# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

(Declared as Deemed to be University under Section 3 of UGC Act, 1956)
Conferred 'A' Grade Status by HRD Ministry, Govt. of India
Re-accredited by NAAC (3rd Cycle) with 'A+' Grade (Score 3.53 on 4 Point Scale)
Sawangi (Meghe), Wardha

IQAC

# Internal Quality Assurance Cell

# Quarterly Meeting 16.01.2021

## Agenda Papers

**Agenda for Quarterly Meeting of Internal Quality Assurance Cell to be held on 16th January, 2021 at 12.00 noon at IQAC Board Room, DMIMS (DU), Sawangi (Meghe), Wardha.**

| | **Item to be discussed** |
|---|---|
| 1 | To **confirm the minutes** of the last Quarterly IQAC Meeting held on 21st September, 2020 at 2.30 pm at IQAC Board Room Sawangi (Meghe), Wardha. |
| 2 | To approve the **'Action Taken Report'** of the last Quarterly IQAC Meeting held on 21st September, 2020  at IQAC Board Room of DMIMS (DU), Sawangi (Meghe) Wardha. |
| 3 | To note plan of **Accreditation, Rankings & Awards and Academic and Administrative Audit** for 2020-2021 and 2021-2022 |
| 4 | To consider the Status of **PDP indicators** – revised in September 2020 in view of new key indicators and metrices by NAAC for Health Sciences and NIRF rankings |
| 5 | To propose '**An operational framework for Validity and Authenticity of theory examination in a Competency Based Curriculum**" |
| 6 | To present the '**Compendium on COVID-19 Initiatives of DMIMS(DU)**' |
| 7 | To present the '**Utility document on policy frame for reference for mentee colleges**' |
| 8 | To recommend the **Modified Academic Calendar DMIMS (DU)** course in view of COVID-19 Pandemic |
| 9 | To note Introduction of **Standardised Patient (SP) for Skill training** in Medicine, Dentistry, Ayurveda, Physiotherapy and Nursing Faculty of DMIMS(DU) |
| 10 | To recommend the plan of **on-boarding and Integration of the off campus centre of DMIMS** (DU), Datta Meghe Medical College , Nagpur with various Academic, Research and Administrative process and practices of DMIMS(DU) |
| 11 | To present the '**Concept note on Research Advancement in High priority areas under Intramural Grant Scheme**' |
| 12 | **Any other matter** with the permission of the Chair |

DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES
**[Declared as Deemed to be University under Section 3 of UGC Act, 1956]**
Conferred 'A' Grade Status by HRD Ministry, Govt. of India
Re-accredited by NAAC (3rd Cycle) with 'A+' Grade (CGPA Score 3.53)

# Internal Quality Assurance Cell

Date: 16/01/2021

## Minutes of the Quarterly Meeting of Internal Quality Assurance Cell held on the 21st September 2020 at 12.30 p.m. in IQAC Board Room, DMIMS (DU), Sawangi (Meghe), Wardha

A Quarterly meeting of Internal Quality Assurance Cell, Datta Meghe Institute of Medical Sciences (Deemed to be University), held on the 21st September 2020 at 12.30 p.m. in IQAC Board Room, DMIMS (DU), Sawangi (Meghe), Wardha.

The Following members and Invitees attended the meeting:

| Designation | Name |
|---|---|
| Chairperson : Head of the Institution | 1. Dr. Rajiv M. Borle, Vice Chancellor, DMIMS(DU) |
| One member from Management | 1. Shri Sagarji Meghe, Member Board of Management |
| One of the senior teachers as the Coordinator/Director of the IQAC | 1. Dr. Tripti Srivastava |
| Co-convener | 2. Dr. Gaurav Mishra |
| A few administrative officers | 1. Dr. Lalit Waghmare - Member |
| | 2. Dr. Babaji Ghewade -  Member |
| | 3. Dr. C. Mahakalkar - Member |
| | 4. Dr. Abhyuday Meghe - Member |
| | 5. Dr. Minal Chaudhary - Member |
| | 6. Dr. S.Z. Quazi – Member |
| | 7. Mr. Ajay Punwatkar - Member |
| Teachers (three to eight) | 1. Dr. Alka Rawekar - Member |
| | 2. Dr. S. Shrihari –Member |
| | 3. Dr. Gaurav Sawarkar –Member |
| | 4. Dr. Vandana Gudhe – Member |
| | 5. Mr. Manish Deshmukh -Member |
| | 6. Ms. Darshana Kumari – Member |

| One /two nominees from Local Society, Students and Alumni | 1. Local Society  - Dr. S.S. Patel |
| | 2. Students -  Ms. Priyal Shrivastava |
| | 3. Alumni          -  Dr. Sohan Selkar <br> - Dr. Jayant Gaiki |
| One /two nominees from Employers/Industrialists/Stakeholders | 1. Employer      – Dr. Soumya Somani |
| | 2. Industrialist – Dr. Kapil Wadhwani |
| | 3. Stake Holder – Dr. Rajimale |
| Member Secretary | 1. Dr. Pawan Bajaj |
| Permanent Invitee | 1. Hon. Dr. Vedprakash Mishra |
| | 2. All Heads of Institutions |
| | 3. All Deans of Faculties |
| Member, IQAC | 1. Dr. Sandeep Shrivastava |
| | 2. Dr. Swanand Pathak |
| | 3. Dr. Ranjit Ambad |

The Meeting was conducted under the Chairmanship of Hon'ble Dr. Rajiv Borle, Vice Chancellor, DMIMS (DU). At the outset, the Hon'ble Chairman welcomed all the members and the invitees of the IQA Cell, DMIMS (DU) and called the meeting to order.

**As per the Agenda following items were discussed:**

**ITEM NO. 1:**

**Confirmation of the Minutes of the last Quarterly Meeting of IQAC which was held on 21st September, 2020.**

The minutes of last Quarterly Meeting of Internal Quality Assurance Cell, DMIMS (DU), held on 21st September,2020  at 12.30 p.m., at IQAC Board Room, under the Chairmanship of Dr.Vedprakash Mishra, Hon'ble Pro Chancellor, DMIMS (Deemed to be University). The minutes were circulated in advance to all the members of IQAC for necessary modification(s)/correction(s)/deletion(s) and or any addition(s).

Since there were no suggestion/correction to the minutes of last meeting held on 21st September,2020 the same were confirmed.

**ITEM NO. 2:**

**To approve the 'Action Taken Report' of the last Quarterly IQAC Meeting held on the 21st September, 2020  at IQAC Office of DMIMS (DU), Sawnagi (Meghe) Wardha.**

The Action Taken Report on the actionable points emanating out of the Minutes of the last Quarterly IQAC Meeting held on 21st September, 2020 were placed before the Chair.

The Chair reviewed the Action Taken Report point-wise. It expressed its satisfaction over the time bound compliance of all actionable points and noted the Action Taken Report with satisfaction.

## ITEM NO. 3:

To Note and Approve Revised PDP as approved by the Planning and Monitoring Board:  The revised PDP was approved by the chair and following revisions were approved;

**a. Indicators added**

1. Number of published conference proceedings in Pubmed/Scopus/WOS

2. Number of books/chapter published

3. Percentage of students enrolled in subject related certificate/diploma/add-on program

4. Number of Value added courses offered

5. Number of extramural activities/beyond classroom activities – student club/cultural societies etc.

6. Teachers trained in delivery of e-content /e-courses

7. Number of training programs in IPR, RM, GC & lab practices, Research grant writing & Industry academia collaboration

8. Number of student / faculty exchange

9. Number of student training programs for capability enhancement and career counselling

**b. Indicators modified**

1. Number of Publications in Scopus, Pubmed & WOS database

2. Research Expenditure on seminar workshop conference

**c. Indicators deleted**

1. Income generated from patents

## ITEM NO. 4:

To recommend adoption of ODL online Regulations 2020 to the Joint College Council and To Deliberate upon immediate and overall actionable points arising out of ODL & Online courses Regulations 2020:

The house recommended to adopt ODL online Regulations 2020 to the Joint College Council.  Overall and immediate actionable points were identified and discussed. It was decided to submit application for ODL and online courses after diligent planning of the aspects as given in the regulations. A separate meeting on this account was recommended.

## ITEM NO. 5:

To Approve the AQAR for the academic Year 2019-20: The AQAR was displayed and found satisfactory for submission to IQAC.

## ITEM NO. 6:

To Note discuss Experiences and Outcomes of Online teaching learning @ DMIMS (DU) during COVID-19: The Entire spectrum of online teaching at DMIMS (DU), its planning, capacity building, range of activities, monitoring plan, generation of e resources and tangible outcomes was presented by Dr Tripti Waghmare, Director IQAC. The chair recommended to undertake an aligned research project, for M.Ed or Doctoral , analytical in character. The entire gamete of activities was noted with satisfaction and analysis its replicability in post COVID era was recommended.

## ITEM NO. 7:

To recommend adoption of PG regulation 2000 Amendment notification regarding district residency program.The chair recommended adoption of PG regulation 2000 amendment notification regarding district residency program. The Programme shall be coordinated jointly by the Department the MCI BOG constituting a National Steering Committee to guide and oversee the various program aspects.

## ITEM NO. 8:

To Consider Amendment to the Existing APJ Abdul Kalam Scholarship and Sarvapalli Radhakrishnan Freeship Scheme in view of addition of faculties and NIRF Criteria : Hon Pro VC observed that in comparison to other university DMIMS has zero number of students who have received full tuition fees reimbursement, in-spite of having two dedicated schemes for student fees concessions. It was recommended that :

- Both the Scholarship Scheme are proposed to be changed in terms of providing the full reimbursement of fees rather than 90%, 75%, 50% and 25% brackets which are currently in vogue
- Number for Medical faculty to increase from existing 16 to 25 for UG and 20 for PG, additionally 5 students from MSc programmes in faculty of Medicine are proposed to be added under the scheme.
- In order to increase the number of students getting full reimbursement of fees, 50 students each are proposed to be added in the faculty of allied Sciences and ODL.
- 10 students are proposed to be added each in faculty of Allied health sciences
- This will require additional budgetary provision of Rs 2.5 Crore for the current financial year and total of Rs 6 Crore in the cycle of four and half years.

DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES
**[Declared as Deemed to be University under Section 3 of UGC Act, 1956]**
Conferred 'A' Grade Status by HRD Ministry, Govt. of India
Re-accredited by NAAC (3rd Cycle) with 'A+' Grade (CGPA Score 3.53)

## Internal Quality Assurance Cell

Date: 16/01/2021

**Actionable Points of the Quarterly Meeting of Internal Quality Assurance Cell held on 21st September, 2020at 12.30 p.m. in IQAC Board Room, DMIMS (DU), Sawangi (Meghe), Wardha.**

| Sr. | Actionable point | Person responsible | ATR |
|---|---|---|---|
| 1 | To submit AQAR for the year 2019-20 | Director IQAC | AQAR completed for academic year 2019-20, however, date extended to 31st May 2021 by NAAC in view of pending University examinations due to COVID -19 pandemic |
| 2 | To incorporate Technology based Instructional strategies within the curriculum of all Professional courses of the University based on the experiences and best practices evolved during online Teaching , learning and Assessment during COVID-19 Pandemic | Director IQAC | Complied. **Didactic component**: live lectures, recorded lectures , video demonstrations and flipped classroom activities on Google G Suit. **Non didactic component** :Onsite practical , clinics (actual patient, standardized patient and mannequins – low & high fidelity) |
| 3 | Preparation of compendium for all initiatives of the University during COVID – 19 Pandemic | Hon Registrar Director IQAC | Compendium prepared. Categorized into Academic (general & specific) , Research, Patient care and Administrative initiatives. Placed for approval in agenda item no 6 |
| 4 | To amend the Existing APJ Abdul Kalam Scholarship and Sarvapalli Radhakrishnan Freeship Scheme in view of addition of faculties and NIRF Criteria | Hon Pro Vice Chancellor | Complied |
| 5 | To prepare an action plan for accreditations, rankings and AAA for academic year 2020-2021 and 2021-2022 | Co-Convener IQAC | Complied. Included in Agenda item no1 |
| 6 | To indulge in dissemination activities of National Education Policy 2020 as per directives of UGC | Hon Pro Vice Chancellor | • **Webinar** on "National Education Policy 2020" especially focusing on the Health Sciences Education on 14th October 2010 from 2.00 to 5.00 PM ANNEXURE I |

| | | | • **Credit allocation, Credit transfers, credit banking :** 1. Credit framework for Various courses under DMIMS (DU), 2. Concept note on Academic Bank of credit and credit transfer 3. Academic Credit bank - DMIMS Model |
| | | | • Application for **ODL & Online** courses |
| | | | • Redesign UG program for **Liberal education** : Introduction of **Honors** and **Minors in AHS** |
| | | | • Focus on building **technology based learning resources** |
| | | | • Artificial Intelligence (AI), 3-D machining, big data analysis and machine learning, genomic studies, biotechnology, nanotechnology, neuroscience  must be woven into **undergraduate education** at the earliest : **AI courses introduced for UG & PG courses from 2020-2021. Centre of Excellence for Artificial Intelligence and Applied Computing established.** |
| 7 | **UGC Paramarsh Scheme** a. To ensure timely participation of mentee colleges in all the activities involved in the scheme b. To prepare/work out a utility document on policy frame for reference for mentee colleges c. To work out broad guidelines with timeline for making application by mentee colleges for accreditation by NAAC d. To expedite the procedure / the process of application at the mentee colleges | Dr Abhishek Ingole, Co-ordinator Paramarsh | a. Complied  b & c. Utility document prepared. Included in agenda item no.  d. Ongoing |
| 8 | Status of actionable points of Planning and Monitoring board vis a vis current status of ATR | Director IQAC | ANNEXURE II |

**Agenda item 3 : To note plan of Accreditation, Rankings & Awards and Academic and Administrative Audit**

### a. 2020 – 2021

| Sr. no | Accreditation | Categories of Accreditation | Status of submission |
|--------|---------------|------------------------------|----------------------|
| 1 | **NIRF 2021 Rankings** | 1. Overall<br>2. University<br>3. Medical colleges<br>4. Dental colleges<br>5. Research | In process<br>Last date : 5th Feb 2020 |
| 2 | **ARIIA Rankings** | Innovation Achievements | In process<br>Last date : 15th Feb 2021 |
| 3 | **Asia Awards** | Applied in following categories :<br>1. Universities,<br>2. Medical Colleges<br>3. Dental Colleges<br>4. Young Achievers Award | Submitted on 23rd Dec 2020 |
| 4 | **FICCI Awards** | Excellence in Faculty | Submitted on 30th Dec 2020 |
| 5 | **AAA** | Internal audit | Initiated in January 2021 (Annexure) for all DMIMS DU courses |

## Issues related to NIRF 2021:

1. **Number of PhD** (ongoing and registered in relevant year): MD/MS/MDS to be added both at number and passing

2. **Online Education** : New aspect included.

    a. Number of students offered online courses which have credits transferred to transcript, Number of online courses which have credits transferred to transcript and total number of credits transferred to transcript in SWAYAM or other portal.

b. Number of courses developed and available online on SWAYAM platform by your Institution faculty.

3.**Mean salary** in placement

4. **Student Faculty ratio**

**b. 2021-2022**

1. [Institute of Eminence](#)

2. QS Star Ratings

3. TIMES Impact rankings

**Agenda Item no. 4 : To consider the Status of PDP indicators – revised in September 2020 in view of new key indicators and metrics by NAAC for Health Sciences and NIRF rankings**

| SN | Quantitative Indicators of PDP based on Strategy 2012-17 | 2019-20 | 2020-21 | Current Status |
|---|---|---|---|---|
| 1 | Syllabi Revision | PG | Ayurveda UG+ Fellowship | - |
| 2 | Teachers with PhD Qualification | 49 | 53 | 64 |
| 3 | Student Computer Ratio | 1:40 | 1:40 | 1:28 |
| 4 | The Number of Departments with UGC/SAP/CAS/DST/FIST etc, in university | 18-20 | 18-20 | 19 |
| 5 | No. ofPost-Doctoral Fellows/ Research Associates working a) Locals b) outsiders | 65 | 70 | 69 |
| 6 | Total Ongoing Research Projects | 500 | 520 | 510 |
| 7 | International Collaborative Research Projects | 25 | 28 | 25 |
| 8 | No. of completed Research Projects/Per Teacher (Funded by National/ International Agencies) | 96 | 106 | 112 |
| 9 | National Recognitions for Faculty for Teaching/Research/ Consultancy/ Extension (Reputed/recognized bodies) | 230 | 245 | 247 |
| 10 | No. of Patents Filed | 40 | 50 | 104 |
| 11 | PHD Registrations per Supervisor | >1 | 1.5 | 1.51 |
| 12 | Revenue Generated from Consultancy | 58 | 300 | 78 |
| 13 | Number of MoUs with International Recognized Bodies | 53 | 62 | 1 |
| 14 | Publications per faculty Total number of publications of the university. | 560 | 572 | 618 |
| 15 | **Percentage of Papers Published in Journals listed in  Scopus Web of Science and Pub-med (3yrs)** | 390 | 525 | 618 |
| 16 | Number of Papers  with More than 10  Citations | 39 | 51 | 235 |
| 17 | Number  of  Book  Titles  per Student (in the Central Library) excluding Book Bank | 110-115 | 115-120 | 115-120 |
| 18 | Percentage of Annual Allocation for Library spenton purchase of  Journals (National  & International) and other Library Resources (CDs, Cassettes, etc.) | >20% | >20% | >20% |
| 19 | No. of National/International Conferences /Workshops organized per year | 3+1 | 3+1 | -- |
| 20 | Student  Performance  in  National/International  Level  Exams  (eg: NET/SLET/GATE/GMAT/CAT/GRE/TOFEL, Civil Services/Others) | 31-36% | 36-42% | - |
| 21 | Centers of Excellence | 7 | 7 | 7 |
| 22 | University has the following. i)IQAC ii)Accreditation by National Body iii)International Accreditation/ISO Certification iv)AAA | AAA +GMP | NIRF 1st 10 NABL | NIRF-61 |
| 23 | Outstanding Achievements/ Recognition by faculty/alumni both at national and international level | 60-70 Per Year | 60-70 Per Year | 4 |
| 24 | Outstanding Performance of Students in Sports/Cultural Activities  at National  Level | 10-12 Per Year | 10-12 Per Year | - |

| | | | | |
|---|---|---|---|---|
| 25 | Feedback received from different stakeholders on syllabi etc. i) Students ii)Alumni iii)Parents, iv)Employers v)peers display on website | All Stakeholders per year | All Stakeholders per year | All Stakeholders per year |
| 26 | Percentages ofrecommendations of the stakeholders implemented | 75-80% On Yearly Basis | 75-80% On Yearly Basis | 80% |
| 27 | Number of interdisciplinary course combinations including skill courses introduced during last five years as percentage of total programmes | 8 | 8 | 19 |
| 28 | Number of courses, where continuous assessment of student performances isstructured into the system | All | All | All |
| 29 | Percentage of faculty availing international fellowship for advance studies | 22-25% | 22-25% | - |
| 30 | e-learning resources from National Programmed Teaching Enhanced Learning (NPTEL) Digital library retrieval | 1 new | 1 new | - |
| 31 | Percentage of annual budget allocated for augmentation of infrastructure facilities(average of last 3years) | >15% On Annual Basis | >15% On Annual Basis | Report awaited |
| 32 | Total number of classrooms, seminar halls with LCD/OHP etc. | 100% | 100% | 100% |
| 33 | Declaration of results within | 15 Days | 15 Days | Within 15 days |
| 34 | Percentage of student progression to higher education | 85-90% | 85-90% | Pending |
| 35 | Student Placement percentage average per year Median Salary | | | |
| 36 | Average pass percentage of students | 85-90% | 85-90% | 85-90% |
| 37 | Average drop-out percentage of students | <2% | <2% | <2% |
| 38 | Unit cost of Education (excluding salary) | >Rs. 50,000 | >Rs. 50,000 | >Rs. 50,000 |
| 39 | Percentage of teachers from other states | >10% | >10% | >10% |
| 40 | No. of differently abled persons on roll: Teaching /Non-Teaching/ Students | 1-2% | 1-2% | - |
| 41 | Percentage representation of staff (teaching/ nonteaching) in decision making bodies | >20% | >20% | >20% |
| 42 | Donations received for institution of Chairs, endowments, seminars, and lecture series in crores ofINR in last 5 years. | 2 E | 1 chair | - |
| 43 | Contribution of Alumni/parents for development of university in lakhs | 20-25 lacs per annum | 20-25 lacs per annum | - |
| 44 | Percentage of Female Students | > 50% | > 50% | 63.14% |
| 45 | Programme for professional development of Teaching staff peryear | 7 per year | 7 per year | >7 per year |
| 46 | Projection of successful innovative practices | 11 | 13 | 5 |
| 47 | National Level Sportscompetition | | 1 | - |
| 48 | National level Culturalcompetition | 1 | 1 | - |
| 49 | ICT Incorporations | Online Paper Valuation | Virtual Learning | Online teaching learning and assessments |
| 50 | Faculty Position (regular + Foreign + Adjunct + Research+ emirates+ Distinguished) 1:10 +ratio | 550 | 600 | 515 |
| 51 | Startups | 02 | 05 | 6 in pipeline |
| 52 | Patents Granted | 3 | 8 | 9 |
| 53 | Research Expenditure on seminar workshop conference cumulative 3 years | 11 Cr | 18 Cr | - |
| 54 | PhD enrollments | 250 | 325 | 253 |
| 55 | Citations | 2400 | 3500 | 9539(Scopus) |

| | | | | |
|---|---|---|---|---|
| **56** | Research funded Projects (above 1 Cr) | 10 | 18 | 10+3=13 |
| **57** | H index | 41 | 60 | 35 |
| **58** | Clinical Research Revenue | 1.5 Cr | 5 Cr | - |
| **59** | Copyrights including Impartus Lectures | 200 | 250 | 364 |
| **60** | Number of faculties | 15 | 15 | 13 |
| **61** | ODL | 5 | 10 | 16 |
| **62** | Online | 0 | 10 | - |
| **63** | Off Campus / Off shore | Off campus | Off shore | Off campus |
| **64** | UGC Grants | Spark | FIST | Paramarsh |
| **65** | 20% Additional foreign students | 5 | 20 | - |
| **66** | Super-specialty Courses | 02 | 08 | 6 |
| **67** | Journals in Scopus | 01 | 03 | - |
| **68** | **Number of published conference proceedings in Pubmed/Scopus/WOS** | - | **150** | 9 |
| **69** | **Number of books/chapter published** | - | **10** | 10 |
| **70** | **Percentage of students enrolled in subject related certificate/diploma/add-on programs** | - | **30%** **20%** | - |
| **71** | **Number of Value added courses offered** | - | **30** | 21 |
| **72** | **Number of extramural activities/beyond classroom activities- student club/cultural societies etc** | - | **20** | 5 |
| **73** | **Teachers trained in delivery of e-content /e-courses.** | - | **50%** | 100% |
| **74** | **Number of training programs in IPR, RM, GC & lab practices, Research grant writing & Industry academics collaboration.** | - | **6** | 8 |
| **75** | **Number of student / Faculty exchange.** | - | **50** | - |
| **76** | **Number of student training programs for capability enhancement and career counseling.** | - | **10** | 2 |

## Action plan of new PDP indicators :

| Sr. no | New Indicators | Action plan |
|---|---|---|
| 1. | Number of published conference proceedings in Pubmed/Scopus/WOS | Action plan prepared by R&D |
| 2 | Number of books/chapter published | Target / faculty <br><br> Hand holding by R&D |
| 3 | Percentage of students enrolled in subject related certificate/diploma/add-on programs | 1. Harvard courses <br><br> 2. Elective courses |
| 4 | Number of Value added courses offered | 1.Courses in communication skill lab for all other courses except |

| | | Medicine |
|---|---|---|
| | | 2. AI courses for UG and PG programs |
| | | 3. **Course in Humanities- proposed** |
| 5 | Number of extramural activities/beyond classroom activities- student club/cultural societies etc. | 1. Plan of various student clubs<br><br>• Literary club<br>• Arts Club<br>• Sports Club |
| 6 | Teachers trained in delivery of e-content /e-courses. | **E content** : LRMs, Lectures, Videos , Clinical Snippets in You tube prepared by Faculty.<br><br>**E course** - To venture into 'Study webs of active learning for young aspiring minds – **SWAYAM' Courses** – Proposed |
| 7 | Number of training programs in IPR, RM, GC & lab practices, Research grant writing & Industry academics collaboration. | Incorporated in R& D calendar for various related capacity building programs |
| 8 | Number of student / Faculty exchange. | Efforts initiated. International Students cell established |
| 9 | Number of student training programs for capability enhancement and career counselling. | Initiated for AHS students |

**Agenda item no. 5 : To propose 'An operational framework for Validity and Authenticity of theory examination in a Competency Based Curriculum"**

**Preamble :**

The Undergraduate Competency based Medical Education (CBME) was introduced from the year 2019 by Medical Council of India (Regulations on Graduate Medical Education (Amendment), 2019 ). **CBME** has been defined as an **outcome-based approach** to the design, implementation, assessment and evaluation of a medical education program using an organized framework of competencies. **Assessment plays a crucial role in in CBME implementation**. Traditionally expressed as a product of validity, reliability, acceptability, feasibility and educational impact; **assessments are cornerstone to an authentic Competency based curriculum, with validity and authenticity as its important attributes**.

One of the assessment tools, that cater to various levels of cognitive domain of learning, is theory examination. In a view to address the cognitive skills of various competencies, a question paper in theory exam must to be carefully designed taking into consideration **construct, content and difficulty level**. A validated **question bank and test blueprints are major pre-requisites** for  generating a balanced question paper within a Competency based curriculum. Test blueprints define parameters for assessment , review assessment for alignment to competencies and learning objectives and also guide instructional activities, thereby enriching the **validity** of the test tool.

Hence, while implementing CBME, addressing the entire spectrum of competencies within question bank (by questions of varied construct and content) and test blueprints, in a systematic way, is desirable for a valid and authentic theory examinations.

**Aim :** To ensure validity and authenticity of theory examination in a Competency Based Curriculum

**Objectives** : To propose ;
1. Organisation grid of subject specific competencies into instructional objectives in MK:DK:NK areas
2. Organisation of questions (type, distribution and difficulty level) aligned with competencies and instructional objectives
3. Formula for calculation of quantum of questions (as specified in objective no 3) within question bank

4. Table of specifications for Primary and Secondary Test blueprint aligned with competencies &instructional objectives.

**Mother Document**: Three volumes of 'COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE'

https://www.nmc.org.in/information-desk/for-colleges/ug-curriculum

## Understanding the competencies table

| A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|
| No. | Competencies | Domain | K/KH/SH/P | Core | Suggested Teaching Learning Method | Suggested Assessment method | No. required to certify (P) | Vertical Integration | Horizontal Integration |
| Physiology | | | | | | | | | |
| Summary Name of Topic: General Physiology Number of Competencies: (08) | | | | | | | | | |
| PY1.1 | Describe the structure and functions of a | K | KH | Y | Lectures, Small group discussion | Written/Viva | | | Biochemistry |
| IM25.4 | Elict *docment* and present a medical history that helps delineate the | S | SH | Y | Bed Side clinic, DOAP | Skill assessment | | Community Medicine | |

Description of competency

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

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

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

Identifies if the competency is core or desirable.
Y indicates Core;
N-non-core

Identifies the suggested learning method.
DOAP - Demonstrate (by Student) Observe, Assist Perform)

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

no of times a skill needs to be done independently to be certified for independent performance;
Rarely used in UG

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

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

*Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents

**The DMIMS Model :**

**DMIMS Three step model to ensure validity and authenticity of theory examinations in a Competency Based Curriculum**

●**Step III**

●Designing Primary and Secondary test blueprints aligned with competencies and Instructional objectives

●**Step II**

●Organisation of questions to competency and instructional objectives (Type of question, Core and non-core area and Level of difficulty)

●**Step I**

●Organisation of subject specific competecies into MK:DK:NK intstructional objectives
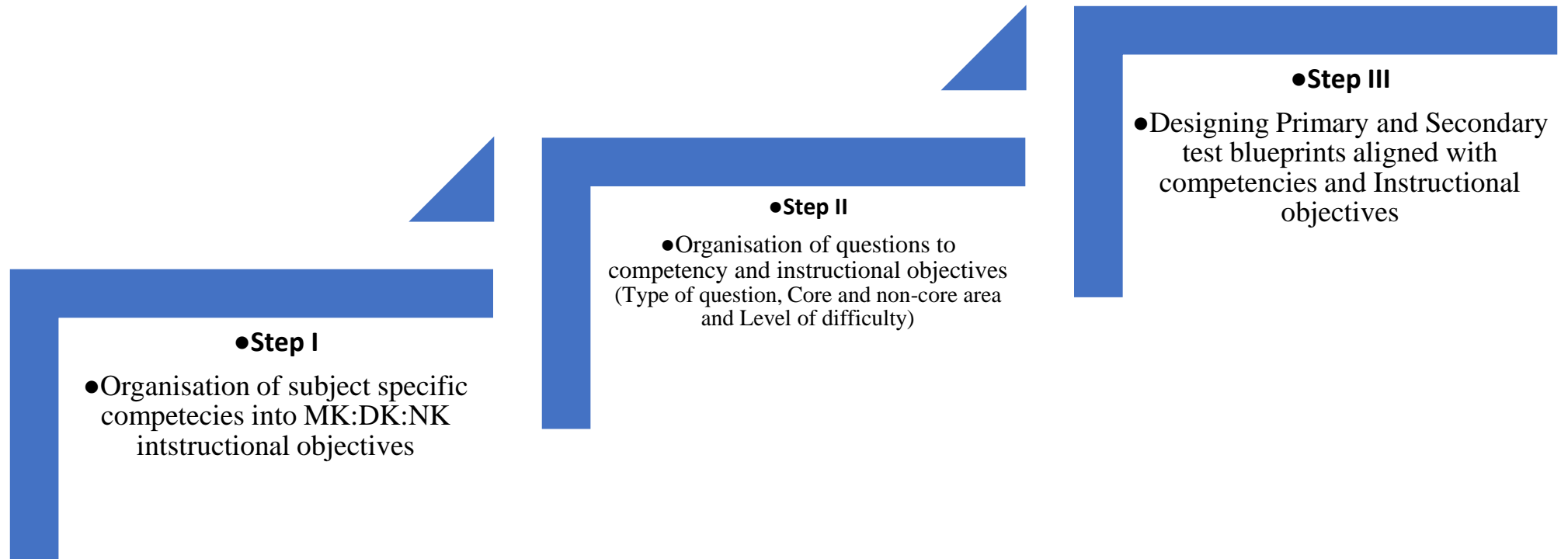
**Fig 1 : DMIMS Three step model to ensure validity and authenticity of theory examinations in a Competency Based Curriculum**

**Specifics of the Model :**

   **a. Step I**

With regards to assessments in CBME, theory examination, which assesses the cognitive skills, clinical reasoning skills, diagnostic skills etc. has a major implication. The present document organises the syllabus, test blueprints , questions and e-Question bank in such a way that it leads to generation of an ideal , balanced question paper specifically ensuring content validity. The organisation of syllabus is as given below;

1. Themes categorised into subthemes.

2. Subthemes organised with competencies ( as per the 3 CBME subject volumes on NMC website)

3. The Instructional objectives (cognitive domain) of the competencies organised into CORE: Must Know , Desirable to Know and NON-CORE : Nice to Know

| Sr. No | Theme and total hours allotted | Topic | No. | Competencies | CORE Instructional objectives | | NON CORE Instructional objectives | Hours |
|---|---|---|---|---|---|---|---|---|
| 1 | Hemodynamics 80 HOURS | Hemodynamic disorders | | | Must know | Desirable to know | **Nice to know** | |
| | | | PA6.1 | Define and describe edema, its types, pathogenesis and clinical correlations | Define , its types, pathogenesis and clinical correlations of Edema | | | 4 |
| | | | PA6.2 | Define and describe hyperemia, congestion, haemorrhage | Define , its types, pathogenesis and clinical correlations of Hyperemia, congestion &Hemorrhage | | | |

| | | | PA6.3 | Define and describe shock, its pathogenesis and its stage | Define , its types, pathogenesis and clinical correlations of Shock | Understand the general scheme of laboratory investigation of shock | | |
| | | | PA6.4 | Define and describe normal haemostasis and the etio-pathogenesis and consequences of thrombosis | Define , its types, pathogenesis and clinical correlations of thrombosis | | | |

Table 1 : Organization grid of subject specific competencies into instructional objectives in MK:DK:NK areas

## b. Step II :

Once the competencies are organized as per Step I; the subject specific questions have to be organized as per Themes , Sub themes, Question type, Distribution into Core (MK:DK) : Non Core (NK), Level Of Difficulty, specific question and Competency number as depicted below;

| Sr no | Year | Subject | Theme | Sub-theme | Question type | Distribution (MK:DK:NK) | Level of Difficulty (Level I : Level II) | Question | Competency number |
|-------|------|---------|-------|-----------|---------------|-------------------------|------------------------------------------|----------|--------------------|
| | | | | | | | | | |

**Example :**

|  | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 |  |  |  | E-QB - Pathology (Code : Pathology/eQB/2019 to 2023 Batch) | | | | | | | | | | | |
| 2 |  |  |  | *Note : The themes of Eqb should be in alignment with Secondary Template* | | | | | | | | | | | |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Sr.No | YEAR | Subject | Theme | Sub-theme (if any) | Question Type | Distribution (MK/DK/NK) | Level of Difficulty | Question | Competency Number |  |  |  |  |  |
| 5 | 1 | II MBBS | Pathology | Hemodynamic disorders | Oedema | SAQ | MK | 1 | Define the term 'Oedema'. Describe its types. | PA 6.1 |  |  |  |  |  |
| 6 | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**a. Calculation of Quantum of questions within question bank.**

| Type of question | No. of Questions in single Question paper set | No of questions required for making 3 sets (A,B, C) in a single examination | Minimum Quantum (Ten times the basic requirement) |
|---|---|---|---|
| LAQ | 4 | 4x3=12 | 120 |
| SAQ | 6 | 6x3=18 | 180 |
| BAQ | 11 | 11x3=33 | 330 |
| MCQ | 20 | 20x3=60 | 600 |

**b. Calculation according to NK:DK:MK and Level I:Level II**

| Type of session | Total no. of ques. | Acc. To distribution level (60:30:10) | | | Ac to diff. level (80:20) (For LAQ 50:50) | |
|---|---|---|---|---|---|---|
| | | MK | DK | NK | Level 1 | Level 2 |
| LAQ | **120** | 60 | 60 | -- | -- | -- |

| | | | | | | |
|---|---|---|---|---|---|---|
| SAQ | **180** | 108 | 54 | 18 | 144 | 36 |
| BAQ | **330** | 198 | 99 | 33 | 264 | 66 |
| MCQ | **600** | 360 | 180 | 60 | 480 | 120 |

**c. Quantum calculation: Calculation of number of question per Competency / Course outcomes**

| Competency | LAQ | SAQ | BAQ | MCQ |
|---|---|---|---|---|
| No of Questions to be framed | 02 | 04 | 06 | 10 |
| Level 1<br><br>Level 2 | (50:50 Ratio)<br> Level 1: - 1<br>Level 2: - 1 | (80:20 Ratio)<br>Level 1: - 3<br>Level 2: - 1 | (80:20 ratio)<br>Level 1: - 5<br>Level 2: - 1 | (80:20 ratio)<br>Level 1: - 8<br>Level 2: - 2 |

## c. Step III:

One of the major tasks to get a valid test is to ensure content validity which means that each test item must at least represent one learning outcome. Careful combination of highly representative items is imperative for better test validity rather than constructing high-quality representative items alone. The tool of choice to achieve the best combination and representativeness of issues in exam is test blueprintOnce the questions (MCQ, BAQ, SAQ and LAQ are framed as per the competencies for various difficulty level, step III involves designing test blueprints for balancing the content validity of question paper. Step III proposes designing of a primary and secondary test blueprint aligned with competencies and Instructional objectives.

### i. Primary Test Blueprint :

The primary test blueprint involves taking into consideration the type of questions, distribution of questions into core : non-core areas and level of cognition viz. Level I (Knowledge & Understanding) and Level II (Application, Analysis, Synthesis & Evaluation). The ratio of the quantum of questions proposed, as per distribution into MK:DK:NK is 60%:30%:10% and Level of difficulty Level I : Level II is 80%:20% (with an exception of LAQ being taken only from MK area and level of difficulty I:II as 50%:50%)

**Example for Primary Test Blueprint :**

| Template Code | Pathology/Primary Template/2019 to 2023 Batch | | | |
|---|---|---|---|---|
| | Must Know (MK) – 60 % | Desirable to know (DK) – 30 % | Nice to know (NK) – 10 % | M Marks |
| LAQ (4) 2/4 | (4) Level I – 2 Level II – 2 | - | - | 15 M x 2/4 = 30/60 M |
| SAQ (6) 5/6 | (3) Level I –2 Level II – 1 | (2) Level I – 1 Level II – 1 | (1) Level I – 1 | 6 M x 5/6 = 30/36 M |
| BAQ (11) 10/11 | (7) Level I – 5 Level II –2 | (3) Level I – 2 Level II – 1 | (1) Level I – 1 | 2 M x 10/11 = 20/22 M |

| MCQ (20) 20/20 | (12) Level I – 10 Level II –2 | (6) Level I –4 Level II –2 | (2) Level I – 2 | 1 M x20 = 20 M |
|---|---|---|---|---|
| | About 60:30:10 (MK:DK:NK)      Total <br> Level of Learning : 80 : 20 (Level 1 : Level 2) | | | 100/138M |

**Note : Question paper of 138 marks (with options). Student should solve question paper of 100 marks minimum**

## ii. Secondary Test Blueprint :

The secondary test blueprint is based on Primary test blueprint. It depicts the spread of questions to be asked in question paper according to types, core and non-core and difficulty level, specifically addressing the competencies. The grid of secondary test blueprint depicts Theme, Subtheme, weightage to theme and sub-theme, Competency number , type of questions (MCQ,BAQ, SAQ, LAQ) , Distribution of questions (MK:DK:NK) and difficulty level (Level I:Level II) for total marks (including optional questions) in question paper.

**Example of Secondary test blueprint :**

| Template Code | | | | | *Pathology/Secondary Template/2019 to 2023 Batch* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Theme** | **Weightage of Syllabus** | **% of Syllabus** | **Marks Attributed** | | **LAQ (15 Marks) 2 / 4** | | **SAQ (06 Marks) 5 /6** | | **BAQ (02 Marks) 10 / 11** | | **MCQ (01 Mark) 20/20** | |
| | | | | | L1 | L2 | L1 | L2 | L1 | L2 | L1 | L2 |
| Cardiovascular System (PA 27.1- PA 27.10) | 06 | 15% | 21 | MK | PA 27.5 | | | | | | PA 27.2, 27.6 | PA 27.8 |
| | | | | DK | | | | | PA 21.1 | | PA 27.4 | |
| | | | | NK | | | | | | | | |
| Respiratory System (PA 26.1- PA 26.7) | 005 | 12.5% | 17 | MK | | PA 26. 1 | | | | | | |
| | | | | DK | | | | | | | | |
| | | | | NK | | | | | PA 26.3 | | | |
| Gastro Intestinal Tract (PA 24.1 – PA 24.7) | 04 | 10% | 14 | MK | | | | | PA 24.2, 24.4 | | PA 24.1, 24.3 | PA 24.7 |
| | | | | DK | | | | PA 24.2 | | | PA 24.6 | |

| | Hrs. | % | No. | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | NK | | | | | | | | |
| Hepatobiliary system (PA 25.1 – 25.6) | 05 | 12.5% | 17 | MK | PA 25.3 | | | | | | | |
| | | | | DK | | | | | | PA 25.1 | | |
| | | | | NK | | | | | | | | |
| Urinary tract (PA 28.1- PA 28.17) | 06 | 15% | 21 | MK | | PA 28.5 | | | | PA 28.14 | | |
| | | | | DK | | | | | PA 28.9 | | | PA 28.10 |
| | | | | NK | | | | | | | PA 28.6 | |
| Skin and Eye (PA 34.1-PA 34.4 PA 36.1 ) | 01 | 2.5% | 03 | MK | | | | | PA 36.1 | | PA 34.1 | |
| | | | | DK | | | | | | | | |
| | | | | NK | | | | | | | | |
| Bone & Soft Tissue (PA 33.1 – PA 33. 5) | 02 | 05% | 07 | MK | | | | | | | PA 33.1 | |
| | | | | DK | | | | | | | | |
| | | | | NK | | PA 33.2 | | | | | | |
| Endocrine System (PA 32.1- PA 32.9) | 02 | 05% | 07 | MK | | PA 32.4 | | | | | | |
| | | | | DK | | | | | | | PA 32.1 | |
| | | | | NK | | | | | | | | |
| Central Nervous System (PA 35.1-PA 35.3) | 01 | 02.5% | 03 | MK | | | | | PA 35.2 | | PA 35.1 | |
| | | | | DK | | | | | | | | |
| | | | | NK | | | | | | | | |
| Male Genital Tract (PA 29.1- PA 29.5) | 02 | 5% | 07 | MK | | | | | | | PA 29.3 | |
| | | | | DK | | | PA 29.1 | | | | | |
| | | | | NK | | | | | | | | |
| Female Genital Tract (PA 30.1- PA 30.9) | 02 | 5% | 07 | MK | | | PA 30.4 | | | | PA 30.1 | |
| | | | | DK | | | | | | | | |
| | | | | NK | | | | | | | | |
| Breast (PA 31.1- PA 31.4) | 01 | 02.5% | 04 | MK | | | | | PA 31.2 | | PA 31.3 | |
| | | | | DK | | | | | | | PA 31.1 | |
| | | | | NK | | | | | | | | |
| Clinical Pathology (PA 23.1-23.3) | 03 | 7.5% | 10 | MK | | | | PA 23.3 | | PA 23.2 | | |
| | | | | DK | | | | | | | 23.1 | |
| | | | | NK | | | | | | | 23.3 | |
| **Total** | **40 Hrs.** | **100%** | **138** | | | **02** | **02** | **04** | **02** | **08** | **03** | **17** | **03** |

**Implications :**

b.  The proposed modelcan help addressing all subject specific competencies within theory examination for various levels in cognitive domain of learning.

c.  It will ensure that the assessment has content validity and that the same emphasis on content during instruction is represented in  assessment.

d. It will signify test item alignment with Instructional objectives and competencies .

e. Blueprinting will help to reduce major validity threats, first is the construct with under representation (biased sampling of course content) and the other is the construct with irrelevant variance (usage of inappropriate tools for assessment)

**References :**
1. https://www.nmc.org.in/information-desk/for-colleges/ug-curriculum
2. Anderson, L. W., Krathwohl, D. R. (2001). A taxonomy for learning, teaching, and assessing: A Revision of Bloom's Taxonomy of Educational Objectives. New York: Longman.
3. Abdellatif H, Al-Shahrani AM. Effect of blueprinting methods on test difficulty, discrimination, and reliability indices: cross-sectional study in an integrated learning program. Adv Med EducPract. 2019;10:23-30. Published 2019 Jan 22

**DrVedprakash Mishra**
**Pro Chancellor, DMIMS (DU)**

**DrAlka Rawekar**                                    **Dr Tripti Srivastava**
**Dean , AHS**                                         **Director, IQAC**

**Dr Sunita Vagha**                                    **Dr Sonali Choudhary**
**Dean , Faculty of Medicine**                         **Associate Dean, SOE**

**Agenda item no 6 : To present the 'Compendium on COVID-19 Initiatives of DMIMS(DU)'**

ANNEXURE III

# Agenda item no 7 : To present the Utility document on policy frame for reference for mentee colleges

**Utility Document for PARAMARSH Mentee institutions under DMIMS (DU)**

Datta Meghe Institute of Medical Sciences (Deemed to be University) has been accepted as a Mentor institution to provide Mentorship to at-least five mentee institutions under the PARAMARSH scheme initiative of University Grants Commission since September 2020. It aims to provide mentorship to the mentee institutions linked to it, with a vision that each mentee institution shall get accreditation of National Accreditation and Assessment Council (NAAC) with a minimum score of 2.5 in two years i.e. by 2022 for mentees linked in year 2020.

Datta Meghe Institute of Medical Sciences (Deemed to be University) structured an activity plan of activities to be undertaken for mentorship stretched throughout the year as a part of this ongoing mentorship. The objectives of activities included:

- Training of staff for proper process, documentation and presentation Sharing of knowledge, information and resources
- Opportunities for research collaboration and faculty development
- Guidance and encouragement to institutions to identify the best practices

Accordingly, an activity planner was prepared for the mentee institutions linked to DMIMS (DU) as:

**Activity Plan for DMIMS (DU) 'Paramarsh' Mentorship-**

| Sr. No. | Month | Activity |
|---------|-------|----------|
| 1 | Month 1 | Identification of Mentee institutions and creation of MOU of mentee institutions with mentee college |
| 2 | Month 2 | Identification of Nodal officers and constitution of IQAC at all mentee colleges |

| 3 | Month 3 | Orientation on core values and concept of quality<br><br>Onsite interaction on core values of IQAC |
|---|---------|---|
| 4 | Month 4 | Workshop - Nodal officers from all the institutes will Revisit/ Frame the Vision & Mission of the Institute. Further discussion and framing of Goals and objectives aligned with Vision and Mission of the institutes. |
| 5 | Month 5 | Orientation on  -  Principles of SWOC and its operationalisation<br>Activity - SWOC Analysis of the Institute<br>Co-coordinators will conduct focused discussion with major officials of the institute and develop roadmap for conversion of weakness into strengths and challenges into opportunities and discuss with faculty allotted |
| 6 | Month 6 | Orientation regarding Accreditation frameworks and its various parameters and experience sharing as per criteria<br><br>Criterion 1: Curricular aspects<br>Criterion 2 : Teaching-Learning and Evaluation |
| 7 | Month 7 | Orientation regarding Accreditation frameworks and its various parameters and experience sharing as per criteria<br><br>Criterion 3: Research Consultancy and extension<br>Criterion 4: Infrastructure and Learning Resources |

| 8 | Month 8 | Orientation regarding Accreditation frameworks and its various parameters and experience sharing as per criteria |
|---|---|---|
| | | Criterion 5: Student Support and Progression |
| | | Criterion 6: Governance, Leadership and management |
| 9 | Month 9 | Orientation regarding Accreditation frameworks and its various parameters and experience sharing as per criteria |
| | | Criterion 7: Innovations and best practices |
| 10 | Month 10 | Facilitating - Genesis and stabilization of best practices and innovations |
| 11 | Month 11 | Mentoring on strategic planning and development of Perspective development plan document |
| 12 | Month 12 | Facilitating the implementation, monitoring and evaluation process |

Accordingly, a standing committee has been notified by the university comprising of resource persons and administrative staff for conducting these activities. Resource persons are linked to activities related to their expertise as mentors for the activities. Mentors plan for details of activities to be conducted and resource material to be shared to mentee institutions. Also, Faculties are linked to mentee institutions to review the progress of works and take follow-up of accomplishment of allotted tasks on a regular basis.

Such a framework is expected to produce following benefits.

**Benefits to Mentee institutions:**

- Enhancement in the overall quality of mentee institutions

- Enhancement in the profile of mentee institutions as a result of improved quality of research, teaching and learning methodologies

- Receives support in the professional development of Academics

- Increased exposure and speedier adaptation to best practices

- Advantage point in NIRF ranking and NAAC accreditation

**Benefits to Mentor Institution**

- Additional learning acquired from experience

- Intellectual challenge of working in different environment

- Opportunities for increased collaboration

- Satisfaction of helping newer institutions and see them succeed

**Guidelines for mentee colleges regarding making application to NAAC for institutional accreditation**

- Mentee institution is expected to submit the assignments during sessions timely and get them approved from mentor faculties.

- Documents created by mentee institutions for upcoming NAAC at their own institution shall be submitted to mentors for suggestions and improvement wherever possible.

- It will be the responsibility of mentee colleges faculty participating in the program to undergo timely creation and validation of documents for NAAC

- Mentee institution has to mandatorily apply for NAAC within one year of completion of Paramarsh training program. Thus, Mentees linked in 2019-20 should apply for NAAC latest by 20201 and get accredited with NAAC scoring a minimum score of 2.5 by 2022.

- Mentees have to themselves prepare and implement their accreditation plan and also share it with mentors as it will be reviewed by DMIMS Mentor team and UGC on a timely basis.

# Agenda item no 8: To propose Modified Academic Calendar DMIMS (DU) course in view of COVID-19 Pandemic

**ANNEXURE IV**

## Key Features :

1. The academic calendar for the faculty of medicine is made as per the model time table given by the NMC and for the faculty of nursing as per the INC guidelines

2. For new 1$^{st}$ year students the academic session is starting in the month of Jan whereby foundation/ orientation courses shall be conducted online and after the students join the campus online teaching shall be started on line

3. The terms and days are calculated. The teaching hours as prescribed in the syllabi are taken into account. The calendar is made in such a way that in most of the faculties the teaching hours are balanced and no deficit is noticed.

4. Wherever teaching hours were deficient they are compensated by availing additional teaching hours, availing Sundays and Holidays ( 2 hours each ) and curtailment of vacation and utilizing the hours allocated for minor activities like sports etc.

5. All Didactic activities are planned in extended hours on online mode and maximum core hours are availed for skill training.

6. All formative examinations in theory shall be conducted on Saturdays and Sundays on online proctored mode.

7. The Formative clinical / practical examinations shall be conducted at the end of clinical/lab postings.

8. Prelim shall be conducted as usual as replica of summative exam and 7 days PL shall be given.

9. All newly admitted 1$^{st}$ year students shall have summative exam in dec 2021.

10. All batches where progression has taken place to next level ( except faculty of medicine) the summative examinations shall be in sept 2021.

11. The 2$^{nd}$ , final 1$^{st}$ & 2$^{nd}$ exam shall be in Jan and Feb- march 2022 respectively. Therby we can have 2 slots of sit and resit for summer 2021 and winter 2021 exams

12. The overall spillage has been controlled and unlike this year it will be of 1 to 1 & ½ months only. Hence by the time the current second year students come to final year the course shall be completed in shortest possible time and exams shall also be on time.

13. Based on this time table a) annual exam calendar and b) comprehensive academic calendar for the academic year 2021-22 can be prepared.

## Agenda Item no. 9 : To note the Introduction of Standardised Patient (SP) for Skill training in Medicine, Dentistry, Ayurveda, Physiotherapy and Nursing Faculty of DMIMS(DU) to ensure equal learning opportunity of core clinical competencies

Simulated/Standardised patients are the persons trained to portray a patient with specific clinical condition in a realistic and standardized way (where they give a consistent presentation which does not vary from student to student) and can be effectively used for teaching and assessment clinical/physical examination skills and consultation, in simulated teaching environments or in situ. They can also be coached to give feedback and evaluate student performance. SP based training is enormously evidenced to have a significant impact on healthcare education for developing clinical and professional skills.

In order to combat the **enormous challenge in clinical training during this global emergency situation**, SP based training in **history taking, physical examination, clinical reasoning, critical thinking, problem solving , team skills, inter-professional skills and clinical judgment** is need of the hour. This will ensure provision of equal opportunity to every learner to practice in a safe and controlled environment for mastery over essential clinical skills. It can also serve as a pre-requisite to obtain training in a real life clinical setting.

**Aim :**

The aim of introducing Standardised patient in skill training is to ensure equal learning opportunity of core clinical competencies to every learner in a safe and controlled setting.

**Objectives :**

1. To offer ethical ground for practice of clinical skills and multiple opportunities to practice those skills in a safe and controlled environment.
2. To foster clinical skills (History taking skills, procedural skills, physical examination, clinical reasoning skills etc.) in an Indian Health Professional Graduate.

**Summary of number of Standardised Patient for DMIMS (DU) courses :**

| Sr. No. | College | Total scenarios of SP |
|---------|---------|-----------------------|
| 1 | JNMC | 95 |
| 2 | SPDC | 72 |

| | | |
|---|---|---|
| **3** | MGAC | 78 |
| **4** | SMMRCON | 84 |
| **5** | RNPC | 33 |
| **Total** | | **362** (ANNEXURE V) |

**Agenda Item no. 10: To recommend the plan of on-boarding and Integration of the off campus centre of DMIMS (DU), Datta Meghe Medical College , Nagpur with various Academic, Research and Administrative process and practices of DMIMS(DU)**

### INTEGRATION OF WANA OFF CAMPUS WITH THE DMIMS (DU) CAMPUS

1) **Admission process and student section**
    a. All the data of student file to be stored in a soft form in word pro during admission and all uploading must be completed within 8 days of admission
    b. Enrollment of all students on  NAD and upload all academic certificates
    c. University enrollment related documents to be procured and submitted to the university in time.
    d. Registration of students & college on UGC Anti ragging portal enrollment of institute, students
    e. Uploading of undertaking by HOI on UGC Anti ragging portal
    f. To issue I cards to all students and make them compulsory
    g. Academic Kit – LRM, Note book, Syllabus, Time table etc to be issued
    h. Health cards to be issued to all students like sawangi
    i. Welfare policy to be displayed on portal
    j. Library card to be issued to all students
    k. Registration of all students on Student AAP( like sawangi)
2) Covid 19 Guidelines : Covid-19 guidelines notified by the University along with all the SOP to be adopted as it is.
3) Validated LRM to be shared with DMMC
4) Notebooks prepared by DMIMS (DU) to be stored and distributed to the students
5) Appointing co-convener of following autonomous cells of the university.
    (Appointed)
        a. Anti-Ragging Monitoring Cell

      b.  Institutional Forum for Woman / Internal Complaints  Committee

      c.  Equal Opportunity Cell / Social Justice Cell

      d.  Students' Welfare Cell

      e.  Attendance Cell

      f.  Students'Guidance Clinic

      g.  Examination cell

      h.  Establishment of Medical education unit

6) Reconstitution of the BoS  incorporating all

      a.  HOD

      b.  All professors

      c.  AP

7) Reconstitution of Academic Council incorporating all

      a.  All HODs

      b.  HOI

      c.  All prof

8) Reconstitution of Joint Collage Council incorporating all

      a.  All HODs

      b.  HOI


9) Sharing formats for departmental presentation and monthly college council

      a.  Constitution of college council

      b.  Schedule of college council

10) Academic appraisal program

      a.  Co convener

      b.  Soft ware

11) AAA convener to be designated with due orientaion

12) Academic calendar to be shared

13) Sharing of all notifications including service rules, student disciplinary charter etc. inclusion of DMMC in mailing list of all relevant offices

14) Mirror image of time table

15) Sharing of faculty resources

16) Inviting the HoI for important meeting such as Research Advisory Board, IQAC, Planning and Monitoring Board and Board of Management

17) Creating of skill labs at DMMC – space, equipment, resource persons ( training)

18) Summative and formative examinations planning

19) Making prospective development plan

20) Website committee- Mandatory disclosures, monthly update through the university website committee as per the notified policy of the university.

21) Anti-ragging Committee and squad to be constituted and displayed prominently with help line number.

22) Library resources – annual requirement of journals/ books/ computers/ internet/ software

23) To add in all mailing lists  - circular issued

24) Student council constitution

25) Preceptor ship program to be launched, preceptor ship diaries to be printed

26. establishment section- service book, personal file, periodic update, PF,

27. Womens forum to be constituted, ICC to be constituted, information to be displayed and as per annual calendar all activities to be conducted. Orientation of all stake holders to be made

28. Hostel advisory committee to be constituted and quarterly meetings to be conducted.

29. constitute library advisory committee and quarterly meetings to be conducted.

**Administrative**

1. Establishment section

2. Store

3. Student section

4. Account section

5. Vehicle section

6. Maintenance section

   All the above sections to work as per the university rules, maintain proper record, undertake statutory deductions,  maintain service books , personal files, leave record, stock books, dept stock books, dept library record,

# Faculty development programs and Capacity building workshops for Faculties of DMMC

Immediate FDPs and capacity building workshops required for DMMC :

| Sr no | FDP/Workshop | Conducting authority | Participants | Timeline |
|---|---|---|---|---|
| 1. | Curriculum Implementation and Support Program (CISP II) for CBME | DMMC MEU & Curriculum committee under observation of JNMC Nodal centre | Faculty of Pre/Para/Med allied/Surg allied | Last week January/first week February |
| 2. | Revised Basic course workshop | DMMC MEU under observation of JNMC Nodal centre | Faculty of Pre/Para/Med allied/Surg allied | As and when permitted by NMC. Presently permissions are on hold. |
| 3. | Early Clinical Exposure in CBME | SHPER | Faculty of 1st Prof yr | 3rd week of January |
| 4. | Alignment and Integration in CBME | SHPER | Faculty of Pre/Para/Med allied/Surg allied | 3rd week of January |
| 5. | Skill training in CBME | SHPER | Faculty of Pre/Para/Med allied/Surg allied | 3rd week of January |
| 6. | Conduction of OSCE / OSPE | SHPER | Faculty of Pre/Para/Med allied/Surg allied | Last week January/first week February |
| 7. | Problem Based Learning & mPBL | SHPER | Faculty of Pre/Para/Med allied/Surg allied | Last week January/first week February |
| 8 | AETCOM | SHPER | Faculty of Pre/Para/Med allied/Surg allied | Last week January/first week February |

Note : Since DMMC has admitted CBME batch, all the Competency based Learning resource material prepared by JNMC viz LRM, Notebook, Log book, recorded lectures, skill videos, ECE module etc. is also applicable to DMMC and hence can be shared.  eQB (mapped with competencies) prepared by JNMC is also applicable to DMMC and can be utilized for all FA & SA of DMMC.

**Agenda Item no. 11: To present the 'Concept note on Research Advancement in High priority areas under Intramural Grant Scheme**

## CONCEPT NOTE

### Intramural Grant Scheme- Research Advancement in High Priority Areas

Intramural Grant Scheme (IGS) has envisaged, a newly approved scheme that will support proposals doing Research in *High Priority Areas* which will explore new scientific innovations and breakthroughs, which has an enduring impact on our fundamental scientific understanding. The proposal of the innovator should offer disruptive technologies at the cutting edge. The scheme is beyond typical research grants and purposefully designed for high quality proposals consisting of **new hypothesis** or **challenge existing ones**, and provide **'out-of-box'** solutions

Transformative and disruptive research concepts based on innovative and unproven hypothesis, possessing a high degree of uncertainty, yet having conviction to produce a lasting impact across discipline boundaries qualify for support under this Scheme. The scheme enables technology innovators and entrepreneurs to pursue a promising technology idea, and establish and validate proof of concept (POC) for the "**Discover – Design – Scale**" idea. .

Preference will be given to proposals involving **multidisciplinary / multi-institutional expertise**. The Scheme is designed to provide major support to a few selected areas of research that have high priority from the viewpoint of advances in fundamental science and that can be of great significance for scientific and technological development.

It is envisaged that innovative proposals will bring out breakthrough solutions in identified areas. Success of such proposals will ideally open up new opportunities in S&T and impact global science not only in terms of knowledge, but also in the form of delivered outcomes.

A call for seeking proposals will be made on the identified priority areas. The necessary facilities required for implementing the identified high priority areas will be supported through this scheme.

The project will be set up around established research groups led by a Principal Investigator (PI) with at least two co-PIs of complementary expertise from different departments / institutes to transform the program truly interdisciplinary and multi institutional. The duration of the project is normally for a period of 3 years, which could be extended to 2 years (5 years total).

**Areas of Research Support:**

In the current year, R&D proposals are solicited in the following areas:

1. Covid-19 (diagnostic kits/ devices, prediction modelling, prevention and therapeutic research)
2. Regenerative Medicine & Tissue Engineering
3. Maternal and Child Health Developmental and Disease Biology
4. Infectious Disease Biology
5. Chronic Disease Biology
6. Public Health Intervention/Community Based Intervention / Early Childhood Intervention Research
7. Ayurvedic Biology
8. Standardisation and Characterisation of Ethno pharmacology
9. Nutrition – Clinical Nutrition, Public Health Nutrition, Nutrition Microbiology (Gut Microbiome)
10. Oncology (Oral and Breast Cancer) – Prevention/Diagnostic Markers/Therapeutic Research
11. Lab-On-Chip
12. Machine Learning for Diagnostic imaging
13. 3-D bio-printing
14. Emergent properties of Nanoscale Matter
15. Medical devices
16. Bio-materials
17. Other emerging areas for translational research

Note: Studies with potential translatory component and IPR generation are encouraged. Implementation research, metaanalysis and systematic reviews, RCTs will be given preference.

**Mechanism of Implementation and Monitoring:**

The proposals submitted for support will be peer reviewed by the experts in the area through the Expert Committees constituted for the said purpose as per intramural grant policy. The sanctioned projects will be monitored through Management Advisory Committee constituted for this purpose.

**Outcome:**

- Translation for Product development, patent, Start-up/ Tech transfer.
- Global impact, outstanding publications, advancement of science.
- Ability of research outcomes in enhancing scientific knowledge of the cutting-edge at the international level and/or emergence of critical technologies.
- Extramural grant applications for transition from POC to product.

**Financial Provision:**

- **Total grant amount under this scheme is 30 lakhs per year <u>from existing intramural grant budget.</u>**
- **Each project will have a cap of INR 10 Lakhs.**

**Agenda Item no. 12: Any Other matter with permission of chair**

# Status of PO-CO mapping and EQP Mapping with CO

## 1. JNMC

| Year | Subject | PO-CO mapping | EQB Mapping with CO |
|------|---------|---------------|---------------------|
| MBBS 1ST Year | Anatomy | Submitted | Submitted. |
| | Physiology | Submitted | Submitted. |
| | Biochemistry | Submitted | Submitted. |
| MBBS 2nd Year | Pathology | Submitted | As per the timeline for the action plan of CBME assessment |
| | Pharmacology | Submitted | |
| | Microbiology | Submitted | |
| | Forensic Medicine | Submitted | |
| MBBS 3rd yr | Community Medicine | Submitted | |
| | ENT | Submitted | |
| | Ophthalmology | Submitted | |
| | Medicine | Submitted | |
| | Surgery | Submitted | |
| MBBS final | Obst./Gynaecology | Submitted | |
| | Paediatrics | Submitted | |
| | Dermatology | Submitted | |
| | Psychiatry | Submitted | |
| | Radiology | Submitted | |
| | Anaesthesia | Submitted | |
| | Orthopaedics | Submitted | |
| | Respiratory Medicine | Submitted | |

## 2. SPDC

| Year | Subject | PO-CO mapping | EQB Mapping with CO | Any modification required |
|------|---------|---------------|---------------------|---------------------------|

| | | | | |
|---|---|---|---|---|
| B.D.S 1ST Year | Anatomy | Not submitted | Not submitted | |
| | Physiology | Not submitted | Not submitted | |
| | Biochemistry | Not submitted | Not submitted | |
| | Dental Anatomy & Histology | Submitted | Submitted | COs to be properly aligned with POs |
| B.D.S 2nd Year | Pathology | Not submitted | Not submitted | |
| | Pharmacology | Not submitted | Not submitted | |
| | Microbiology | Not submitted | Not submitted | |
| | DM- Prosthodontics | Submitted | Submitted | |
| | Dm- Conservative | Submitted | Submitted | COs to be properly aligned with POs |
| B.D.S 3rd Year | General Surgery | Not submitted | Not submitted | |
| | General Medicine | Not submitted | Not submitted | |
| | Oral Pathology | Submitted | Submitted | COs to be properly aligned with POs |
| B.D.S Final Year | Prosthodontics | Submitted | Submitted | |
| | Pedodontics | Submitted | Submitted | COs to be properly aligned with POs |
| | Public Health Dentistry | Submitted | Submitted | |
| | Conservative Dentistry | Submitted | Submitted | |
| | Oral Medicine & Radiology | Submitted | Submitted | |
| | Periodontics | Submitted | Submitted | |
| | Oral Surgery | Submitted | Submitted | |
| | Orthodontics | Submitted | Submitted | EQB Mapping with CO Not done for MCQ |

## 3. MGACH & RC

| Year | Subject | PO-CO mapping | EQB Mapping with CO | Any modification required |
|---|---|---|---|---|
| BAMS 1ST YEAR | Rachana Sharir | Submitted | Submitted | |
| | Kriya Sharir | Submitted | Submitted | Co number should be as per format |
| | Maulik Siddhant | Submitted | Submitted | Co not tagged with EQB |

| | Subject | PO-CO mapping | Co-EQB Tagging | Any modifications required |
|---|---|---|---|---|
| | Padarth Vigyan | Submitted | Submitted | |
| | Sanskrit | Not submitted | Submitted | CO not properly tagged with EQB |
| BAMS 2nd YEAR | Charak Purvardha | Submitted | Submitted | |
| | Rasashastra & B.K. | Submitted | Submitted | |
| | Rognidan | Submitted | Submitted | Co number should be as per format |
| | Dravyaguna | Submitted | Submitted | Co number should be as per format |
| BAMS 3rd YEAR | Charak Uttarardha | Submitted | Submitted | |
| | Striroga | Submitted | Submitted | Co-EQB Tagging Requires modification |
| | Balroga | Submitted | Submitted | |
| | Swasthavritta | Submitted | Submitted | |
| | Agadtantra | Submitted | Submitted | |
| BAMS 4th YEAR | Kayachikitsa | Submitted | Submitted | CO number requires modification as per format |
| | Panchkarma | Submitted | Submitted | CO number requires modification as per format |
| | Shalyatantra | Submitted | Submitted | CO number requires modification as per format |
| | Shalakyatantra | Submitted | Submitted | CO number requires modification as per format |
| | Research Methodology | Submitted | Submitted | |

4. **Course: Basic Bsc (N)**

| Year | Subject | PO-CO mapping | Co-EQB Tagging | Any modifications required |
|---|---|---|---|---|
| B.Sc (N) 1st year | Anatomy | Submitted | Submitted | |
| | Biochemistry | Submitted | Submitted | |
| | Nursing Foundation | Submitted | Submitted | |
| | Computer | Submitted | Submitted | |
| | English | Submitted | Submitted | |

| | Microbiology | Submitted | Submitted | |
|---|---|---|---|---|
| | Nutrition | Submitted | Submitted | The CO numbers should be changed to English numerations form Roman |
| | Physiology | Submitted | Submitted | |
| | Psychology | Submitted | Submitted | |
| B.Sc (N)2nd year | Communication & Education Tech. | Submitted | Submitted | |
| | Community Health Nursing | Submitted | Submitted | |
| | Genetics | Submitted | Submitted | |
| | Medical Surgical Nursing | Submitted | Submitted | |
| | Pathology | Submitted | Submitted | |
| | Pharmacology | Submitted | Submitted | |
| | Sociology | Submitted | Submitted | |
| * | Ob/Gyn.(Dividing portion in 3 &4th Yr. necessary) | Submitted | Submitted | |
| B.Sc (N) 3rd year | Medical Surgical Nursing | Submitted | Submitted | |
| | Child Health Nursing | Submitted | Submitted | |
| | Mental Health Nursing | Submitted | Submitted | |
| | Midwifery and Ob/Gyn. | Submitted | Submitted | |
| | Nursing Research & Statistics | Submitted | Submitted | |
| B.Sc (N)4th year | Midwifery and Ob/Gyn. | Submitted | Submitted | |
| | Research | Submitted | Submitted | |
| | Statistics | Submitted | Submitted | |
| | Community Health Nursing | Submitted | Submitted | |
| | M/M of Nursing Services | Submitted | Submitted | |

## 4. Post Basic B.Sc Nursing

| Year | Subject | PO-CO mapping | Co-EQB Tagging | Any modifications required |
|---|---|---|---|---|
| P.B.B.Sc 1st Year | Child Health Nursing | Submitted | Submitted | |
| | English | Submitted | Submitted | |
| | Maternal Nursing | Submitted | Submitted | |
| | Medical Surgical Nursing | Submitted | Submitted | |
| | microbiology | Submitted | Submitted | The CO numbers should be |

| | | | | |
|---|---|---|---|---|
| | Nursing foundation | Submitted | Submitted | changed to English numerations form roman |
| | Nutrition and Dietetics | Submitted | Submitted | |
| | Biophysics | Submitted | Submitted | |
| | Biochemistry | Submitted | Submitted | |
| | Psychology | Submitted | Submitted | |
| P.B.B.Sc 2nd Year | Community health nursing | Submitted | Submitted | |
| | Mental Health | Submitted | Submitted | |
| | Nursing Education | Submitted | Submitted | |
| | Nursing Administration | Submitted | Submitted | |
| | Nursing Research | Submitted | Submitted | |
| | Sociology | Submitted | Submitted | |
| | Statistics | Submitted | Submitted | |

## 5. RNCP

| Year | Subject | PO-CO mapping | EQB Mapping with CO | Any modifications required |
|---|---|---|---|---|
| I BPT | Physiology | Submitted | Submitted | The CO number given to the CO in EQP Mapping should reflect in CO number in the PO-CO mapping |
| | Anatomy | Submitted | Not Submitted | |
| | Biochemistry | Submitted | Not Submitted | |
| | Fund. of Kinesiology & kinesiotherapy | Submitted | Submitted | The CO number given to the CO in EQP Mapping should reflect in CO number in the PO-CO mapping |
| | Fund. of Electrotherapy | Submitted | Submitted | The CO number given to the CO in EQP Mapping should reflect in CO number in the PO-CO mapping |
| II BPT | Pathology | Submitted | Not Submitted | |
| | Microbiology | Submitted | Submitted | For CO subject code should be properly mentioned |
| | Pharmacology | Submitted | Submitted | The CO number given to the CO in EQP Mapping should reflect in CO number in the PO-CO mapping |
| | Psychiatry | submitted | Not Submitted | |
| | Psychology | Submitted | Not Submitted | |

| Year | Subject | | | |
|---|---|---|---|---|
| III BPT | Kinesiology | Submitted | Submitted | The CO number given to the CO in EQP Mapping should reflect in CO number in the PO-CO mapping |
| | Kinesiotherapy | Submitted | Submitted | |
| | Electrotherapy | Submitted | Submitted | |
| | Orthopedics | Submitted | Submitted | |
| | Functional Diagnosis & Assessment Skills | Submitted | Submitted | |
| | Medicine | Submitted | Not Submitted | |
| | Surgery | Submitted | Not Submitted | |
| | Community Health, Sociology & Biostats | Submitted | Not Submitted | |
| IV BPT | Musculoskeletal Physiotherapy | Submitted | Not Submitted | |
| | Neurophysiotherapy | Submitted | Submitted | The CO number given to the CO in EQP Mapping should reflect in CO number in the PO-CO mapping |
| | Cardiovascular & Respiratory Physiotherapy | Submitted | Submitted | |
| | Community Health Physiotherapy | Submitted | Submitted | CO mapping with MCQ pending |

## 6. DMCP

| Year | Subject | PO-CO mapping | EQB Mapping with CO |
|---|---|---|---|
| B Pharm | B Pharm (has eight semesters) For sem I , sem II and sem III (Present batch is in sem III) | Submitted | EQB is ready for I II III sem mapping with co is pending |
| | Sem IV to VIII | Will be formulated till June | |

| D.Pharm | D Pharam (Has two years I and II) | Submitted for both I and II | EQB for the first year is complete II in process mapping with co pending |
|---|---|---|---|

Dr Tripti Waghmare
Director, IQAC, DMIHER (DU)