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REFLECTIONS

The Indian Medical Graduate (IMG)
The NMC Vision



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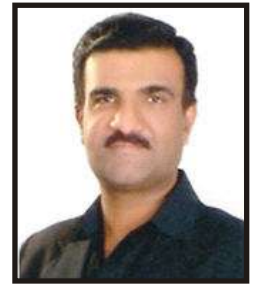
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Editor Reflections

Creating an "Indian Medical Graduate" (IMG)

The National Medical commission, Government of India (Formerly MCI) has given a new vision to look at creating an Ideal medical Doctor who will provide all the necessary healthcare and health education to the Indian community at large.

The basic aim of IMG which is included in undergraduate medical education program is to create an ideal Indian Medical Graduate (IMG) who possesses appropriate knowledge, skill, attitude, ethics and responsiveness so that he/she should be able to function effectively as physician of first contact to the community while being globally relevant.

The competency based medical education (CBME) program which was introduced in 2019 is designed and implemented in the medical education curriculum to achieve the ultimate goal of creating an IMG. The IMG is suppose to possess the following set of competencies at the time of Graduation :-

1) A perfect clinician :-

An IMG should have knowledge of human anatomy, functions of human body, various diseases processes, clinical symptoms and should be able to diagnose, investigate and treat common health problems faced by the community. He/She should also have knowledge of medico legal, social, ethical and humanitarian principles affecting healthcare.

2) Leader and team member of Healthcare System:-

He/She should be able to function effectively as a Healthcare team leader in primary and secondary healthcare setting, educate and motivate other member of the team and also educate the community regarding prevention and early recognition of lifestyle diseases and other community health issues.

3) A Good Communicator:-

An IMG should be able to communicate effectively, sensitively and respectfully with the patients and their relatives. He/She should also be able to maintain accurate, appropriate and clear records of patients in confirmation with legal and Administrative framework.

4) Lifelong learner:-

An IMG should be committed for continuous improvement of skills and clinical and basic research abilities so as to benefit the community.

5) A Professional committed to Excellence and Accountable to the community:-

An IMG is expected to practice selflessness, integrity, responsibility and accountability for his/her patients community and also should be able to recognize and manage ethical and professional conflict and should abide by prescribed ethical codes of conduct and practice.

With above goals in mind, the NMC has given a new vision to the country for creating an ideal IMG so as to achieve the ultimate goal of HEALTH FOR ALL.

**Smile a While**

"Considering the obvious lies on your information form and my tendency to misdiagnose, we should get along just fine."



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

“INDIAN MEDICAL GRADUATE”

The N.M.C. Vision :

Undergraduate Medical Programme (MBBS) is designed with a goal to create an “Indian Medical Graduate” (IMG) possessing requisite knowledge skills attitude, values and responsiveness, so that she or he may function appropriately and affectively as a physician of first contact of the community while being globally relevant. To achieve this NMC prescribed the following training programme, which is broadly divided into 5 categories :-

- 1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.*
- 2. The leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.*
- 3. Communicator with patients, families, colleagues and community.*
- 4. Lifelong learner committed to continuous improvement of skills and knowledge.*
- 5. Professionally who is committed to excellence, is ethical, responsive and accountable patients, community and profession.*

Furthermore NMC elaborates each of the above points in details.

Indian medical graduates are highly respected and regarded as among the best medical professionals in the world. Therefore, they must exhibit a wide range of attributes that will set them apart from their counterparts in other countries.

Firstly, Indian medical graduates should be known for their strong academic background, which is a reflection of the rigorous training that they undergo. They study in institutions that are recognized globally for their academic excellence, and the curriculum is designed to be comprehensive and challenging.

Secondly, Indian medical graduates are recognized for their hardworking nature and determination. They spend many years studying medicine, and their dedication to the profession is evident in their commitment to providing quality healthcare services to patients.

Additionally, Indian medical graduates should have a strong sense of empathy and compassion

towards their patients. They should be trained to have a patient-centered approach to healthcare, where the needs of the patient come first. This should be reflected in their bedside manner, and the way they interact with patients to provide emotional support, in addition to medical care.

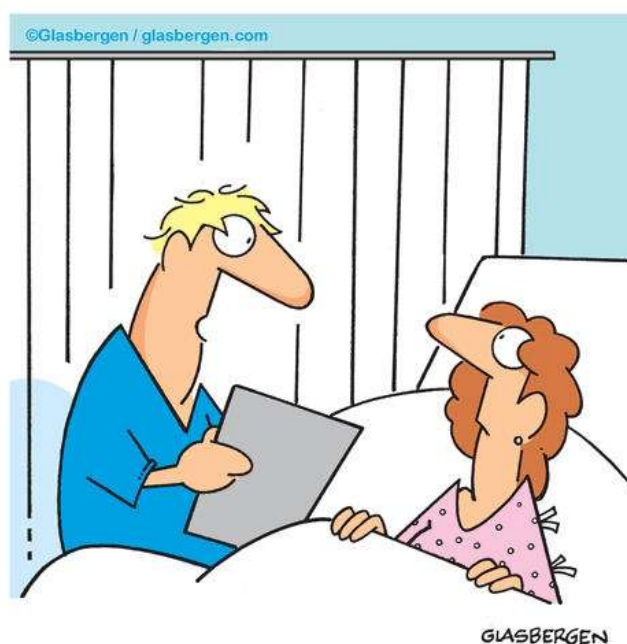
Furthermore, Indian medical graduates should be known for their strong communication skills, which is critical for effective patient care. They should be trained to communicate effectively with patients, families, and other medical professionals to ensure that there is clear understanding regarding diagnosis, treatment plans, and expected outcomes.

Lastly, Indian medical graduates should be known for their adaptability and versatility. They are exposed to a diverse range of medical conditions during their training, which prepares them for work in various healthcare settings. They should also be trained to adapt to new technologies and methodologies, meaning that they should be well-prepared for the ever-evolving field of medicine.

In conclusion, Indian medical graduates should be highly trained professionals with diverse skills and attributes. Their strong academic background, hardworking nature, empathy and compassion, communication skills, and adaptability make them among the best medical professionals in the world.



Smile a While



"Our hospital has the very best technology. I'll be using GPS to locate your appendix."



Dr. Madhur Gupta
Director and Chairperson
Medical Education Unit
NKP Salve Institute of Medical Sciences & RC
and LMH, Nagpur

Indian Medical Graduate (IMG): The NMC Vision

In the modern era, delivery of an effective health care no longer not only depends on the medical knowledge possessed by a doctor but also requires that they should be able to work professionally and effectively as a leader of a medical team. Thus, to succeed in today's healthcare system, the graduating students should not only have a good knowledge but also have to be supported with other competencies such as professionalism, ethical approach, leadership, and teamwork skills. The undergraduate medical education programme is designed with a goal to create an “Indian Medical Graduate”(IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training programme are hereby prescribed:

Goals and Roles for the Learner:

The medical graduate must be able to function in the following roles appropriately and effectively:-

1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
2. Leader and member of the health care team and system with capabilities to collect analyze, synthesize and communicate health data appropriately.
3. Communicator with patients, families, colleagues and community.
4. Lifelong learner committed to continuous improvement of skills and knowledge.
5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

This is being strived for by all to create a environment which is conducive not only for the students which will in long run be beneficial to the society.



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**Indian Medical Graduate : NMC Vision**

The overall goal of the undergraduate medical education as envisaged in the revised GMER 2017 is to create an Indian medical Graduate (IMG) possessing requisite knowledge , skills, attitude , values and responsiveness so that he or she may function appropriately and effectively as physician of first contact in the community while being globally relevant . MCI New Delhi in its Vision 2015 introduced the concept of IMG with well defined five roles

Indian Medical Graduate is defined as a medical graduate who is capable / competent to serve five roles which goes beyond the traditional knowledge and skills component . These five roles are -

- A Clinician
 - A Leader and member of a health care team
 - A Communicator
 - A Life long learner and
 - A Professional

To accomplish this National Medical Commission has introduced Competency Based medical Education in India in 2019 .The syllabii of all the subjects has been converted into competencies some of them being identified as certifying competencies.

In order to inculcate the above said roles NMC had included many new inclusions so as to train the IMG in all these 5 roles .

In CBME there are many new inclusions in the curriculum in all phases of MBBS . All these inclusions are focused to make a competent and confident IMG.

Competency Based Curriculum (CBC) is an outcome based curriculum that will ensures that an IMG will be a competent clinician.

CBC identifies some certifying competencies that will ensure that an IMG will have basic knowledge and skills to serve as a physician of first contact in the community .

Early Clinical Exposure (ECE) is another inclusion of CBME where students of Phase I MBBS are made to visit hospital ,wards, OT and community . The purpose is to introduce the new medical entrant to the clinical environment where he/she observes doctor patient interaction in terms of communication , and other skills and attributes of a health professional like his behavior with the patients, with his team members and indirectly learns professionalism. In short ECE offers multiple opportunities for a medical graduate to imbibe the role of clinician , communicator, attributes of leadership and as a member of a health care team.

Self-Directed Learning (SDL) is another CBME inclusion : SDL is one of the inclusion of CBME which will be implemented in all phases of MBBS . In SDL problems are given to the students and they are asked to solve the problem on their own using various resources like visiting library , museum or simulation lab . SDL gives an opportunity to the students to take responsibility of their own learning making them independent learner which will sow the seeds for life long learning and hence SDL is said to be the mother repository of one of the role of IMG i.e. life long learner .

AETCOM (Attitude, Ethics and Communication) : The entire concept of AETCOM module lies on the fundamental principle that changing a persons attitude can change his/her behavior .AETCOM module tries to strike a balance between the five identified roles of an IMG .

Doctor patient violence is an area of concern for the medical professionals since last few years. In the traditional curriculum these attributes of communication, ethics and professionalism were an implicit part of curriculum but looking at the doctor patient conflicts a need was felt to make it explicit and hence the same issue has been addressed with the implementation of AETCOM module i.e. Attitude, Ethics and Communication. The module has been incorporated in a longitudinal manner in CBC with a incremental approach.

AETCOM implementation is mostly by active learning where students are actively involved in the process of teaching learning and secondly it is learning by reflections, so students are made to think and reflect. Thirdly modules of AETCOM emphasizes largely on communication skills in different phases. This will help in improving communication skills in the medical graduates with incremental complexities. Bioethics is also an important element included in AETCOM module where ethical issues are discussed in longitudinal manner across all the phases of MBBS. This will inculcate the habit of critical thinking amongst the students and will make them ready to face ethical issues in their career as a health professional.

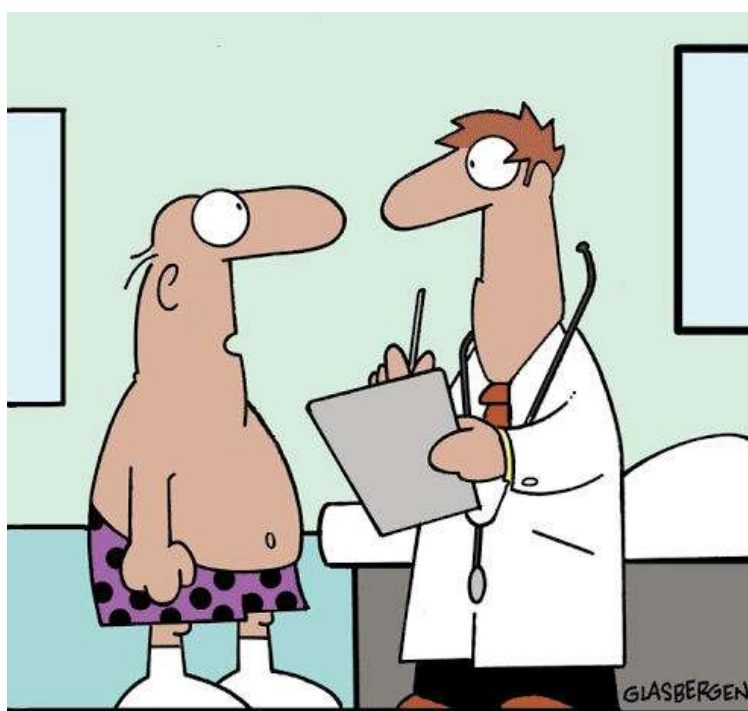
AETCOM modules also discusses clinical scenarios where lot of emphasis is stressed upon leadership and of being a member of a health care team. These attributes of a medical professional are discussed and indirectly these roles are imbibed on the minds of the young medical professional at the right time, at the undergraduate level.

In this way the most of the roles of IMG are addressed in AETCOM module like attributes of professionalism, of being a good communicator, being ethical and about imbibing leadership qualities and becoming an effective team member in a health care team.

It is genuinely expected that successful implementation of competency based undergraduate medical education program will definitely create competent health professionals serving the health care needs of the society.



Smile a While



"My bones are getting softer, but my arteries are getting harder, so it balances out!"



**Dr. Tanuja Manohar,
Professor & HOD
Dept. of Medicine,
NKPSIMS, Nagpur**

Role of IMG as Communicator

Communication skills is the essence of Doctor-Patient relationship. Good communication is the backbone of excellent patient care. Communication skills are essential while extracting proper history by patient interviews during first encounter, enquiring for associated conditions including risk factors, counselling the patient about his/her illness, explaining treatment options including its' pros and cons, providing information about procedures, taking their informed consent, helping them to take shared decision and explaining importance of regular follow up. So almost in every step, while dealing with the patient communication skills plays vital role. In spite of this fact, so far in Medical Education there was no formal training of this important aspect. In this era of cases against doctors for medical negligence, false litigation, it becomes important to teach a medical graduate how to become a good communicator. Vitality of good communications skills was understood by educators globally and accordingly changes were suggested. Globally Medical education is in the phase of transition. Traditional content and teacher-based curriculum is gradually getting replaced by Competency based education (CBME). Competency based curriculum is better aligned with Health professional attributes that are locally relevant and globally adaptive. Medical professional unlike other professionals are expected not only to demonstrate a comprehensive knowledge of their subject but also retain a humane approach in their conduct and cultivating empathy. Main objective of CBME in India is to produce 'Indian Medical Graduate' (IMG) a skilled, competent and motivated doctor with five intended roles as 'Clinician, Leader, Communicator, Professional and Lifelong learner'. Unlike traditional curriculum CBME emphasizes domains beyond cognitive and psychomotor skills, e.g. communication, ethics, professionalism and a focus on health systems.

In order to give formal training of these important competencies, NMC has designed a comprehensive module titled AETCOM module. AETCOM stands for attitude, ethics and communication skills. AETCOM module is based on principle, that changing a person's attitude in formative years can change his or her behaviour. It emphasises the nobleness of medical profession. Training in Ethics definitely plays crucial role in behavioural evolution of the students. Fundamental requirement of good communication is the feeling that every human being is different and has his own self esteem. This module forms an integral aspect of new curriculum. With the help of this module professionalism can be formally taught to UG students and also assessed with the help of innovative T-L and assessment methods. Various T-L methods

suggested include role plays, immersion into clinical scenarios, case studies with ethical dilemmas and reflective writing. In order to get used to these T-L methods even conducting faculty development programs is the need of hour. However part of the training is by role modelling as before. Students do observe teachers while dealing with the patients. Hence teachers are expected to conduct themselves as positive role models.

Journey of a medical student to become a excellent communicator starts during 1st professional year. First year MBBS student is expected to respect cadaver and consider the cadaver as his or her first teacher. During second professional year they do visit regularly to wards and meet patients. During this year they are expected to learn art of establishing rapport with the patients as well as their relatives and also develop competencies of appropriate history taking , doing thorough clinical examination and rapport building with the patients. In the third and fourth professional year, they are expected to be trained in taking informed consent, breaking bad news to patients relatives, understanding importance of maintaining confidentiality, patient's secrecy and rights, developing listening skills, questioning skills and counselling the patient and relatives. As patient education is an extremely important aspect of management, students are expected to be trained in importance of patient education. As such the assessment of AETCOM competencies is little challenging. However, if students understand what competencies they are expected to achieve and teachers know in what aspects they need to train, this difficult task can be accomplished without much difficulty. One of the important scale which can be used for assessing these competencies is 'Kalamazoo Consensus scale'. It includes 7 skills which a UG students should learn and scoring is done based on this scale.

1. Building a relationship with patients and their relatives
2. Opening of discussion
3. Gathering information
4. Understanding patients perspective
5. Sharing information
6. Reaching agreement
7. Providing closure

Continuous assessment of the student while in ward can be done by observation. If these strategies are meticulously followed then definitely we will see our future students as excellent communicator.





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IMG : Lifelong Learner

As per Competency based Medical Education curriculum introduced in 2019 by National Medical Commission/ Medical Council of India, at the end of Competency Based Training Program, an Indian Medical Graduate shall assume five roles. They are Clinician, Leader, Communicator, Lifelong learner and Professional. Out of these I would like to stress upon lifelong learner as at every step of our life we are learning something new which help us to improve our knowledge and skill. The process of lifelong learning is based on four pillars of education for the future - learning to know; learning to do; learning to live together with others; and learning to be human. So, let's know about it in detail.

WHAT IS LIFELONG LEARNING?

Lifelong learning is inevitably self-learning. Motivation and lifelong learning are in fact two inseparable constructs a lifelong learner is always a motivated individual and motivated individual can be a lifelong learner. Medical science is a dynamic field; newer techniques are added every day, treatment protocols are updated regularly, reference diagnostic values change over a period of time. This dynamic nature of medical sciences mandates its 'students to be learner for the whole of their life' so as to remain 'current' in their knowledge and skills

As a lifelong learner, Indian Medical Graduate is expected to acquire various competencies listed below:

--Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

Demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient.

Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

BENEFITS OF LIFELONG-LEARNING

Assists to sharpen natural talent

Unlocks the intellect

Builds an inquisitive, curious mind

Enhance intelligence

Makes the world a superior place

Helps us espouse to adjust

Helps in finding sense in life

Keep us occupied as energetic member of the society

Helps us make new friends and start new associations

Lifelong learning leads to an enriching life of self-fulfilment

STRATEGIES FOR CULTIVATING LIFELONG LEARNING

The core competency of lifelong learning can be very well imbibed by the medical graduates if a holistic strategy which can target the three most important characteristics of lifelong learning self-motivated learning, self-assessment, and application of knowledge and skills; along with training on time-management, is in place. These strategies should be designed to utilise the existing teaching-learning tools, optimally.

INSTRUCTIONAL METHODOLOGIES FOR CULTIVATING LIFELONG LEARNING SKILLS

Instructional strategies that profess to foster lifelong learning behaviour by involving students are-

1. Problem based learning- Learning is centered on a well-designed clinical problem through which students identify their learning requirements, make an enquiry, and correlate the theory and the practice. PBL is an educational cycle that develops students' lifelong learning skills because of their active participation.

2. E-learning - E-learning (electronic learning) includes all teaching-learning activities pursued by individuals or groups, functioning online or offline, synchronously or asynchronously through the use of computers and other electronic devices. E-learning is usually considered synonymous with web-based learning, online learning, internet-based learning, computer aided learning, and mobile learning. It is more flexible and the learners, to a limit, are accountable for deciding the pace of their own learning.

3. Reciprocal Teaching- It is an instructional procedure that takes place in a collaborative learning group and features guided practice in the flexible application of four concrete strategies to the task of text comprehension: questioning, summarizing, clarifying, and predicting. The teacher and group of students take turns leading discussions regarding the content of the text they are jointly attempting to understand. Reciprocal teaching strategies can be adopted in graduate medical training by way of small group discussion, tutorials, and students' integrated seminars.

4. Portfolios - A portfolio is a systematic and well-designed collection of the learner's work. Portfolio continues to grow with the academic/professional growth of the learner and depicts the account of learner's academic achievements, development, and progress over time. Portfolios can be used to cultivate lifelong learning skills by promoting self-learning.

5. Reflections - Reflection is critical thinking during the process of learning or after the process is over by linking new learning experiences and ideas to prior experiences in order to develop more complex concepts, and thus promoting higher order thinking. Reflection helps students to share more responsibility of their learning, which in turn can promote 'reflective practice' during professional life later on, and can help in promoting lifelong learning skills.

6. Knowledge maps- It is a process of surveying, associating items of information or knowledge, preferably visually, in such a way that the mapping itself also creates additional knowledge determining for example where knowledge assets are, and how they flow in the system. Knowledge maps can be mind maps and concept maps. They can be made manually or digitally.

CONCLUSION

Lifelong learning is a professional competency which must be fostered in the medical graduates. Four attributes of lifelong learner metacognition, self-directed learning, self-monitoring and having reflective attitude can be cultivated by explicitly using 'already in-use' instructional strategies, as per institutional feasibility. Once these lifelong learning attributes are inculcated by the medical graduate, the medical practitioners will always be 'current' in medical knowledge and skills, and will be able to give better medical care.





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Prof & Head

Dept of Microbiology
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Communication Skills and IMG

Competency based education has been defined as an outcome-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies. Competency is defined as “the ability to do something successfully and efficiently, and CBME is an approach to ensure that the graduates develop the competencies required to fulfill the patients' needs in the society. CBME curriculum focuses on the desired and observable ability of learners in the real-life situations.

The goal of MBBS training is to produce medical professionals who will excel as clinicians, be updated throughout their professional career and provide service to the society as leaders and good communicators which in turn will help them to be good 'doctors of first contact' or primary care physicians. To develop a good doctor, efforts were made to standardize the output of graduate medical education in the form of an “Indian Medical Graduate” (IMG); a skilled and motivated primary physician.

Indian Medical Graduate” (IMG) is a medical professional possessing requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as a doctor of first contact of the community while being globally relevant.

The goal of CBME is to ensure that all learners achieve the desired patient-centered outcomes during their training.

Practice selflessness, integrity, responsibility, accountability and respect are the 5 qualities of IMG

The proposed AETCOM module is a manifestation of this realization that endeavors to strike a balance between the five identified roles of an 'Indian Medical Graduate (IMG)' viz; Clinician, Leader & Member of health care team, Communicator, Life- long learner and Professional; right from the 1st professional year of professional career.

Doctors are responsible for increased life expectancy and improved well-being in society. People who survive diseases such as cancer usually owe their survival to doctors, whose skills and dedication are vital for their cure.

Indian Medical Graduates as communicators necessitates their proper training and facilitation which can be shouldered by the Communication Skill Laboratory, now essential for all the Medical Institutes. It is therefore the duty of Medical Teacher to train and teach them this grey area in Medical Education.

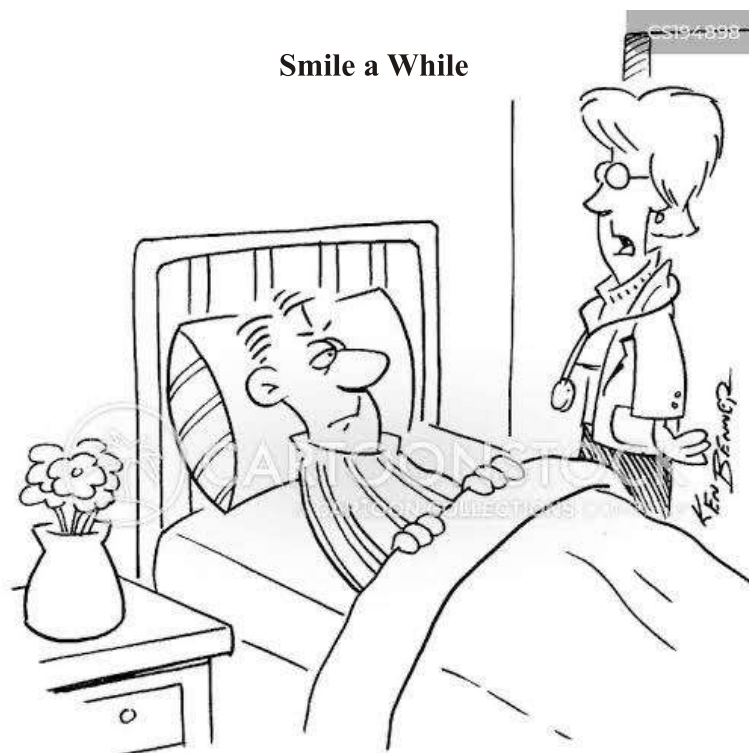
Interpersonal skills include communication skills such as listening, speaking, and asking questions. Good communication between doctor and patient is vital for all medical consultations. Doctors need to build relationships, show empathy, gather information, explain concepts, and plan treatment with their patients. The communication and interpersonal skills of physicians provide the ability to gather correct information from patients and help them in diagnosis, appropriate counselling, instructing the therapeutic plan, and establishing appropriate rapport between patient and physician. These essential soft skills can be learned during the formative years and practiced to perfection over the years.

Skilful communication enables healthcare providers to establish rapport with their patients, solicit crucial health information, and work effectively with all members of a care team and the public.

These 5 skills are absolutely necessary for successful communication in the workplace or private life.

- 1) Listening. Listening is one of the most important aspects of communication.
- 2) Straight talking.
- 3) Non-verbal communication. ...
- 4) Stress management. ...
- 5) Emotion control.

To assess communication skills, most medical schools established the Objective Structured Clinical Examination (OSCE) using interactions with standardized patients .An OSCE consists of several stations with different tasks and aims to simulate real clinical encounters between physician and patient. The undergraduate students should maintained a log book where reflections are written regarding their learning and personal experience.



"I'm recommending a transplant.
I'm transplanting you to another hospital."



**Dr Disha Methwani****Assistant Professor****Dept of Otorhinolaryngology
NKPSIMS & RC and LMH, Nagpur**

Communication : A Basic Skill for Indian Medical Graduate

The patient will never care how much you know, until they know how much you care.

B H N Yasmeen

-

Doctor- patient communication is an integral part of clinical practice as well as a major component of the process of health care. When done well, such communication produces a therapeutic effect for the patient.

Effective doctor-patient communication can be a source of motivation, incentive, reassurance, and support. Therefore the first visit for a patient is a crucial encounter that can either lead to the development of a therapeutic patient-doctor relationship or end in dissatisfaction on both sides and the search for another health care provider. The medical interview is filled with opportunities for patients to share information about themselves and for the doctor to get to know the patient, so that the patient becomes a person, not just a medical problem or a case.

Let us know what communication really is: communication is the process of transferring a message between a sender and a receiver through various methods (written words, nonverbal cues, spoken words). It is also the mechanism we use to establish and modify relationships. To develop advanced communication skill one should begin with simple interactions.

The following are the most fundamental elements of communication which may be helpful and lead to more productive patient-physician encounters and better overall clinical outcomes.

eye contact : During speaking or listening, the doctor should look into the eyes of the conversing patient/person to make the interaction more successful. Eye contact conveys interest and encourages the patient/person to be interested in the doctor in return.

empathy : is a basic skill that doctors should develop to help them recognize the indirectly expressed emotions of their patients. Once recognized, these emotions need to be acknowledged and further explored during the patient- doctor encounter. Patient satisfaction is likely to be enhanced by doctors who acknowledge patients' expressed emotions. Doctors who do this are less likely to be viewed as uncaring by their patients.

gestures : These include gestures with hands and face. Doctor should make the whole body to talk and use smaller gestures for individuals and small groups. The gestures should get larger as the group that one is addressing increases in size.

mixed messages : A doctor should make words, gestures, facial expressions and tone match. Disciplining someone while smiling sends a mixed message and is therefore ineffective. If the doctor has to deliver a negative message, make his words, facial expressions, and tone match the message.

body language : can say so much more than a mouthful of words. An open stance with arms relaxed at doctors sides tells anyone around him that he is approachable and open to hearing what they have to say. Often, communication can be stopped before it starts by body language. Appropriate posture and an approachable stance can make even difficult conversations flow more smoothly.

speak fluently : A doctor should pronounce words correctly and use the right words and not interrupt or talk over the other person--it breaks the flow of conversation.

listening skills : Not only should the doctor be able to speak effectively, he must listen to the other person's words and engage in communication on what the other person is speaking about.

get feedback : from the patient to ensure that he properly understood the conversation or instructions.

The manner in which a doctor communicates information to a patient is as important as the information being communicated. Patients who understand their doctors are more likely to acknowledge health problems, understand their treatment options, modify their behavior accordingly, and follow their medication schedules. In fact, research has shown that effective patient-doctor communication can improve a patient's health as quantifiably as many drugs perhaps providing a partial explanation for the powerful placebo effect seen in clinical trials. A more patient-centered encounter results in better patient as well as doctor satisfaction. Satisfied patients are less likely to lodge formal complaints or initiate malpractice complaints. Satisfied patients are advantageous for doctors in terms of greater job satisfaction, less work-related stress, and reduced burnout.

At the same time, many professional and academic organizations have now also defined key elements of communications skills needed by physicians. The 5 key skills for the physician to become competent in communication :

- 1) listening effectively
- 2) eliciting information using effective questioning skills
- 3) providing information using effective explanatory skills
- 4) counseling and educating Patients
- 5) making informed decisions based on patient information and preference

Communication skills training has been found to improve doctor-patient communication.

It is, indeed, a fact that the traditional medical curriculum in India predominantly targeted the cognitive domain, whereas the other learning domains, especially the affective one and communication, have been significantly ignored. Thus training in patient-doctor communication is also now objectively evaluated as a core competency in AETCOM module.



**Dr. Meenal Kulkarni**

Asso. Professor

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NKPSIMS & RC and LMH, Nagpur

Attainment of Indian Medical Graduate (IMG) Roles Through the Curriculum: The Untold Stakeholder Perspective

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ABSTRACT Background: Graduate Medical Education Regulations 1997 and “Vision 2015” documents were the steps toward training a skilled and competent Indian Medical Graduate (IMG). To implement the changes in the curriculum and to achieve the IMG goal, a nation-wide faculty development program was started by the Medical Council of India in 2009. Even before the introduction of Competency Based Medical Education (CBME) in 2019, the Indian medical curriculum imbibed and trained the Graduates in competencies relevant for an IMG. This research was to attempt to understand the stakeholder perspective of the contribution of the curriculum in attaining the IMG roles prior to 2019. **Methodology:** The present multicentric study was carried out among 450 interns belonging to batch 2018 in the state of Maharashtra. A self administrated, online, structured questionnaire containing 27 items based on IMG roles was used as the study instrument. Descriptive analysis was performed to arrive at the perception of stakeholders.

Results: Analysis of self rating of the competency for IMG roles showed a 30.7% for the “leader and as a team member role”. A detailed analysis noted that the majority of the participants lacked confidence in the role of the “medical expert.” Competency in the psychomotor domain gained maximum self rating in comparison to the affective domain. The overall rating about their undergraduate training toward five IMG roles had an unsatisfactory score of 56.3% for the “lifelong learner” role.

Conclusion: The study highlighted the stakeholder perspective about curriculum equipping them in developing “leader and a team member” while failing with “lifelong learner” IMG role. The study also emphasized that the attitudinal domain needs addressing by the CBME curriculum.

Keywords: Competency, curriculum, medical education

Strengths of the study

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

2) **Study Background-** research was to attempt to understand the stakeholder perspective of the contribution of the curriculum in attaining the IMG roles prior to 2019. Importance of the topic is well mentioned in the study.

3) **Objectives-** Objectives are clearly mentioned in the study.

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

• **Study design-** cross sectional study with three different types of tertiary care teaching hospitals were included in this study

• **Sample size-** All interns in the year 2018 in the three participating institutions were included. Thus, the sample size was 450. universal sampling was used.

• **Participant consent and ethical considerations:** permission from IEC was obtained. Anonymity was maintained. Informed consent was obtained prior to the start of study.

•**Study instrument-** The study instrument was a self-administered, online, structured questionnaire containing questions that were derived from the description of each IMG role given by MCI. Content validation was done by expert trainers in advanced medical education technology from these three institutions. The study instrument had 27 items distributed over six sections.

•**Data analysis-**

Descriptive analysis of the obtained data was carried out, where categorical and continuous data were reported in number (percentage) and median inter quartile range(IQR),respectively. Participants' self rating of competency in five roles of IMG was calculated and total attained scores were reported in median (IQR). Total scores were converted to percentage scores (percentage of total attainable score obtained) to make them comparable as the number of items in the questionnaire tool varied between IMG roles

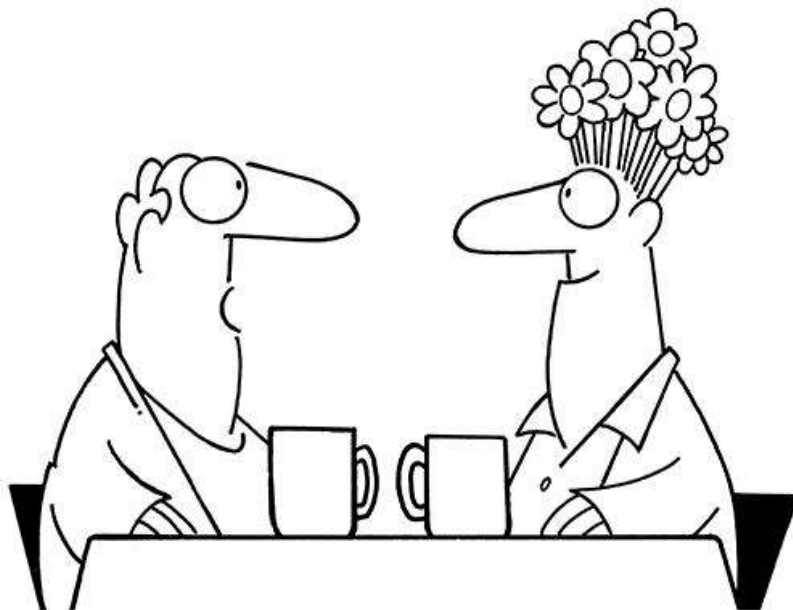
•**Results and conclusions** -Results and conclusions are matching with the objectives.

Limitations of the study

Study results cannot be generalised.



Smile a While



“They regrew your hair with stem cells?”



Dr. Niharika Batra,

**JR III, Department of Otorhinolaryngology (ENT),
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An Indian Medical Graduate (IMG): My Perspective

Who is an IMG? An IMG is someone who possesses the necessary knowledge, skills, values attitude and responsiveness so that he/she may function appropriately and effectively as a physician of “First contact” of the community while being globally relevant. All in all, a competent doctor with a caring attitude.

Unlike in other professions, doctors must not only demonstrate a comprehensive knowledge of their subject but also retain a humane perspective of their conduct. They should know what is required in terms of appropriate diagnostic tests and therapeutic measures. Thus, to reach this goal of a “Balanced doctor”, who is both knowledgeable and empathetic, introduction of Competency Based Medical Education (CBME) in the curriculum of medical students at the undergraduate and post graduate levels is crucial.

The Medical Council of India (MCI) has introduced CBME from 2019, whose end goal is to produce an Indian Medical Graduate. A skilled, competent and motivated doctor with five intended roles as, 'clinician, leader, communicator, professional and lifelong learner' as per 'Vision 2015'.

1) For a **Clinician's** role, an IMG should understand normal and abnormal structure and function, be capable of clinical problem solving, understand medico-legal, ethical and human aspects of health care, understand national and regional health policies and know when to refer patients to others.

2) As a **Communicator**, he should be able to communicate with patients, families, colleagues and community with sensitivity and respect.

3) As a **Leader**, he must be able to collect, analyze, synthesize and communicate health data appropriately, at the same time he must respect roles and responsibilities of other team member and motivate and lead the team effectively.

4) He must be a **Lifelong Learner** committed to continuously improving his skills using his experiences to enhance profession growth.

5) A **Professional** committed to excellence, ethical, responsible and accountable to patients, community and profession. He should practice selflessness, integrity, responsibility and accountability.

Health care delivery system has a goal, to achieve the goal, IMG has to perform some roles, to perform these roles, IMG needs certain competencies. Specific Learning Objectives (SLOS) are what a learner should be able to do at the end of a particular learning session:-

1) Early clinical exposure.

2) Student doctor method of clinical training.

3) Skill development and training.

4) Horizontal and vertical integration of curriculum.

5) Secondary horizontal exposure.

6) Attitude Ethics and Communication Module (AETCOM). It is based on the principle that changing a person's attitude can change his/her behaviour.

The goals of health care delivery system will be achieved if CBME produces a competent IMG. Thus CBME is the staircase to creating an IMG.

**Rohit Shembekar**

MBBS Final

NKPSIMS & RC and LMH, Nagpur

IMG: The NMC Expectations

In a conventional Indian household, parents have always wanted their children to be either an engineer or a doctor. Thus, over the years our country has produced a huge number of doctors, skilled professionals with immense knowledge. But as the people grow and times change, there is a need to adapt to the changes and come up with newer ways of education.

Doctors in our country since time immemorial have been regarded as people practicing a noble profession. We have had brilliant minds working in the field of medicine, coming up with innovative ideas, interventions, treatment modalities and management techniques to cater to the diverse and unique population of India. However, of late our health workers have been facing problems. There has been an increase in the number of incidences of violence against doctors. Along with this, it was observed that they lacked the clinical skills to correlate the theoretical and practical knowledge. The old method of mugging up answers and giving exams were proving to be detrimental towards the quality of health care services. So, one wondered how to train such individuals into becoming fine doctors. How an Indian Medical Graduate must be in the eyes of a common man. The National Medical Council of India came up with a fresh curriculum for the under graduate students. CBME Competency Based Medical Education was started from the 2019 batch. I happened to be in the first batch undergoing this change in the course. The new course introduced students with different modes of learning along with a Foundation Course in the first month of joining the institute. During this period the students are engaged in various activities, which aim at developing soft skills and the right behavior of an under graduate student. I remember I had a great time in those days as I had the chance to make new friends and learn new things. Other modes of learning include SGD- Small Group Discussions, where students are divided into groups and teachers come in to discuss various topics regarding the subject. This enable them to grasp things more quickly and also participate as it is an interactive session. Then we have SDL- Self Directed Learning in which students are given a topic and told to prepare it on their own. Later on, they are required to present it in front of the class so that other students get to know about it and also ask doubts. This has made children more inquisitive as they seek information themselves along with developing the confidence to speak in front of a crowd. A very important and positive change is the introduction of AETCOM- Attitude Ethics and Communication. Under this the students are trained about the proper way of communicating with the patients. There are instances when doctors disregard the feelings of patients and talk in a harsh manner. This has led to the drift in doctor-patient relationship. With this training the students are sensitized with the appropriate ways of communication. To empathize with their condition and being calm in every situation no matter what, having a soft but firm tone while addressing them. In addition to this there has also been a shift towards Case-Based Learning, where students are presented with questions that comprise of complains of patients and they are expected to diagnose them based on the given history. It has helped shape the correlation between theoretical and clinical knowledge.

As a newcomer, I was fascinated with this new form of curriculum. These changes were much more inclusive and have helped build more interest in the students regarding the subject. Competency based learning has helped to create a strong core in the budding doctors. However, I do think that some things can be executed better. In the new course, it is required for us to give internal assessment examinations of final year subjects from 2nd year, which in itself is a great step to sensitize students with those topics but it becomes a bit too hectic to study for it. It is difficult to grasp them because of the sheer vastness of the topic let alone revise it. I wish that it included topics that are more related to the subjects of that year and relatively easy for one to understand.

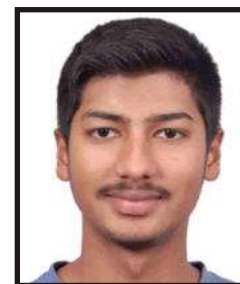
As our country evolves and grows into a super power, it is essential that we have the best working professionals to move forward, and as people all around the world are looking at us, we must show our strength. Doctors have proven to be a very integral part in boosting the country's development. I am sure that in the coming years, an Indian Medical Graduate will be recognized as someone with great expertise and knowledge, setting the benchmark of how incredible India is.



Smile a While



**"I'm a wife, a mother, a daughter, an executive, a cook,
a housekeeper, a teacher, a chauffeur, and a soccer coach.
That's only 19 pounds per woman!"**

**Arjun Jichkar**

MBBS First

NKPSIMS &RC and LMH, Nagpur

Indian Medical Graduate and CBME

A revolution in medical education was brought about in 2019 when the new Competency Based Medical Education (CBME) was enacted. CBME brings about many changes in the students' receptive skills and the teachers' teaching methodologies. CBME pattern is all about carving the best out of students and making them competent enough to handle the worst-case scenarios in their medical practice. It incorporates clinical orientation and focuses more on how the theoretical knowledge acquired during the lectures is applied in a non-simulated environment.

The NEET-PG, which is supposed to be the entrance exam for the post-graduate courses in medicine, will shortly be replaced by National Exit Test (NExT). NExT will be much more clinically oriented, like the USMLE pattern, with lengthy and in-depth conceptual questions. Getting to an appropriate answer will require a high level of concepts and practical knowledge. The CBME is a tool to give budding doctors an edge over conventional learning methodologies and make them outshine globally. AETCOM has been introduced in medical education, which deals with Attitude, Ethics and Communication and lets the medical students and doctors maintain an appropriate protocol regarding patient counselling. Counselling the patient and relatives is equally vital to management and treatment. It ensures moral support and truthfulness in the treating physician.

CBME also is an effort to reduce rote learning among medical students. The students are encouraged to take up seminars and lectures that mimic Feynmann's technique of education, the simple principle being that if you can teach someone a topic, you consolidate the information in your brain. Extensive group discussions, self-directed learning, small group discussions and closure are different ways of learning without actively putting in a lot of effort, as with conventional methods.

The practical knowledge is acquired in the laboratories and demonstration hall, where the students can master their clinical skills and essential life-saving manoeuvres can be performed on dummies.

There are various levels of competencies Knows (K), Knows How (KH), Shows (S), Shows How (SH) and Performs (P). P is the most excellent level of competency. The students are expected to learn various domains in different levels of competencies.

Demonstration, Observation, Assistance and Performance (DOAP) is how a practical skill is taught to a student; this removes the haphazard manner of learning and makes it easier for the student to grasp a skill. The Anubandh programme is a way the juniors can interact with their seniors to know how to proceed in medicine. The seniors actively take up seminars and effective communication discussions, so no one feels left out. CBME also sheds light upon the doctor-patient relationship, which is essential to explain all the possible treatment modalities to patients and their relatives. All this is crucial to convey the right message to the patient and their relatives. Gaining skill and applying it in the appropriate time and space is a lifesaver for many victims. Medical negligence has seen a downfall because of competent doctors. Newer treatment modalities and alternatives are continuously explored to decrease the incidence of medical complications in patients. The medical students are also well aware of their duties and rights. Such competent students will surely do better handling of medico-legal cases. In my experience of learning in this new era of medical education, I witnessed the applied knowledge increasing multi-fold with each passing day.



Dr. Anne Wilkinson
Associate Professor Pathology
Secretary, MET Unit
NKP SIMS & RC and LMH, Nagpur

MET Secretary's note

The theme for our annual newsletter this year is very apt- to try and envision what the National Medical Council expects of the Indian Medical Graduates at the end of their training. In their endeavour to make our students good clinicians a very exhaustive revision of the MBBS curriculum was made in the form of Competency based Medical Education which started with the 2019 admitted batch of MBBS students. Introduction of the AETCOM module in the syllabus as well as in the examination is a good move to compel our graduates to take communication skills more seriously. Unfortunately the pandemic changed the scene and hence the full impact of this change in curriculum will be seen only from the subsequent batches.

With major emphasis on clinical correlation, we hope our future graduates will be better clinicians, as well as continue to serve patients in our country in the best possible way.



Medical Education Technology Unit

I.Capacity Building & Faculty Development Programs



19th January 2022

Guest Lecture (online) on “***Self Directed Learning (SDL)***”

Speaker: Dr Subodh Gupta spoke about how self directed learning can be implemented



4th August 2022

Guest Lecture (online) by Mr. Gajanan Burde (Project Coordinator - NIRMAN) & Mr. Prathamesh Dhadse (Project Fellow NIRMAN). They spoke on framework & inputs for a flourishing life.



7th October 2022

Guest Lecture on “Feet are your Foundation”

Speaker: Dr. Sadanand Thote, Managing Director of Saket Ortho Rehab International Private Ltd



5th July 2022:

Faculty Development Program on “Electives” was held on 5th July 2022. The faculty was Dr. Madhur Gupta, Director MET Unit & Prof. & Head Biochemistry department. She explained the need for Electives and also explained how to create modules for electives as outlined by the NMC. A total of 39 teachers attended the program.



13th Oct 2022

Hands on Workshop for MOODLE Attended by 29 core committee members Ms. Sejal Joshi, Software Developer, WHIZ Software Company informed the faculty members about the insertion of learning resource material in MOODLE Software.

II Workshops



I. WORKSHOP FOR TEACHERS

25th to 27th April 2022:

The Medical Education Technology Unit organized the Basic Course Workshop in HPE under the MUHS Regional Centre. 30 faculties of Ayurveda and Physiotherapy Colleges participated in the workshop.



II WORKSHOP FOR SR's & TUTORS

15th & 16th March 2022:

Two Days Basic Course Workshop was held for SR's & Tutors, of NKP SIMS & RC and LMH. 20 participants were present.



III WORKSHOPS FOR RESIDENTS

6th & 7th September 2022.

“Resident as Teacher” MUHS Recognized Workshop was conducted for 30 third year physiotherapy residents



1st and 2nd December 2022

“Resident as Teacher” Two days Workshop for residents (2021 batch) of NKP SIMS & RC and LMH. 34 students attended the workshop.



16th February 2022:

“Expressions 2022” National Inter College Online Power Point & Presentation Skills Competition for PG Students. 21 Colleges participated.

Topic: Postgraduate training during the COVID Pandemic.



IV WORKSHOPS FOR UG STUDENTS

16th & 17th June 2022: Express to Impress (A two day workshop on presentation skills) A two day workshop on presentation skills for MBBS students 2020 & 2021 batches- was organized by Medical Education & Technology Unit on 16th & 17th June 2022 Resource faculty was Dr Suresh Chari. The students learnt the basics of good communication skills and gave interesting presentations on a variety of topics



5th August 2022: Class Apart Full day workshop (To equip students with soft skills not taught in class)
A Full day Workshop "Class Apart -2022" was held for MBBS students of our Institute. The lead faculty was Dr Suresh Chari. The participants were guided about soft skills to bring in a positive impact in their lives. 30 MBBS students of 2021 batch participated in this interactive session.



III. FOUNDATION COURSE

1.) 21st to 26th March 2022:
Online foundation course for Ist MBBS 2021 Batch



2) 5th to 16th December 2022 Foundation course for Ist MBBS 2022 batch



IV Anubandh Mentorship Program for UG's and PG's

8th February 2022:
Anubandh: UG Mentorship Faculty Development Program for



20th April 2022:
Anubandh: Faculty Development Program UG Mentorship of First & Second year MBBS mentors.



14th June 2022:
Anubandh for Second year 2020 batch Second MBBS Students
First session of Anubandh for freshly passed second MBBS students of 2020 batch was held on 14th June 2022 from 2 pm to 3pm. Theme of the session was icebreaking.



22nd April 2022:

Anubandh PG Mentorship Faculty Development Program: Gurucool for the coordinators and mentors of PG's.



V. OTHER PROGRAMS

7th January 2022:

Academic Web series for first MBBS students of 2020 batch.
Topic was Thyroid



30th June 2022

Extension activity

A guidance lecture on “Future plans in Medicine” was held at Indo Public School, Katol (state branch) on 30th June 2022. 45 students of Class XI and XII participated in the activity. A lecture was delivered to the students, on motivation and going ahead in life by Dr Madhur Gupta, MEU coordinator and Prof and Head Dept of Biochemistry.



1st July 2022:

Extension activity

45 students of Class XI and XII from Indo Public School, Katol (state branch) had a hospital visit of NKP SIMS & RC and LMH, Nagpur under the AARAMBH program. They visited departments of Anatomy, Pharmacology, Skills Lab, Radiology and the library to get acquainted with the career prospects in medicine



4th August 2022:

Interdepartmental Fun Quiz

The Stress Buster Club of Medical Education Technology Unit organised an Interdepartmental Quiz for Teaching Staff on 4th August 2022. The Quiz master was Dr. Sushil Gawande. He had interesting rounds of questions based on our campus and teaching



29th Sept. 2022

“Communication in Hospitals” for Nursing staff of Lata Mangeshkar Hospital. 29 nurses participated in the program. Faculty was Dr. Smita Pakhmode, Associate Professor Dept. of Biochemistry and MET member.

VI. Academic activities

Activity	Total number held
CBL / PBL	25
OSCE / OSPE	35
Syndicate Seminars	60

VII. Publications of MET

a) Journal of Education Technology & Health Sciences (JETHS)

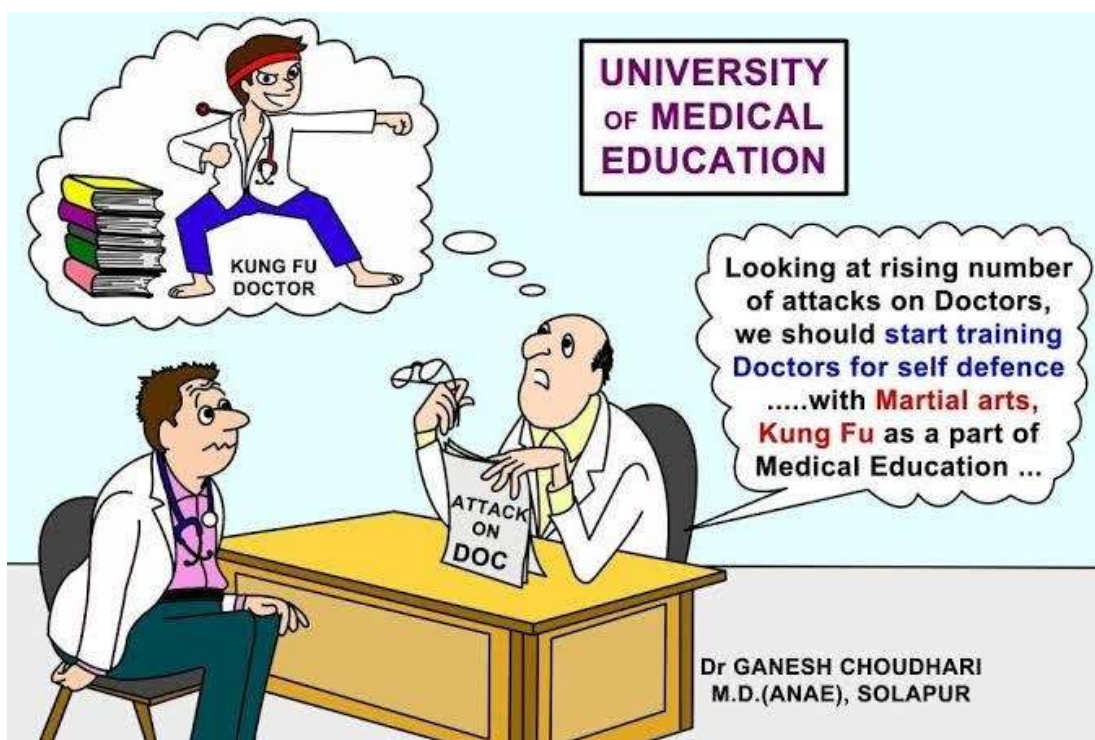
3 Issues of 9th Volume were published in April, August and December 2022

b) Splash: A Quarterly campus News letter -3 Issues were published.

c) Reflections: Annual MET News bulletin Volume 21 was released on August 15th 2022



Smile a While





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