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# REFLECTIONS

## *Teaching Learning During the Pandemic*

The Education Warriors



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## Editorial



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**Editor Reflections**

## *Living with the Pandemic Learning in the Pandemic*

Last year (2020) has definitely been a testing time for the teachers all over the globe. From learning to get techno savvy to correcting online assignments and uploading online lectures and videos for clinical teaching was very challenging, particularly for medical teachers.

The pandemic has made us think over the advantages and shortcoming of online teaching as compared to the traditional classroom teaching to which we are used to for so many years. However, when I think of some of the advantages of online teaching-learning, I can see some definite benefits like,

**Convenience** - It is obviously the greatest benefit. As long as you have a computer with internet connection, it doesn't matter in which part of the world you are. Teachers can disseminate the knowledge and learners can access the information from anywhere anytime.

**Cost effectiveness**- It is especially beneficial for corporate training where all the expenses of travel, accommodation and hospitality do not exist.

Multiple learning method and tools- Such tools can be used very effectively like, videos, role plays, demonstrations, etc simultaneously on this platform.

But when you look at the disadvantages you realize that nothing can beat the thrilling sensation of meticulously putting together a lively engaging lesson plan

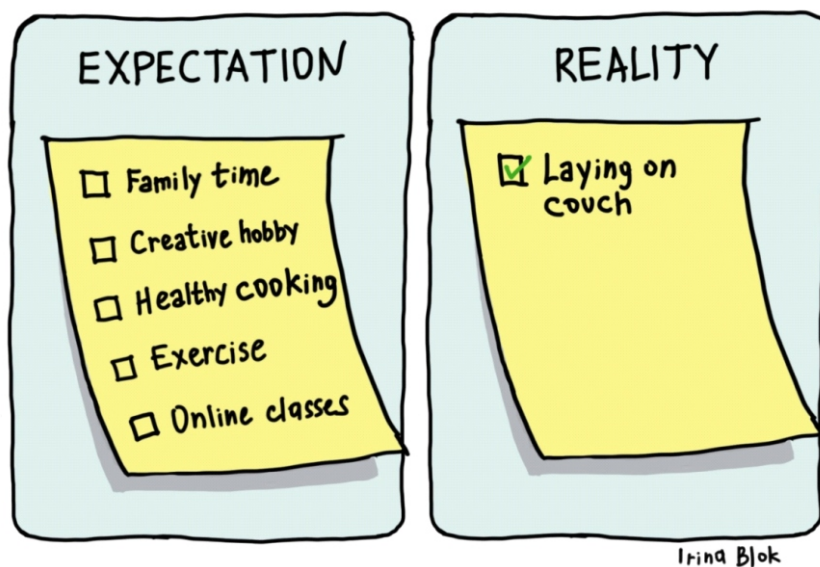
and seeing it work flawlessly with the satisfaction of watching our students really engrossed in whatever they are learning, which can happen only in a classroom. Apart from it, online learning may be a solo act as the learner is not present in a classroom and may miss personal contact with the teacher and the fellow students. No matter how natural it seems to form relationships behind computer screens, a virtual environment is just not human. Nothing can replace human contact.

Apart from the above shortcoming there can be certain health hazards. Too much time spent in front of the computer screen may be harmful, can cause problems like poor vision, strain injuries, neck & back pain and loss of sleep. Possible control over the students is also missing.

Lastly, let us accept the fact that we are in this profession for our students. We love watching them grow and emerge as better individuals. Creating effective online learning courses requires knowledge, time, experience, talent, commitment, great communication skills and a true passion for Teaching-learning. Have you got all that? If the answer is yes, then be sure that the advantage of online teaching overweighs its limitations.



## quarantine plans





**Dr. Kajal Mitra**  
**DEAN**  
**NKPSIMS & RC and LMH, Nagpur**

### *Teaching-Learning in the Pandemic*

I was forced to reflect upon the last one year of the most disturbing phase for humanity in recent time. So many things have been said and done about the pandemic, which has been a scourge for the entire planet.

I was specially mulling about education in general and medical education in particular. All other Schools & Colleges were closed, at the same time there was no guidelines about closing down Medical Colleges' as globally it was thought that if needed medical students can also be utilized for health services. However, pragmatically it was not advisable to hold physical classes of medical students because of the fact that it was always not possible to, follow pandemic norms when it comes to large group teaching. Hence, all health education institutes started with online classes. "Zoom" became a buzz word and came to symbolize the online platforms. In due course of time many other platforms were discovered and teachers & Students became familiar in using these platforms. Initially there was a plethora of webinars. There was a lot of enthusiasm about online teaching Sessions, CMEs and Video Conferences. However, with time this enthusiasm dwindled. Online classes have advantages and disadvantages. Chief advantage being, people could attend the sessions from anywhere, wherever net connectivity was available and the chief disadvantages is related to the same fact that people could attend it from anywhere thereby not paying attention to the teaching session and merely attending for record purposes. In terms of medical education the outcome of such efforts were seen in the results of First MBBS Exam. The results were very disappointing in our institute. Nearly one third of the students failed in the exam. Further results will be seen when the exams of Second & Final MBBS Students are held. Students could not attend their clinical postings and no amount of online teaching can replace the actual, physical examination of patients suffering from varied diseases. We need to find better modalities of teaching during such pandemics. All the thought processes of eminent educationists should be directed towards finding such modalities. I hope that this scourge afflicting mankind will end soon and the nightmare will also come to end.



**Dr Suresh Chari****Director Research & Medical Education Technology****Professor Biochemistry****NKP Salve Institute of Medical Sciences & RC & LMH, Nagpur**

### *Education Warriors: teaching learning during the pandemic*

When the Pandemic gets off the global scene, we shall all superlatively acknowledge the performance of many sections of the society that shall remain a part of our long lasting memory. They have been referred to as the "warriors" who fought this battle against the unimaginable microorganism that is unseen by the human eye but is nevertheless the eye of the storm. Every day they do extraordinary things like taking care of lives that are at immediate risk, either as first responder healthcare workers, sanitation workers, police & defense force personnel, bankers, media, milk vendors, farmers, vegetable vendors, daily need workers and so many other jobs, that we barely knew existed and came under the category of "essential" services.

Yet another "warrior" whose commitment needs to be mentioned is from the field of academics. The academic institutes that exhibited academic leadership, the teachers and the IT professionals who opened the doors of online teaching, till now unknown to so many in this profession. These are the EDUCATION WARRIORS. When the first lockdown was announced in this part of the world, they woke up in the morning of 24th March 2020, without realizing that they will have to deal with a situation that they had never dreamt of, even on the previous night. Things changed for them overnight. In times like this, we are reminded of how community and creativity have the power to change the world.

The Pandemic has been a strong driver of creativity and innovation. Current Covid-19 has also suggested that one cannot take time to respond creatively in times of such crisis. The education warriors learnt quickly how to deal with this unprecedented situation where time was against them for discoveries.

Many institutes both schools & colleges started online teaching in March 2020 when the first lockdown was declared, anticipating the inevitable. In the initial phase there were challenges on HOW to implement. But, necessity teaches humans to face the impossible. Teachers who had never used a laptop started doing creative online teaching. From audio to video to interactive classrooms, to mentorship programs and to parent teacher meetings, we have examples galore of all of them.

Due credit should be given to these education warriors who coped with several challenges that the institutes and the teachers faced during this process, such as student attendance, parent resistance, non-payment of fees, loss in salary or job and several others. Yet another challenge is the social and economic divide of both the teacher and the student. Not all students have access to the internet and even if they do,

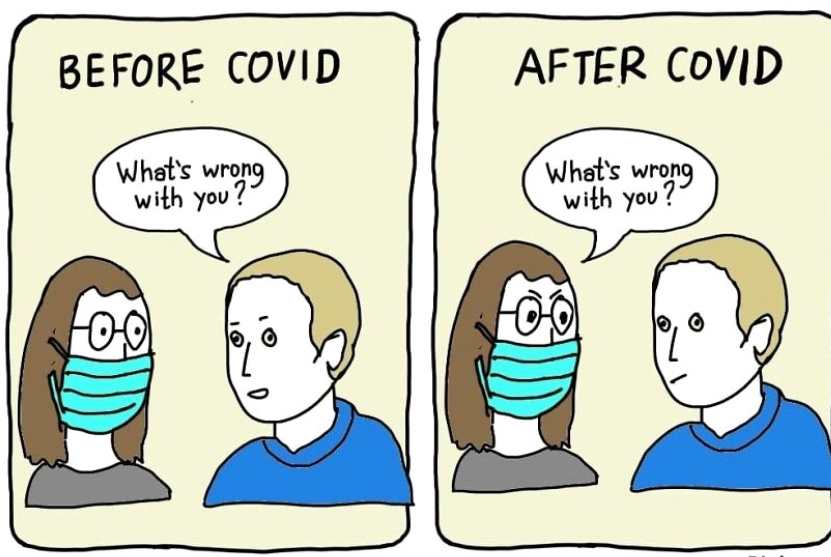
there are frequent network breakdowns and not all teachers are conversant with online mode of teaching and the technology involved. In addition there were personal and emotional challenges faced by them which were very subjective. There is no way a teacher can identify the emotional barriers faced by the students which was otherwise possible during face to face interactions. The teacher and the student have their own learning preferences which is difficult to address during this process. For a progressive teacher who is well versed with the technological jargons involved, things were exciting. But for several who were first timers in this process and have learnt quickly and for them, every day is a new learning. The demands of the technical skills required in such teaching learning are high, but our "education warriors" have lived up to the expectations not only in the teaching process but also in the assessment schedules.

The future opportunities that are there to stay in the online mode are visible due to the strong feedback teachers are receiving in the areas of small group tutorials, mentorship programs and parent teacher meetings. It is also making the government contemplate seriously in making technology available to the remotest of the remote village in the country. There is also an awakening to look at parents as partners in learning.

No doubt, online teaching has its own limitations. But "The show must go on" says the "education warrior".



## wearing a mask





**Dr. Mrunal Phatak,  
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Department of Physiology,  
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### ***Online Teaching- Learning: My experience***

Last year, March 2020, Global pandemic was declared by WHO which was followed by a lockdown in India from 25th March 2020. Little did we imagine that this situation would have such profound and lasting effects on mankind. The situation has caused major alterations in the academic scenario of the world. In India too many reforms and adaptations have occurred over the last year vis a vis the academic front. Due to the enforcement of withdrawal of physical presence of students in the classrooms, the academicians were forced to stop classroom teaching. But as the pandemic situation was to last for some years to come, teaching- learning had to be continued. Hence the digital classes or online classes became the need of the hour in every institution. Every institute, college, school struggled with the available or easily procured resources to continue with the curriculum so as to avoid any lapses in the academic calendar of their students. Many problems were faced and resolved with lots of grit and courage. This was particularly more pronounced for medical schools as acquisition of skills is mandatory for award of the degree.

We at AIIMS, Nagpur too had a shift of paradigm from blended learning to digital learning. It is with great pride I state that we did not let a single day go waste without classes for our MBBS students. A console was set up in a room with all teaching aids to assist the teacher in conducting online classes. Time table was revised to accommodate teaching schedules of all batches. All students went home on 16 March 2020 before the lockdown was declared on 25th March 2020. Since then, consistently for 7 months we conducted online classes, both theory, practical as well as clinics.

Lots of hurdles crossed our path. Initially there was resistance on part of faculty, particularly those who were not so tech savvy. But over a period with trial and error all of them learnt to overcome their technological fears and hence we were successfully conducting the classes. Faculty worked hard to prepare presentations, videos of practical and case scenarios. Google forms were created for class tests and feedback. Google platforms and classrooms were used to post the lectures and classes taken. This benefitted the students as they could learn in the safety of their homes and at their own pace. Revision was possible due to available recordings.

The real challenge came when we had to conduct the assessment examinations of the students. Various modalities and platforms were discussed, evaluated and tested. But as our students were distributed in all parts of India, both urban as well as rural, we had to consider internet issues of these students. But as it is said that the



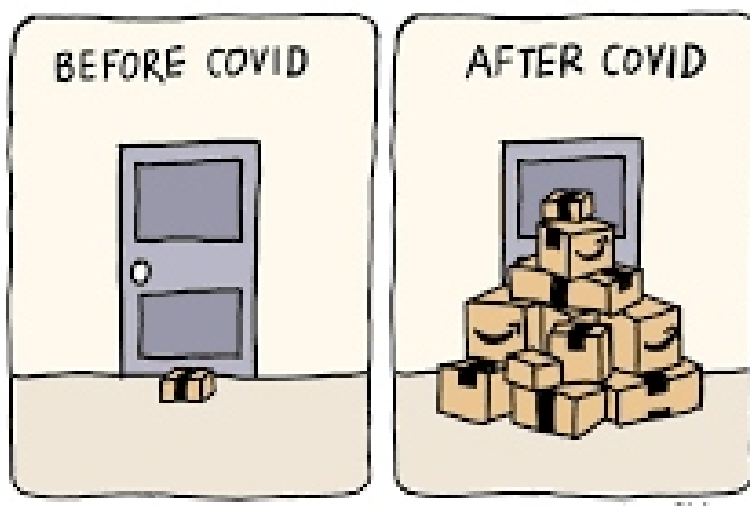
show must go on, so also it was necessary to conduct the examinations of the students. We then devised our own mechanism, which is possible as ours is an autonomous institute, and we could successfully conduct the pre professional examination of all students. Practical assessment was done on one to one basis by teachers through video calls to the students.

We commenced our physical teaching schedule from December 2021. Professional examination was conducted in offline mode. During this time we altered our time table to include more practical hours as compared to didactic teaching hours. As we have now entered a second phase of lockdown we realize that this alteration has really helped our students as now we have again resorted to online teaching which mostly focuses on didactic sessions.

All said and done all of us have learnt an important lesson that technology has been a boon to us in continuing our academic pursuits without interruption. We have to keep ourselves updated and trained with new technological advancements. So the take home message for all is that we must be lifelong learners to be successful in our endeavor to be good teachers.



## online shopping





**Dr. Nalini R Humaney**  
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### ***ONLINE TEACHING DURING COVID PANDEMIC.***

**The sudden outbreak of a deadly disease called Covid-19 caused by a Corona Virus (SARS-CoV-2) shook the entire world.**

**The World Health Organization declared it as a pandemic.**

**Pandemic:** A widespread occurrence of an infectious disease in community.

**Mission:** Take all remedial measures and technical support to either eradicate or reduce rate of spreading an infectious disease in community to protect their life by educating them about the severe impact on the community due to pandemic including performing their regular duty.

**Vision:** Establishing safe and healthy system / environment to make mission successful by continuing with our ongoing duties and responsibilities towards the students (society) to educate them regularly and timely to avoid any direct or indirect adverse impact on their career and life and ultimately the Nation.

#### **Remedial Measure:**

Today, digital learning has emerged as a necessary resource for students and schools all over the world in the form of virtual schooling through a video conferencing device (latest technology).

**Manifestation** of vision through mission, ONLINE TEACHING (Remedial measures) DURING COVID PANDEMIC is one of the best options to combat with present existing condition with following positive impact / **advantages** to avoid wide spread of extremely contagious disease.

#### **Advantages:**

- a. Eradicate the purpose of gathering / crowding which helps in isolation / distancing from each other. Further, physical contacts like handshaking, sharing food and same plate, using same cold drinks bottles, etc during chatting in groups of close friends is avoided in large scale.
- b. No management requires to maintain distancing among students including sitting arrangement with required sanitization (including material) of class rooms and other utilities regularly and repeatedly for each session.
- c. No need to arrange audio system for delivering lectures for staggered sitting arrangement for students to maintain distancing requirement.

- a. Generating fearless (fear from getting infected) environment during attending online classes, which helps more attention toward the lecture and will help in understanding subject / topic properly.
- b. Avoid use of public transport for traveling from residence to collage / school which is the main cause of getting infected.
- c. During ongoing treatment and quarantine period also student / students can attend the lectures, even if anyone get infected (covid positive) from such contagious disease.
- d. Students can attend the lectures timely and also it can be saved (as library) in their electronic device for their repeated use as per their desire.
- e. Generating sufficient time for collective interaction to discuss on subject / topic and exchanging their understanding among students and lecturer similar to physical class room.

**Disadvantages:**

- a. Continuously focusing on the screen and continues use of ear phones in excessive in same sitting posture for hours will cause fatigue stress and strain in eyes, ears and other parts of the body which may cause terminal sickness in long run.
- b. Interaction with teachers and students and group discussions in physical form become virtually Nil, due to which habit of isolation will be developed and increase in individuals and hence quality of learning and spreading / sharing knowledge will stop, ultimately the students will not understand the basic fundamentals of any subject resulting reduction in research work and growth of knowledge in long run.
- c. Performing practical includes field experience through experiments, physical diagnoses of patients, etc are the most essential element for acquiring knowledge, skill, expertism and understanding any subject with basic fundamentals, which is not at all possible through online teaching system.
- d. Possesing electronic gadgets like lap top, desk top or mobile with latest features and versions, applications, apps etc, for around 80 % of population of India is extremely difficult to afford such gadgets due to their poor financial conditions, hence such poor people will not be able to use said online teaching opportunity.
- e. Further inter net connections mainly in ruler and some part of urban areas (around more than 50% area fo total India) with required speed is are not available as per requirement which is the basic requirement for on line teaching, hence some percentage of people will not be able to use said online teaching opportunity.

**Conclusion:**

Comparing above advantages and disadvantages, online teaching is for temporary purpose only to combat present serious conditions till the pandemic exist, just to avoid adverse effect on career and life of students, since disadvantages of said system are more than advantages, hence we must not surrender to said system for ever, but can be used for special purpose to draw supplementary benefits.



**Dr. Avinash Dhok**  
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### ***Teaching Learning in Pandemic : Challenges & Opportunities***

We are living amidst one of the greatest threats in our lifetime to global education, a gigantic educational crisis, since March 2020.

The covid pandemic is causing more than 1.6 billion children and youths to be physically out of school in 185 countries and approximately 90% of world's enrolled students.

The covid pandemic started from Wuhan in China in December 2019 and spread across 180 countries in the world. WHO declared it as pandemic on March 11, 2020.

The impact of pandemic on teaching-learning can be reduced through remote learning strategies, although with a lot of efforts and challenges for teachers, students and parents. But maintaining the engagement of students is critical.

#### **Challenges:**

The worst form of teaching is, asking students to sit and quietly watch videos, read documents online or click through presentations, that's really dull.

Some students do not have access to laptops or high speed internet. Many teachers are technophobic, not confident about computer hardware or software in their classrooms.

Low response rate of medical students in the process of revamping may become a limiting factor because, they might be stressed out trying to adopt new ways of learning in middle of pandemic. Effective communication is a challenge in online education. Clear and concise feedback is essential when switching over to virtual learning.

Pandemic anxiety is limiting factor. Help from information technology people is necessary. Students with special abilities may suffer.

Junior residents working in covid since one year not able to learn their core subjects. Teachers are also engaged in covid management have disturbed teaching schedule.

Bedside teaching activity of students affected. High level of anxiety, stress and depression is found in medical students and parents. The female students are more vulnerable.

Because of financial losses of parents due to lockdown, the college students have become financially vulnerable.

**Teaching learning methods:**

Some of the most commonly proposed methods include scheduled live online video lectures with interactive discussions and the utilization of several different programmes or self study online recorded lectures within ethical framework.

Virtual clinical experience was another method .

Simulators can be used

Interviewing patients by live online method.

Online case presentations and clinical meetings.

Telemedicine practice

Mentorship programme ( named " Anubandh" at our Institute ) is very good initiative to understand problem of students.

Exam pattern needs to be modified that suits virtual learning.

Planning should be for next 4-5 years.

**Opportunities:**

In our experience medical students reported high levels of computer and Information Technology proficiency.

Blended learning approaches will be tried, tested and increasingly used

Teachers and medical colleges will receive more support, respect and appreciation for their important role in society.

Quality teaching and learning material will be better created and more widely used.

Teacher collaboration will grow and help improve learning.

The crisis will help us come together across boundaries.

It is a transition from traditional face-to-face teaching method to online teaching or combination of both.

**Limitations:**

Examination pattern need to be changed without lowering standard of examination.

**Points to remember:**

- 1) The pandemic situation is not permanent and it is beyond individual control.
- 2) Keep patience and tolerance till things are alright.
- 3) Stay connected to family, friends and relatives.
- 4) Self study is the "key"







**Dr. Manaswini Mallik,**  
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**Ex-Senior Resident, ENT, AIIMS, Bhubaneswar**

### ***Teaching-Learning and assessment in the pandemic: The AIIMS Bhubaneswar way***

The corona virus pandemic has immensely impacted all aspects of our lives. We are struggling to live normal life since the global pandemic has been started. On March 11, 2020 WHO declared the corona outbreak a pandemic. This pandemic has posed a new challenge for medical education worldwide. All universities, institutions were closed to maintain social distances and to prevent spread of the disease. This created a lot of confusion regarding the education worldwide, which resulted in shifting of teaching from traditional to online.

We faced a lot of challenges as online teaching was new to the faculties. It took time to adapt to this situation. Medical institutions of all over world are searching for productive methods for online teaching and examinations. We at AIIMS Bhubaneswar had shifted to digital teaching. We are continuously searching the ideas for effective learning as well as assessment. We conducted faculty development programmes for developing technical skills. For almost 8 months we conducted online classes. Initially, we had to face a lot of obstacles for conducting online classes due to technical fears, problems in high speed internets. Some of students were from remote areas where they faced network connectivity issues.

Successfully we overcame these issues and conducted classes. Faculties as well as students tried hard to overcome such issues. Online classes were conducted successfully. We emphasized on assessment part, because on online examination, there will be no invigilator to monitor the examinees. For assessment part we adopted open book examination to avoid drawback of monitoring students during examination. The online open book examination was planned for sixth semester students in ENT. Topic was given one week prior to the test. On the day of examination it was ensured first, all students were logged in by taking roll call. First question was displayed online and 20 minutes was allotted to the answer the question. The students were given 5 minutes to upload a pdf or scanned image of their answer on paper. Then the second question was given. The answer scripts were evaluated by two teachers and mean score was calculated for each student. 98% students appeared for examination, 21.4% failed, 78.6% passed. Eight students scored above 75%. Feedback was taken from the students. Advantages of this assessment is it was stress free. Students spent more time in understanding the topic rather than memorising it and recalling it. Open book examination is really beneficial in enhancing deep learning and critical thinking in students.

The challenges, we confronted during this pandemic leads to wider acceptance of online technology education. We adapted to the situation and are constantly trying to innovate the techniques in online medical education.



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### ***Coronavirus (Covid -19 Pandemic): Emotional Instability and Psychological implications on mental health systems***

#### **AUTHOR**

***Dr. Pankaj Singh<sup>1</sup>, Dr. Anjali Edbor<sup>2</sup>***

#### **INTRODUCTION**

The COVID -19 Pandemic has impacted the psychological state of individuals around the world. Coronaviruses are a family of viruses which will cause illnesses like the cold, severe acute respiratory syndrome (SARS) and therefore the Middle East respiratory syndrome (MERS). There were over 24,452,629 Confirmed cases with quite 8,31,586 death worldwide and In India 3463972 confirmed active cases and 62550 death as 29th August 2020.

Everywhere in world offices are closed, school, colleges, shopping malls, shops, government offices are closed, even in India also. General peoples developing an oversized range of systems of psychological stress, depression, anxiety, mood swings, insomnia, aggression toward self or others, irritability, post-traumatic stress or emotional instability. Even in many Studies had found heavy psychological burdens among healthcare workers and therefore the general public like anxiety, depression, panic attacks, or psychotic symptoms. A similar study was conducted at NKPSIMS & LMH, Nagpur.

#### **METHODS**

**AIM-** The present study aim to explore the psychological state status of the overall adult population in India during COVID-19 outbreak, in terms of the psychological impact caused by the Pandemic.

It was a Cross-sectional study (Questionnaire-based study):- The study was conducted on starchier standardized test Big 5 Inventory (**Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness**). Data collection period comprised between April 2020 to August 2020.

Total numbers of participants are 186. Written consent was looked for each participant who volunteered and fulfilled the Inclusion criteria- From 18 years and above participated within the current study. Exclusive Criteria- Participants with age below 18 years weren't included. A period of 5 months was dedicated to the info collection. The coded data were entered gender-wise into excel sheet, and then put into IBM- SPSS Version 25 software for further statistical analysis.

**RESULTS**

**Demographical and descriptive data:** - Around the participants 90/186 (48.38%) male, and 96/186 (51.61%) are females. Of these 38 (20.43%) participants from 18 to 25 years old, 42 (22.58%) participants from 26-30 years old, 36 (19.35%) participants from 31-40 years old, 39 (20.96%) participants from 41-50 years and 31 (16.66%) participants from 51 and above years old, with an average mean of 31.17. Only 22/186 (11.82%) are lived in rural areas and 164/186 (88.17%) are from urban areas. Regarding socioeconomic standard (SES) all are from average economic status. Individual inventory results were as follows.

**1)NEUROTICISM**

Around 91/186 (48.92%) participants scored high in neuroticism. Affected 47/90 (52.22%) Male and 44/96 (45.83%) females participants feel vulnerable to anxiety, sadness, worries, and low self-esteem. During lockdown period maximum people showing anger towards other, and self, worries about the long run, fear about the virus, losing employment, insecurity about the financial crisis, self-doubts that they're going to come up or not, which why people losing self-esteem.

Low scores indicate confident, secured, and shows positive towards life around 43/90 (47.77%) male and 52/96 (54.16%) female scored low in neuroticism.

**2)AGREEABLENESS**

Around 111/186 (59.67%) participants scored low in agreeableness, affected 47/90 (52.22%) Male and 64/96 (66.66%) females participants low scored indicate less likely to be trusted and liked by others, they rude, blunt, antagonistic, and sarcastic. Insecurity to satisfy people during COVID 19 lockdown they developed negative agreeableness. low agreeableness score relates to selfish behaviour and a scarcity of empathy.. other study shows the signs of dark trade behaviour like manipulation and competing with others rather than cooperating. Another side 75/186 (40.32%)- male 43/90 (47.77%), and female 32/96 (33.33%) scored high and high score indicated positive feeling towards others, they showed loyalty towards other peoples, helping needy persons, some are making food packages, relationship building, caring for those in need, some are donated to respected warriors doctors, nurses, police, poor people's, also as sympathetic to the plights of strangers.

**3)EXTRAVERSION**

Around 135/186 (72.58%) of peoples Male 68/90 (75.55%), and female 67/96 (69.79%) are showed low extroversion is more solitary and reserved. Low social interaction develops anxiety, depression, worriedness, insecurity and low self-esteem. Other trigger factors are economic problems the impact of economic problems related to the COVID-19 crisis (Home EMI, Education EMI, School fees, purchasing daily needs items, health sector, lost job, fear of losing their jobs or not getting proper salary) on emotional health associated with depression and anxiety. many of us around the world lost their jobs.

Another side 51/186 (27.41%) of peoples 22/90 (24.44%) of male, and female 29/96 (30.20%) shows positive in extroversion they positive showed social interaction through online, chat, video conferencing, WhatsApp, calling, messaging. Showing energy and skill through multimedia like Crafting, drawing, online challenges, creative work, and dealing online from their home, the study is presenting themselves and enjoying the movement what they experience from online social interaction. Many peoples are happily enjoying their relations and positively build a healthy life.

**1)CONSCIENTIOUSNESS**

Around 108/186 (58.06%) several participants male 48/90 (53.33%) and female 60/96 (62.5%) scores low, and low score **shows negative** conscientiousness like flighty, impetuous, decision-making quality, impulsive, less responsible, less conscious of their others, strongly associated with procrastination. Around 78/186 (41.93%) several participants male 42/90 (46.66%) and female 36/96 (37.5%) score high, and high score shows positive conscientiousness peoples are more likely to possess better control over their impulses.

**2)OPENNESS**

Around 39/186 (20.96%) several participants male 12/90 (13.33%), and female 27/96 (28.12%) score low, and low score shows negativity. People during this trait are often much more traditional, struggling, abstract thinker, during COVID-19 Pandemic they dislike changes doesn't enjoy new things. Around 147/186 (79.03%) several participants male 78/90 (86.66%), and female 69/96 (71.87%) score high, and high score shows positive they seem to be a concrete thinker. it had been also seen that people who are high on openness showed better performance in unfamiliar environments.

**CONCLUSION-**

Such Major COVID-19 Pandemic would have negative effects on someone openness, conscientiousness, extroversion, agreeableness, and develop neuroticism- depression, sadness, anxiety, and aggression. Other psychological issues like stress, losses, loneliness, suicidal ideation, mood swing, sleep problem, disturbed daily routine work, worries, frustration, guilty feeling, fear xenophobia, and other mental-emotional disturbance. Concerns would require pre-established psychological resources for correct and effective intervention and psychological management for balancing to strengthen the knowledge, accepting attitudes and openness to experiences.

Following suggestions are made from our study.

- First educate the people about the mental and emotional psychological reactions, effects and management.
- Secondly encourage them for practical hobbies like Drawing, dancing, singing, crafting, gardening, educating children, develop creative and meaningful videos to extend people during COVID-19 Pandemic period.
- Third accurate coordination and regular communication about the COVID-19 Pandemic physical health and psychological health.
- Fourth this study indicates the psychotherapy approaches that concede to the advance of emotional regulation skills might be particularly effective (Related to psychotic experiences) and it's often potentially significant early intervention target in non-clinical subjects.





**Dr. Mansi Aaphale,**  
**JR II, Dept of Psychiatry,**  
**NKPSIMS & RC and LMH, Nagpur**

### ***Teaching learning during the pandemic: The P. G. Perspective***

A little more than a year ago, our lives changed tremendously. This big change was due to a tiny virus that started in China and in no time, wreaked havoc across the world. And just like that, the entire world came to a standstill. Countries issued lockdowns; shops, parks, movie theatres, malls, tourist destinations, everything closed overnight. Only essential and emergency services were allowed to operate which naturally included the medical services.

In the beginning, there was a general sense of panic amongst everyone as all of us were new to this situation. We were apprehensive regarding how all of this would affect our learning. We had to accommodate with the new rules. In the hospital, we had to change our OPD sitting arrangement according to the social distancing norms. Tables were pushed apart; signs were placed in order to educate patients about the social distancing norms. The staff and patients were told to wear masks and had to follow general hygiene. The doctors were told to wear protective gear such as masks, caps, gowns and face shields. However, because of all these newly placed regulations, our team felt that we had somehow lost the personal touch which was supposed to be the specialty of our psychiatry OPD. But soon enough, we learned to handle this seemingly unusual situation with the help of our teachers and tried our best to provide patients the safety and comfort that they come to us seeking.

Reading the news was a bit anxiety provoking for me as everyday there was some new information coming up about the virus. The disorders that I deal with everyday have been studied extensively over the years across various countries. I have been fantastically trained by my seniors and faculty about what to ask, what to look for and what to do while seeing a psychiatric patient. But when it came to COVID, nobody was sure what to do and which protocol to follow. But then I decided to trust the research that was being done and follow the guidelines laid down by the reputed health organizations and deal with this situation one day at a time. Accepting the fact that I cannot live without dealing with COVID helped me keep my calm during the gruesome lockdown period.

Our psychiatry department is well known for being one of the most social and fun-loving departments of all in our institute. We enjoy organizing different academic as well as non-academic activities throughout the year. But due to the pandemic we had to put a stop to all of these activities in the past year. Soon, we discovered the power of current technology and started using the online platform to stay connected in the department.



The post graduate teaching program is followed quite strictly in the department. And our teachers made sure to continue the same even during the adverse circumstances of the past year. We have had daily PG activity lectures, seminars and discussions held via the online portals. The extra time that I had on my hands during the lockdown gave me the opportunity to study and prepare for my presentations more thoroughly. We even had PG activities with faculty and residents of psychiatry departments from other colleges. Being given a chance to interact with such esteemed psychiatrists and teachers from other institutes is truly a privilege. But, at the same time, it was quite intimidating to present topics in front of so many people even on a virtual platform when I was just a first-year resident. Sometimes it would be upsetting because even after a thorough preparation, my presentation would not go as planned due to technical issues such as bad network or software crashes. But overall, these presentations boosted my confidence immensely and profoundly helped me increase my knowledge of the field.

Another noteworthy experience during the past year was working in the COVID wards. It gave me the opportunity to observe and learn from patients, other doctors, nurses and paramedical staff working there. As I was observing the staff here, I realized that everyone was as scared and worried about this duty as me. When I voiced my observations to my guide in the department, he encouraged me to conduct a research in this area. I gathered data by telephonically interviewing the paramedical staff about their experiences during the COVID duty. This data was then organized, analyzed and was presented in an online conference which is currently under review for publication in a journal. It is truly astonishing as to how all of this was possible without meeting the study participants and the statistician in person. Again, an amazing learning experience.

A pandemic poses different problems in front of people which may be financial, social, emotional, physical, or a combination of all of these. Being a budding psychiatrist myself, I got to see the emotional issues of people quite closely. Many patients started seeking our help as they did not have anyone else to talk to or to share their feelings with. Being away from home myself, I could very much relate this need to connect. We humans are social beings after all, and it is quite natural for us to bond emotionally with the people we interact with. When people are unable to meet in person, even just talking to someone on the phone for only a few minutes can make a great deal of difference. It can give a sense of security that everything is going to work out in the end. This helped me realize my role as a psychiatrist in the society better. Being a psychiatrist is not just about treating mental disorders after they have started disrupting someone's life. It is actually about preventing mental health issues or recognizing them in early stages and then helping the patient deal with them. Being a psychiatrist is really about going the extra mile for a person to make them feel connected to the rest of the world.





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### *First year Residency : What we learned during the Pandemic*

Residency is one of the most important phases in the life of the doctor. The ability to learn anything and everything from the ground up is simply amazing. Its often said your residency defines the future years of your career. Hence , all of us joined our respective residency programs hoping to make the most of the opportunity we had got. Unfortunately, our Residency was hit by the COVID-19 wave. What was supposed to begin in the May 2020 got delayed till July and till everyone joined and got acquainted it was already September 2020.

Life of a JR1 is a constant roller coaster with excitement, joy, sadness, boredom (while doing clerical work), anger, frustration, scoldings etc coming from all directions. Luckily, we had a very cool, caring and fun department to work in. Our residency began at the time when the wave was mild, the rise in the number of cases were few but people had a lot of panic in them about the virus. Due to this the overall working load of the department and the hospital had reduced. So when we began we were exposed to sub-optimal capacity of patients but at that time everything being new , there was a lot too learn. The first thing that we had to learn and get acquainted to the sleep schedule. Coming out of the deep slumber of counselling and the lockdown it was a difficult thing to do. We had to wake up early each day, run to the wards examine every patient for the vitals, the dressing and see for soakage and keep everything ready before our seniors arrived. Most of us not being able to get up early used to spend the nights in wards only just to get those extra minutes of sleep. Little later our seniors would come for the rounds, scold us on not getting things done, correct us and teach us. After the rounds of the consultants we used to get to the work assigned to us by our seniors which was usually discussed in rounds. Afternoon were usually hectic as we had to run to get all the things ready for the evening rounds. Samples, calls , consents, OT preparation etc. The nights usually went light if all the work were done in the evening. As the cases of Covid began to rise we saw a dip in the routine patients hence everything was relaxed and so the excitement of working in the ward and getting things done slowly faded away.

Everything was going smooth, till we were allotted COVID ward duties. At first all of us were excited because it was a 14 days Holiday that we thought we were getting into(7 days Work and 7 days of Quarantine) but as everyone started working in the wards we realized it was not so easy. The amount of work there was both mental and physical was exhausting. Spending a lot of time among critical patients ,seeing the relatives of the patient worried, crying , trying everything and anything in their hands to keep their patients alive is very frightening experience. Getting out the PPE kit drenched in pool of sweat, the hostel room bed is the only thing one wishes. But there was a still a lot to learn from working in the Covid

Wards and ICU especially managing critical patients , how to interact with the patient's relatives, delivering bad news etc.

This Pandemic has affected all of our lives especially the first year residents where there is a lot to learn. There are a lot of things a resident can learn from patients starting from basic ward work, wound care ,post op care to developing surgical skills and learning to manage the intra-operative complications. All these require repetition which was drastically hampered due to the decrease in number of patients. Also working on a number of patients increases the confidence, which in turn helps to develop the surgical skills. All this has been hampered due to rise in the number of cases and it has affected the lives of all the residents. We had to get maximum experience from the available patients and that kept us focused and motivated. Our seniors and our Teachers helped us in achieving the same and also finding a way to keep balance between both.

The department has been very helpful in this situation, conducting the PG activities, seminars online via the medium of Video Meetings. It helped us keep in touch with the subject and also develop theoretical knowledge in our subject. Physical PG activities were also conducted in the Department whenever possible.

The one thing we learnt from the pandemic was that people come out to help when it's needed the most. The Pandemic has taught us Humanity, Kindness and Hope. We have a very long way to march ahead.

Remembering the famous lines

“The woods are lovely

Dark and deep, but

We have promises to keep

And miles to go before we sleep”



**Dr. Renuka Joshi,**

Second MBBS

NKPSIMS &amp; RC and LMH, Nagpur

### ***COVID 19 Pandemic : Teacher with a difference***

My experience of lockdown as a student has had its ups and downs as you would imagine. Being confined to the home with no outside social interactions be it with our friends, teachers, neighbours and most importantly not eating outside food is tough and goes against our human nature. Nothing compares with the fun of going to college and experiencing the student life full of interaction with friends and teachers. While the global pandemic has brought this all to a halt, I have been lucky enough to have a family that continues to support me during these uncertain times, who are always allowing me the time and space I needed over these past months to study independently.

Around March 2020, I was just finished with our annual cultural fest and was planning to start preparing for the term exams which were scheduled towards the end of march, when every media network flashed the news that the Government was deciding to declare a nation wide lockdown owing to the rising covid cases across the country. Initially, everyone at my home was in a state of panic as they had a fear of virus and moreover the fear of staying at home doing nothing. For me the biggest concern was about my studies, I had a fear that the whole curriculum may get hampered because of the lockdown. A decision was finally taken by the college authorities to start online lectures and all my worries came to a halt. Initially, all the teachers were in a dilemma that how such type of teaching would go amongst the students and at the same time we all students thought that how will we cope up with this kind of learning. One great problem which was faced by many of my batchmates was the non-availability of resources like books, notes, journals etc since many of them had left them at their hostel rooms. For all the problems that we were facing the college came to the rescue. We were provided with E-books, lectures in PPT format, short tests were given on google classroom. Altogether we went through a new experience of online exams. We used to write the papers in the comfort of our homes without breaking a drop of sweat. Although, these online exams gave me all the comforts that I had desired since forever, I missed that feeling of anxiety and nervousness that I used to get every time I entered an examination hall. Another big concern which was hovering over my mind was about the practicals. It is no secret that education in medical field is predominantly practical oriented. Medical student without practical knowledge is like a tennis player not knowing how to hold a racket. But that too was solved by the advanced technological applications. I found all the practical related videos that I needed on the internet. I wonder what would be the situation if we did not have access to the technology. If anyone ever asks me to choose between online and offline teaching, my vote would be for offline teaching due to the fact that the teacher student communication during offline mode of teaching is a major aspect which imparts more seriousness to studies and thus I can say it holds an upper hand.

This new experience of online learning was not only amusing to me but to everyone in my family. My grandfather, aged 86 years, used to be so interested in my day-to-day schedule be it zoom classes, PPT lectures or online exams, he used to sit beside me whenever I was attending any class.

Not only academic activities, but many extra-curricular activities were conducted during the period of lockdown. A meeting of the 'Anubandh' mentorship program was conducted on Zoom. All this would not have been possible without the tremendous efforts of the teachers. They made sure that even if there is no classroom teaching, we gain knowledge so that we are confident enough to face the exams.

We always keep talking about mental health, so one point worth mentioning is about the mental state of each and every individual during lockdown. Lockdown proved to be a period of testing time for all of us and it still is. Maintaining a positive state of mind during these times was a challenge that was faced by everyone.

With all this said, when I take a glance on these past few months, I consider it as a lifetime experience. As we go through the history starting from the year 1700, after every hundred years such type of events are repeating and I hope that during my lifetime this won't happen again....



## going to the bank



Irina Blok





**Dr. Meenal Kulkarni**  
Associate Professor  
Community Medicine  
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***Perceptions of medical students towards online teaching during the COVID-19 pandemic: a national cross-sectional survey of 2721 UK medical students***

**Authors-**Samiullah Dost ,1 Aleena Hossain ,2 Mai Shehab ,3 Aida Abdelwahed ,2 Lana Al-Nusair 2 To cite: Dost S, Hossain A, Shehab M, et al. (Dost S, et al. BMJ Open 2020;10:e042378. doi:10.1136/bmjopen-2020-042378)

**ABSTRACT**

**Objectives:** To investigate perceptions of medical students on the role of online teaching in facilitating medical education during the COVID-19 pandemic. **Design:** Cross-sectional, online national survey. **Setting:** Responses collected online from 4th May 2020 to 11th May 2020 across 40 UK medical schools. **Participants:** Medical students across all years from UK registered medical schools. **Main outcome measures** -The uses, experiences, perceived benefits and barriers of online teaching during the COVID-19 pandemic. **Results:** 2721 medical students across 39 medical schools responded. Medical schools adapted to the pandemic in different ways. The changes included the development of new distance-learning platforms on which content was released, remote delivery of lectures using platforms and the use of question banks and other online active recall resources. A significant difference was found between time spent on online platforms before and during COVID-19, with 7.35% students before versus 23.56% students during the pandemic spending >15hours per week( $p<0.05$ ). The greatest perceived benefits of online teaching platforms included their flexibility. Whereas the commonly perceived barriers to using online teaching platforms included family distraction (26.76%) and poor internet connection (21.53%). **Conclusions:** Online teaching has enabled the continuation of medical education during these unprecedented times. Moving forward from this pandemic, in order to maximise the benefits of both face-to-face and online teaching and to improve the efficacy of medical education in the future, we suggest medical schools resort to teaching formats such as team-based/problem-based learning. This uses online teaching platforms allowing students to digest information in their own time but also allows students to then constructively discuss this material with peers. It has also been shown to be effective in terms of achieving learning outcomes.

**Strengths of the study**

**1) Title of the study-** appropriate

**2) Study Background-** The COVID-19 pandemic has undoubtedly impacted the delivery of medical education with a sudden shift towards online teaching platforms .importance of the topic is well mentioned in the study.

**3) Objectives-** Objectives clearly mentioned.

4) **Methodology**-study was planned properly.

- **Study design**-Cross sectional online national survey was conducted.
- **Sample size**- This study is strengthened by its collection of responses from a large national cohort of medical students (2721 students) from 39 out of 40 UK medical schools.
- **Participant consent and ethical considerations**: Participation was voluntary, and participants were informed prior to starting the survey that all data collected was non-identifiable and would only be used for research purposes.
- **Data analysis**: Data was exported from Qualtrics to Microsoft Excel (Excel V.16.29, 2019). Qualtrics and GraphPad Prism (Prism V.8.2.1, 2019) were both used to generate graphs and calculate descriptive statistics for the survey responses to explore patterns in responses. Multiple responses were accounted for by identifying unique IP (Internet Protocol) addresses.

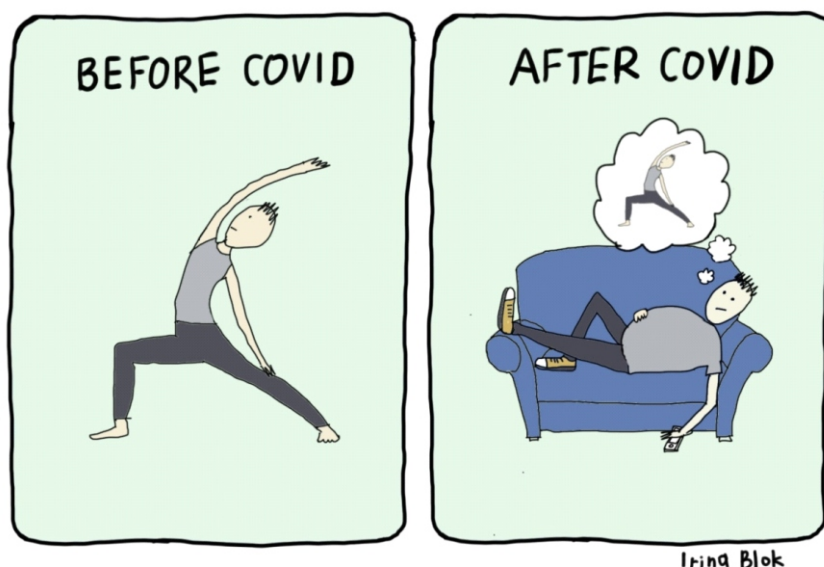
5) **Results and conclusions** -Results and conclusions are matching with the objectives.

The survey extensively explored the benefits of and barriers to online teaching methods with the potential to provide medical schools nationally with a direction for development of resources.

**Limitations of the study**:-Survey responses may have been subject to recall bias, and limited by timing of the study coinciding with the examination season where remote learning platforms may often be resorted to.



## getting exercise



### ***MET Secretaries Report***



**Dr. Madhur Gupta,**  
Prof. and Head, Dept. of Biochemistry,  
Secretary, MET Unit  
NKPSIMS & RC and LMH, Nagpur



**Dr Anne Wilkinson,**  
Associate Professor,  
(Pathology) Secretary, MET Unit  
NKPSIMS & RC and LMH, Nagpur

### ***Role of MET Unit in pandemic times***

The COVID 19 pandemic affected all spheres of life. Teaching at all educational institutes became a challenge. Conducting internal exams was equally challenging for the teachers, although the students found it easier. In medical institutes the traditional teaching methods for theory and practicals / clinics had to change too. Our MET Unit gave guidelines as well as co-ordinated and documented all the online lectures, practicals and clinics held in the institute. Many webinars were also held which benefitted both staff and students.

Besides teaching, MET Unit also organized online mentorship program for the students- Anubandh .

The students and teachers were very happy to interact live and student fears and doubts regarding their classes and examinations were cleared. All the students were looking forward to getting back to onsite classes. 438 students from first to final year participated in the program.

Training the teaching staff for various teaching technologies was undertaken. The staff were also trained on the use of various apps like Zoom, Google classroom etc. 69 Faculty were trained. CISP (Curriculum Implementation Support program) was also held online where 36 teachers were trained for implementing CBME to the students of second MBBS.

The importance of MET Unit came to the fore during the pandemic and still continues to do so. We hope to face the challenges to the best of our abilities, even as we look forward to better healthy days ahead.

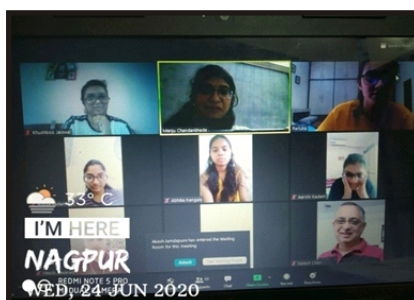


*Medical Education Technology Unit Buzz***I) Capacity building & Faculty Development Programs:**

1. February 2020 Capacity building lecture at 34<sup>th</sup> AMOGS (OBGY society) Communication Skills for doctors Amravati
2. 3<sup>th</sup> May 2020 Online Assessment : Platforms & Approaches  
Dr Chinmay Shah, GMC Bhavnagar, Gujrat.
3. 16<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup>, & 29<sup>th</sup> May 2020 Online Assessment “1<sup>st</sup> hands on workshop on quiz assignment i Google class by Dr. Shubhada Gade



4. 27<sup>th</sup> May 2020 Online Faculty Development program:. “Teacher as a communicator” for teachers of Meera Bai Institute of Technology New Delhi
5. 27<sup>th</sup> May 2020 Enhancing learner Engagement in Online Sessions  
Dr. Anshu, MGIMS, Sewagram
6. 12<sup>th</sup> June 2020 Webinar Using Survey Monkey for online feedback and assessment  
Dr. Shimpa Sharma, Pro VC, D Y Patil DU, Kolhapur
7. 15<sup>th</sup> June 2020 “Express to Impress” for Health Science teachers of India.- webinar
8. 15<sup>th</sup> June 2020 Webinar “ Presentation Skills for Teachers and PG students  
Dr. Suresh Chari, NKPSIMS & RC and LMH, Nagpur.
9. 19<sup>th</sup> June 2020 Adding narration to PPT by Dr Shruti Hegde Chennai  
Dr Abhilash, SSSMCRC, Channai.
10. 23<sup>rd</sup> June 2020 Poll Everywhere : Audience response System  
Dr Vijay Kautilya SSSMCRC Channai
11. 24<sup>th</sup> to 30<sup>th</sup> June 2020 ANUBANDH : The NKPSIMS Mentorship Program for MBBS Students from first to final year



12. 29<sup>th</sup> June 2020 Kahoot by Dr Sangita Sukumaran Terna, Medical College Mumbai  
 13. 29<sup>th</sup> June 2020 Hands on Workshop “ABC of how to make a real time quiz :  
 An Innovative teaching learning tool  
 Trainers: Dr. Rekha Khandelwal, Dr. Deepa Kumar & Dr. Apurva Sthapak  
 Department of Ophthalmology, NKP SIMS & RC and LMH, Nagpur.



14. 14<sup>th</sup> to 15<sup>th</sup> July 2020 MCI Recognized 2 days “Curriculum Implementation Support Program (CISP II)” Online at NKPSIMS & RC and LMH, Nagpur.  
 Under JNMC Sawangi ( Meghe ) Wardha.  
 15. 22<sup>nd</sup> & 23<sup>rd</sup> Sept.2020 MCI Recognized 2 days “Curriculum Implementation Support Program (CISP II)” Online at NKPSIMS & RC and LMH, Nagpur.  
 Under JNMC Sawangi ( Meghe ) Wardha.



16. Dr. Madhur Gupta, NKP SIMS & RC, FAIMER Fellowship training.  
 17. Faculty development program for SFS college teachers 5<sup>th</sup> Oct 2020 and 1<sup>st</sup> Dec 2020

## II. Publications

### A.) Journal of Education Technology & Health Sciences (JETHS)

3 Issue of 7<sup>th</sup> Volume were published in April, August and December 2020

### B.) Splash : A Quarterly campus News letter 3 Issues were published.

### C.) Reflections: Annual MET News bulletin Volume 19 was released on August 15<sup>th</sup> 2020



**III. Undergraduate Students****a.OSCE / OSPE: 1**

Sr No.	Date	Department	Topic	Students
1	12 <sup>th</sup> March 2020	Pathology	Peripheral smear	IInd MBBS

**a.Total Online Teaching Classes**

First MBBS (2019 Batch)-398

Second MBBS (2018 Batch)-386

Third MBBS (2017 Batch)-291

Final MBBS (2016 Batch) -267

**IV. Postgraduate Students.****CBL / PBL 2**

Sr No.	Date	Department	Topic	Students
1	10 <sup>th</sup> Feb 2020	Pathology	Fine needle aspiration of a swelling ( lesion )	JR I
2	13 <sup>th</sup> & 14 <sup>th</sup> Feb 2020	Ophthalmology	Post Operative complications of cataract surgery	JR

**Acknowledgment-** MET Unit of NKPSIMS & RC acknowledges the dedicated and sincere efforts of Dr. Shubhada Gade , Ex - Secretary of MET Unit who worked tirelessly in arranging and conducting training sessions for the teaching staff of our institute during the pandemic in 2020 to help them get used to newer teaching technology.

*Educational Research Publications in 2020*

Sr. no	Department	Name of Authors	Title	Journal & Vol.
1	Pharmacology	Dr. Sandesh Banginwar Dr. Amruta Dashputra Dr. Archana Borkar Dr. J. Nayse Dr. R. Badwaik	Impact of internet on doctor-patient relationship	International Journal of Basic & Clinical Pharmacology Vol. 9 Issue 5 Page no. 731 – 735, 2020
2	Physiology	Dr. Shubhada Gade Dr. Vedprakash Mishra	Impact Analysis of the National Faculty Development Program for Medical Teachers: A Way Forward	JKIMSU, Vol. 9, No. 3, July-September 2020:81-90
3	Physiology	Dr. Shubhada Gade	Faculty Development Program In India: Identifying Gaps And Opportunities For Reforms	NJIRM 2020; Vol.11(4) July-August NJIRM 2020; Vol.11(4) July - August: 72-78
4	Community Medicine	Dr. Meenal Kulkarni	Time management skills among medical students	Indian Journal of public health research & development Vol. 11 Issue 6 Page no. 489 - 493
5	Psychiatry	Dr. Abhijeet Faye Dr. Sudhir Bahve Dr. Sushil Gawande Dr. Rahul Tadke Dr. Vivek Kirpekar Dr. Abhijit Pakhare Dr. Deepika Singh	WhatsApp use and its impact on relationship among Doctors: A cross- sectional pilot study	Annals of Indian Psychiatry Vol. 4 Issue 1 Page no. 48 - 55

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