2021

Department of Anaesthesiology, Ramaiah Medical College celebrated the World Anaesthesia Day on 16th October 2021

On the occasion Anesthesia Dept Felicitated Dr Aruna HOD-EMD who started her career as Anaesthesiologist before pursuing her passion on Emergency Medicine

NABH Re-accreditation Assessment team

Students of Ramaiah Institute of Nursing Education and Research Ajayjmon Samson, 1st year B.Sc Nursing and Andrea Richarson, 2nd year B.Sc Nursing students participated in National arm sports championship representing Karnataka State. The students have won 2nd place in right hand and 3rd place in left hand arm wrestling competition

Dept.of Obstetrics and Gynecology organized Breast and Cervical cancer screening and awareness camp on 27 November, 2021 at Ramaiah Medical College Hospital.

Inauguration of sophisticated rooms for attenders of family members of Bone Marrow Transplant patients at Ramaiah HCG Cancer Center by Dr Damiano Rondelli, University of Illinois, Chicago along with Chief Executive of Gokula Education Foundation (Medical) Sri MR Sreenivasa Murthy, President of Ramaiah Memorial Hospital Dr Gurudev KC, Associate Dean Ramaiah Medical College & Hospital Dr Harish K and other senior specialists on 15th November 2021.

Primary & Higher Education Minister B C Nagesh visited Ramaiah group of Institutions

Impressed by the Community Services undertaken by Ramaiah Group of Hospitals at Kaiwara and other places, Minister for Primary & Higher Education and Sakala Sri B C Nagesh visited Ramaiah group of Institutions & Hospitals on Wednesday 24th November 2021. He was greeted by Dr M R Jayaram, Chairman of Gokula Education Foundation with M R Sreenivasa Murthy, Chief Executive, Dr Gurduev K C, President, Ramaiah Memorial Hospital, Vice Chancellor of Ramaiah University of Applied Sciences and others who appraised the minister on People and Society friendly services offered by Ramaiah Group of Hospitals and Educational Institutions. Minister also paid visit to several facilities in the campus.

His Excellency Mr. Baraka H. Luvanda, High Commissioner of the United Republic of Tanzania to India, with concurrent accreditation to Singapore, Sri Lanka, Bangladesh and Nepal has paid an official visit to RMH campus on 11th November 2021 and His Excellency Senior Colonel Seidou Zada, Defense Attaché of Republic of Niger visited the campus on 13th November 2021

After their visit to Ramaiah Memorial Hospital, Ramaiah Medical College and Advance Learning Center both the dignitaries highly appreciated the facilities and Services offerd at Ramaiah Group of Institutions and assured to have a strategic tie up with Ramaiah group.

Information Hub: COVID and beyond:

Dr . Vibha Shetty, Senior Professor, Prosthodontics and Implantology at Ramaiah Dental College, G Madan Mohan, a consultant, and a team of volunteers were instrumental in setting up a fool-proof COVID-19 information hub to link the patients with their wards outside. They have submitted a report on the COVID -19 information hub to the management. The highlights of the report are below.

Introduction

Adversity is a time when much of life's hardest lessons are learned. It tests man's ability to adapt, adopt and survive. The Ramaiah family rose to the challenge of COVID-19 starting from the Management's unstinted support and guideline to give the best possible care to the public, to the selflessness and dedication of every single frontline worker. It was unnerving, yet a learning time for all stakeholders.

When a patient is in hospital, it is a period of stress for the entire family. While under normal circumstances, the patient's family has visitation facilities, COVID presented a unique situation, where families had little direct contact with the patient and therefore increased their anxiety further. Under circumstances where the network was not reachable or the family could not reach the patient, there was a considerable worry for the wellbeing of the patient. It was with the intention of mitigating the worry of families that the information hub was conceptualized by the senior management.

What we did to link the patients and their families …

During the first wave, the patient load was less, and the information distribution to families was split into two levels. The serious and moderately ill patients and their families were counselled by a team of doctors led by the Department of Medicine and the ICU consultants, and the large bulk of patients and their families who fell under the mild category who were counselled by the members of the information hub.

Infrastructure Created:

During the first wave, the hub was stationed in the Faculty of Hotel Management, and catering technology and dedicated phone lines were set up in the shortest possible time. Counselling data for patients and their families were prepared and sent by the Dept of Medicine and updated on a daily basis. The hub was also Wi-Fi enabled, which allowed detailed documentation of the patients reached, their health status, the family member spoken to, verification of contact details as well as receiving feedback about the quality of service by the hospital. A detailed and sensitive system created by Mr. Madan allowed access to the information by the volunteers while allowing for meticulous entry of details.

During the second wave, as with many other aspects of treatment, these methods were refined upon, due to the huge surge in patient influx. The hospital in a matter of days had reached 850 bed capacity for COVID alone and the information hub too needed to gear up. Detailed documentation of the patients reached, their health status with respect to their health trend, the quantum of oxygen they were on if they were, and estimated disease prognosis, the family member spoken to, verification of contact details were documented. In the second wave, information about the health status of patients in multiple intensive Care Units was collected.

Volunteers were the key in this dynamic system created:

During both waves, the information hub was an entirely volunteer-driven operation. The volunteers were primarily the faculty and post-graduate students of the Faculty of Dental Sciences, Ramaiah University, and towards the end were ably assisted by the college of Physiotherapy.

Hotline: In addition to the information hub, dedicated volunteers also ran the hotline. This was a dedicated set of two numbers where patients and their families could call to address their concerns or even enquire about bed availability etc.

In the first wave, this was run during daytime hours, queries were addressed to the concerned and the patients were called back to convey the information sought. During the second wave, the hotline operated from one of the intensive care unit war rooms 24/7 by the postgraduates of FDS and Drs., Babiitha Rajan, Ananth Ram, and

Dinesh Rajaram of the Community Medicine department and were of immense value to patients.

Strength of the Information hub: An underlying common denominator amongst all involved was the desire to do their professional best for people affected by the Pandemic. In addition, it brought to the fore, leadership and responsibility characteristics of volunteers who took requisite precautions but did not shy away from coming to the hospital to fulfil this role. **The use of simple technology to streamline an operation of this scale with predictable results over a long time period was another strength.**

Weakness and Threat: There was an inherent fear by families of volunteers who dropped out from the role. There were also instances of some cultural barriers to fulfilling these roles. In addition, very few medical colleagues were sometimes reticent to assist their dental peers but, counselling by the Lead and War Room Lead resolved the problem.

Opportunity: The information hub was a tremendous learning experience on the comfort that timely and empathetic counselling can provide patients and their families. There was plenty of positive feedback from patients about the level of care as well as the addressing of their complaints. The hotline was appreciated for being available round the clock and speedy execution of the family's requests.

We can say it was the first of its kind community-driven initiative, where everyone was accountable and the system was transparent, daily metrics were tracked and ensured no leakages in data and patient care took place.

The information hub and hotline run at Ramaiah hospital during the pandemic was exemplified by the saying " Start by doing what's necessary, then do what's possible and suddenly you are doing the impossible"

WELCOME

Dr. Nandakumar B. M.
Senior Resident
General Surgery

Dr. Shaik Mohammad Safiuddin
Senior Resident
General Surgery

Dr. Sharmila N
Senior Resident
Anaesthesiology

Dr. Deepti Manjunath
Senior Resident
General Surgery

Dr. Pooja Prakash Prabhu
Assistant Professor
Nephrology

Dr. Mohammad Yousuff
Assistant Professor
Nephrology

Dr. Ritesh B. R.
Senior Resident
Paediatrics

Dr. Shwetha B. M.
Senior Resident
General Medicine

Dr. Akshatha A
Senior Resident
Paediatrics

Dr. Ambika Shankar
Senior Resident, OBG

Dr. Jyothi S
Assistant Professor
Physiology

Dr. Meenakshi Sivaganeshan
Assistant Professor
Paediatric Surgery

Dr. Bhavana Chinmayee K.
Senior Resident
General Surgery

Dr. Harshith R.
Assistant Professor in
Pulmonary & Critical Care Medicine
posted to the department of
Critical Care Services.

RESIGNATIONS

Dr. Chidambaramurthy K. N.
Pharma Chemist / Principal
Scientist Pharmacology

Dr. Vinayak P. S.
Associate Professor
Anaesthesiology

Dasara celebrations and IPL-Indian Premier Liquids Festival by Hotel Management Students

Lamp Lighting Cermoney on November 13, 2021 at RINER

Glimpses of festivity on the campus