



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

Placed under Group-I Category (Autonomous Deemed to be University) by UGC

Office: Sawangi (Meghe), Wardha - 442 004, Maharashtra, India

Ph.No. : 07152 - 304000, 287701-06 Fax: 07152 - 287714, 287719,

Email: dmimsduiqac@gmail.com, Website: dmimsu.edu.in

DIRECTORATE OF IQAC

IQAC recommendations to JCC

7th February 2022

1. The signature of competent authority to be affixed after confirmation of '**Minutes of meeting**' in all statutory meetings of the University.
2. A structured and uniform model of value-added courses for learners must be launched across all academic programs of the University, addressing creative and divergent competencies and sensitisation towards cross-cutting themes related to sustainable development goals (SDGs) as depicted:

Organization of Value Added courses (VAC) in DMIMS Academic structure

One Mandatory VAC on life skills

- One Mandatory VAC for **Every professional year / program**
- UG & PG
- **Centrally** offered, Implemented, assessed and certified
- **ONSITE/ BLENDED**

One Optional VAC on life skills

- One from a bouquet of VAC for **Every professional year / program**
- UG & PG
- **Centrally** offered, Implemented, assessed and certified
- **ONLINE**

One International course on SDG

- One VAC from a bouquet of Online International courses on Sustainable Development Goals (SDG) : Harvard & Courseera
- **One VAC in entire duration of academic program**
- **Self paced online** courses with certification from respective online platforms
- **ONLINE**

3. The comprehensive module of Competency based Ayurveda, Physiotherapy and Pharmacy Education to be prepared on similar lines of CBDE.
4. The structural changes (additions/deletions/ modifications) as depicted in the report '**Evolving best practices in Competency based Medical Education through Midterm evaluation by constituent units JNMC & DMIMC of DMIMS(DU)**' to be adopted in CBME implementation. The operational document of suggested changes to be structured with defined



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objectives. The suggested change in ratio of alignment: integration from pre-clinical to para-clinical to clinical (80:20 – 60:40 – 20:80) must be worked up with regards to :

- Themes that may be Integrated in every subject along with type of integration (Sharing, Nesting and Corelation) with the proposed ratio.
- Hours required vis a vis available for implementing the desired ratio of integration phase-wise. Availability of cushioning hours to be analysed.
- Required/revised Learning resource Material (LRM) and other instructional material like case scenarios, supportive case history documents, videos etc.
- Proposed change in assessment (theory and practical) in terms of type of questions within question paper and exercises in practical exam, ratio of distribution of difficulty level of question, Test blueprints and electronic question bank.

5. All Centres of Excellence must align their developmental plan with sustainable development Goals as prescribed by United Nations. The Allocation of SDGs with respective COE may be as suggested below :

SUSTAINABLE DEVELOPMENT GOALS





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Sr no	COE	SDG no	SDG
1	Centre for Health Sciences Education Policy and Planning	16	Peace, Justice and strong institutions
2	School for Health Professions Education and Research	4	Quality Education
3	School of Epidemiology and Public Health	6/7/13	Clean water & sanitation/affordable and clean energy/Climate action
4	Centre for Evidence based Nursing	9	Industry Innovation and infrastructure
5	Centre of Excellence for Preclinical Safety and Efficacy Studies, Inter disciplinary Research and Therapy Evaluation	8	Decent work and economic growth
6	Arogya Setu	3	Good Health and Well being
7	Centre for Regenerative Medicine	9	Industry Innovation and infrastructure

6. The Core and Supplemental Instructional (TL) Strategy must be identified simultaneously within curriculum of all academic programs so as to aid in student centric reinforcement methods and act as a conduit to formal and informal method of learning.

7. 'Operational timeframe' should be a part of logbook for competency-based curriculum for ready reference about curricular trajectory to the students.

8. The 'Academic Credit Bank: DMIMS Model' and 'Credits system for Graduate Indian Medical Curriculum: Actualizing NEP 2020' to be matched for ease of operation regarding allocation, accumulation, redemption, and transfer of credits. The competency-based curricula of all academic programs of the University must be allocated with credits as per the National credit system.



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9. Commendation certificated must be issued by University in recognition of any exemplary work by faculty.

10. The previous AQARs to be revised, wherever applicable, in lieu of the opportunity rendered by NAAC to all Higher Education Institutes.

11. Two '**Best practices**' identified for AQAR 2021;

a. Opportunity in adversity: COVID – 19 initiatives in entire spectrum of activities of the University

b. Systematic review and Meta-analysis for PG & PhD

12. '**Institutional distinctiveness**' identified for AQAR 2021 is "Competency Based Dental Education (CBDE) to sculpt competent Indian Dental Graduates.

Dr Tripti Waghmare

Director, IQAC, DMIHER (DU)