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# REFLECTIONS

# BELIEFIONS?

Skills Lab:  
Effective Implementation for  
Strengthening CBME



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## Editorial

**Dr. Shubhada Deshmukh,**  
**Prof & HOD, Dept. of Emergency Medicine**  
**NKPSIMS & RC and LMH, Nagpur**  
**Editor Reflections**



*The changes in the teaching and learning methods, the radical changes in the health care delivery and the rapid growth of technology challenged the traditional way of clinical skills development and led to the emergence of clinical skills laboratories (CSLs) in the education of many medical and nursing schools. Clinical Skills Labs provide a safe and protected environment in which the learner can practise clinical skills before using them in real clinical settings.*

*A number of factors have resulted in the reduction of the number of patients available for students' training. They include: the recommended early student exposure to clinical skills, the growing number of students, the reduction of inpatient beds, shorter hospital stay and the shift of care to the ambulatory setting. Indications for hospital admission have changed, especially in urban areas as a result of advancement in the day care units. Consequently, patients admitted to hospitals are usually sicker and therefore, unsuitable for bedside clinical skills training. In addition, there is concern that bedside case presentation makes the patient uncomfortable.*

*The above changes have raised concerns of inadequacy in the performance skills of students because of their altered clinical experience and the reduction in their opportunities for acquiring clinical skills. The increased demand and decreased number of the teaching staff, the competing pressure, work load, administrative and research duties as well as an increase in the number of students have urged the move towards the development of CSLs. The supervision of students and immediate feedback by the teaching staff have therefore become difficult.*

*There is also the problem of legal action. Patients are now better informed, have greater expectations and will no longer accept the role of passive participants in bedside education. Patients reserve the right not to be involved with students. In addition to cultural issues, ethical issues are raised when genital, vaginal, rectal and breast examinations are to be done. These factors as well as the invasion of the medical field by computer technology has led to the increase in the number of CSLs and the use of simulation as an innovative teaching approach to medical education.*

*In this issue we have tried to cover varied aspects of Clinical Skills Labs. Setting up of such units, the challenges that are encountered in doing so, the advantages and disadvantages of CSLs have been presented as write ups from experts, faculty members, administrators, and representatives of undergraduate and postgraduate students as important stake holders in the CSLs.*



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

## **Don't concentrate on procedural skills alone**

*Clinical skills laboratories are educational facilities that have the potential benefit for undergraduate and postgraduate medical students and medical staff. The term 'clinical skills' involves history-taking, physical examination, clinical investigations, using diagnostic reasoning, procedural perfection, effective communication, team work and professionalism.*

*The first CSL was established in Maastrich, The Netherlands Limburg University 1976. Now with the change in the curriculum of medicine to a Competency Based Medical Education, nearly all medical schools and educational institutions have integrated CSLs into their curricula. With advances in technology and the changes in teaching methodology, the list of procedural skills that can be taught and learned in the CSLs has grown longer.*

*Formal acquisition of communication skills is the need of the hour considering the violence and the litigations against doctors. The development of communication skills is hence a crucial area of focus for CSLs. In fact, a better name for these laboratories would be clinical and communication skills centers or units, because the proper application of clinical skills requires the integration of technical clinical skills and those of communication. The use of satellite centers where the skills and communication centers can be linked to peripheral facilities and teaching situations in the primary care clinics, lecture theatres or even the community through information technology may be the future outreach activities of good CSLs.*





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

*“Skills labs”, i.e. specific practical skill training facilities, are a decisively recognized part of medical education. This has challenged the traditional way of clinical skills development. Basically it can be use for teamwork and multi-professional education. The basic design of a skill laboratory should support the intended learning outcome with the program outcomes and graduate attributes, thus forming an integral part of the overall curriculum.*

*The skill laboratories provide the ideal environment for the assessment of skills acquisition. Though skill development can be achieved with learning opportunities in a safe and protected environment, moral conduct in the clinical practice demonstrated through attitudes and behaviors are crucial to good patient care. Merger of clinical ethical reasoning and analysis in much the same way as biomedical knowledge and procedural skills is need of the hour.*

*We as administrators are duty-bound to teach scientifically sound and ethically justifiable decisions to students. In order to do this it is important that integration of expertise to manage clinical disease in terms of both cognitive and psychomotor domain along with ethical dilemmas when they arise in clinical practice is thought off and a time table of the said be incorporated in the undergraduate curriculum which will help the students to attain all the features of an indian medical graduate.*

*The generation future belongs to those who learn skills and combine it with ethics for practice.*





***Dr. Anne Wilkinson***  
***Associate Professor Pathology***  
***Secretary, MET Unit***  
***NKP Salve Institute of Medical Sciences & RC***  
***and LMH, Nagpur***

***The MET Unit's Secretary says.....***

*The emphasis on skill acquisition is one of the key features in CBME. The competency based medical curriculum provides a framework for learning and assessing skills. Every medical institution must provide access to a skills lab where the undergraduate as well as postgraduate students can practice and improve skills pre-specified in the curriculum. Skill labs can be used to enhance not only clinical, motor and communication skills but also team work. The non-threatening environment of the skills lab is certainly essential for students to learn, practice and be assessed on skill acquisition in a simulated environment. It is also emphasises on the ethical part of imparting skills training as the risks involved in direct patient exposure without adequate preparation and training are mitigated. The students need to imbibe principles of medical ethics before setting out of their medical school into the society as medical practitioners. Non-maleficence is in a way emphasised on by this very idea of learning in a skill lab. The students can be easily sensitized to other principles of beneficence, autonomy and justice in the informal and small group setting in the skill labs. and procedural skills is need of the hour.*



**Dr. Dhiraj B. Bhandari**

MD, DNB,PDCC, IDCCM, EDIC, PGDHHM  
Professor of Anaesthesiology & Consultant Intensivist,  
MGIMS, Sewagram, Maharashtra

**Simulation: the way forward in medical education**

National medical commission (NMC) has brought about significant change in the way medical education will be imparted in the country since introduction of competency based medical education (CBME) in 2019 in keeping up with the changes happening in the science of medical education teaching technology. One of the significant positive changes under this curriculum is the mandatory establishment of skill based simulation labs in all the medical colleges.

The two most important questions before planning to set up a skill based simulation lab are; who will be my target audience and secondly what are my learning objectives which I will be achieving through setting up of skill lab. The NMC guideline especially serves very useful in this aspect. It is worth noting that the NMC guidelines clearly states that these are the basic minimum mandatory requirements and the institutes should try to achieve beyond the basic minimum where feasible. This futuristic expansion scope should always be kept in back of mind whenever planning to set up the lab. This same principle even holds true for healthcare facility who are not exactly medical college teaching institutes.

The infrastructure, most importantly adequate space needs to be ear marked for the location. The space should be preferably located close to clinical areas so that the clinicians can approach the teaching space during their allocated teaching slots while not affecting the clinical work but also should not be too close to clinical area so as to be disturbed by the unrelated manpower. The space and area needed should be again calculated and futuristic expansion kept in mind. While the knowledge of the “process to be taught” can be done in large pool of students in a lecture hall, the recommended practice of skill in “skill stations” is restricted to a small group so as to allow everyone in the group to observe, assist and practice the skills under supervision / or independently. Basic minimum areas which needs to be considered are large dedicated teaching halls / debriefing area to sit a large crowd, Skill stations and suits, office room, faculty room, nodal officer room, store rooms, washrooms and fire exits. Furthermore, when allowed and feasible, there should be space for pantry-dining, maulage rooms, reception desk, debriefing areas, area for practising mass casualty / disaster scenarios, record keeping rooms. The skill stations and suits further mention specific mention in terms of making them “dedicated stations especially when using high fidelity mannequins / scenarios” or “generic stations which can be used to create multiple scenarios”. All the infrastructure should be supported with adequate furniture and audio-visual IT support.

One of the major decisions in any skill lab is the purchase of mannequins and associated consumables. Mannequins can be broadly divided into low fidelity and high fidelity mannequins. The word “fidelity” explains the level of detail and functionality that the design of mannequin or more accurately the entire simulation process has. Any scenario which has the capacity to reproduce an actual patient scenario to the best possible highest level of reality not only in terms of physical component but also environmental, psychological components can be labelled as high fidelity simulation. Thus one would notice that it's not

only a high level of fidelity mannequin, but an overall simulation scenario which is labelled as high fidelity. Low fidelity on the other hand would have a simple design process specially to match the physical component of the realistic world but will have advantage in terms of its ease in term of user friendliness.

The debate and evidence both continue to grow in terms of ultimate superiority of high fidelity Vs. low fidelity in the context of skill development. Most of the skills to be taught can be taught well in low fidelity scenarios. This doesn't mean that one has to out rightly reject high fidelity mannequin and simulation, especially since its resource intensive. A balance of both the types of manikins has to be sought in the skill lab. Labelling a skill based simulation facility as high fidelity only because it looks fancier is an absolute incorrect notion, because fidelity is only one of the wheels of many wheels that have to fit to each other in this engine of simulation machine to make the vehicle run smoothly i.e. to have a great teaching and learning outcome.

Despite the fidelity of mannequin, vast space, a great infrastructure; the most important component in a successful simulation lab is the manpower present; and this includes both the trainees and trainers. While a simulation lab will absolutely fail without the trainees who have the willpower to learn, it is very important to acknowledge that simulation based teaching is an art and science in itself. Just as passing a certain postgraduate degree doesn't automatically make you a great teacher; mere experience, vast knowledge of subject and knowhow of the mannequin operations though absolutely important, doesn't automatically make one a good simulation teacher. Understanding the process of creating a “realistic clinical scenario” for the trainees to actually make them believe that they are in a “real clinical scenario” is the key to bring a great outcome in skill based training.

Lastly, the most underestimated component is the development of simulation based curriculums. While there are few standardised courses like Basic and Advanced Life Support, majority of other skills don't have dedicated curriculum. Development of these curricula should follow the principles of medical education teaching technology and should not only encompass teaching but assessment and feedback should form an equally important component of these curriculum development.

The art of medical education is a greater challenge than it is perceived. The health care of our collective future deserves better understanding of this reality. We need to imbibe the notion that the art and science of medical education is much more beyond than providing sufficient up to date medical knowledge and gaining lot of clinical experience, the penultimate goal of a good medical education teaching programme is designed to serve the community where we live!





## Clinical Skills Lab: Relevance in today's Medical Education



**Dr. Anjali Bhure**

**Prof & HOD, Dept. of Anaesthesiology**



**Dr. Shilpa Deoke**

**Prof, Dept. of Medicine**

Clinical skills laboratory (CSL) refers to specially equipped practice rooms offering training facilities to medical students, physicians in training and other medical staff a protected, fault-forgiving environment for the practice of clinical skills prior to their application in real life scenarios. As a medical educational tool, it is proving its utility in undergraduate and postgraduate medical education. The CSL offers skills training in history-taking, physical examination, procedural training, applying diagnostic reasoning, building team work, effective communication and learning professionalism.

In 1976, the first CSL was founded at Kimburg University in Maastricht, Netherlands. The range of abilities that can be taught and acquired in CSL has expanded due to technological advancements and modifications in teaching approaches. Students acquire thorough knowledge, enter the workforce, and put their newly acquired talents to use in a variety of vocations across the world. Before moving into a real hospital setting with patients, students and faculty in the medical, dentistry, nursing, and physiotherapy fields can master their clinical skills in the Clinical Skills Lab and become proficient in them. Since, practicing on actual patients could endanger their lives, compromise their safety, or violate their privacy, the Skills Lab is able to offer a regulated, secure setting for developing authentic, hands-on learning experiences. It helps in improving cognitive skills, communication skills and compassionate approach for effective patient care.

### **Need for CSL**

Traditional medical curricula rely primarily on clerkships during the clinical period of study to train in clinical skills, while the preclinical period is mainly used to teach the basic sciences. Due to limited clinical exposure in pre clinical years, students experience practical difficulties in performing clinical skills when they are posted in clinical subjects. Further, during their internship and residency, when students are expected to perform their duties under supervision, they feel unprepared and inadequate due to lack of exposure to clinical procedures during their undergraduate training.

The “traditional” training for acquisition of practical skills during medical education relied heavily on 'appropriate' patient encounter and well trained teachers imparting these skills to their students. However this may not be adequate due to factors like lack of availability of appropriate patients or access to them due to time constraints.

To keep abreast of the rapid technological advances in diagnosis and treatment and at the same time balance patient safety is a constant and ongoing struggle for the medical students as well as consultants. Patients experience fear and anxiety when young doctors perform any procedure on them, and the medicolegal issues raised by this practice are also of concern. The CSL with opportunity to learn appropriate clinical skills in preclinical stages of medical education as well as during residency and later on during super specialization offers the best solution to this dilemma. Skills training can be practised without risk, repeatedly, and students can also realise the mistakes therein and learn/ correct them.

### **Setting up a Skills Lab**

It features a range of therapeutic environments. A large auditorium for debriefing, small group discussion spaces, audio-visual demonstration rooms, internet access, a faculty room, and a store room are the basic requirements. For this setup, NMC advises using an area of roughly 8000 square feet. Additionally, the area that is accessible must be maintained flexible in case a specific session calls for rearranging. The setting needs to evoke a genuine clinical setting. Dedicated, specialized settings like intensive Care Units, Operation Theatres, Emergency Room may be set up to mimic the actual clinical scenarios. It should also be able to accommodate future skill training needs in terms of infrastructure, equipment, knowledge, and upcoming training in order to achieve the comprehensive competencies of the desired line and provide effective healthcare.

Simulation based skills training can be imparted using artificial intelligence by means of virtual reality. The ultimate aim of simulation is to facilitate the learning process through immersion in the clinical scenario, reflection, feedback, and practice. The term 'Fidelity' is commonly used in simulation world to describe the degree of realism and technical complexity of models which is dictated by the needs of the application (Simulations are categorised based on how closely they mimic reality. These are accordingly classified as low, medium and high fidelity.

**Low fidelity:** Often static and there is lack of realism or situational context. These are usually used to teach novices the basics of technical skills.

**Medium fidelity:** Give more resemblance of reality with features as pulse, heart sounds breath sounds but without ability to talk. Can be used for introduction and deep understanding of specific, increasingly complex competency.

**High fidelity:** Whole body mannequin to carry the interventions with computers that drive the mannequin to produce physical signs for monitoring. They are designed to be close to reality and are expensive. Our Institution has teaching models as well as low and medium fidelity manikins.

### **Disadvantages**

There are few disadvantages of the CSL. Full time, well groomed tutors have to be appointed for the

smooth running of CSL. The training manikins and other simulator resources are expensive and sometimes are not affordable to many Institutes. As the procedures and examination are not taught on real patients, the holistic and spiritual bond between the patient and the physician are not addressed. Further, the manikins/ equipments in the CSL need to be upgraded from time to time as when technologically superior models are available.

This would mean a recurring, continued expenditure for the Institute. Lastly, not all scenarios or consequences in real life are predictable and thus it is difficult to prepare the students for all eventualities. To conclude, CSL are very good training centres for practical skills training where practice can be done without fear of harming the patient. The procedures can be done repeatedly and evaluated as well as remedied. However the cost can be prohibitive. Further, to keep these upgraded and abreast with the latest technology, recurring expenditure is expected. Thus the CSL should be seen as an adjunct and not as a replacement of skills training.

Our institution has made significant efforts to provide instructional spaces and materials for the training of clinical skills. It is well equipped with models and low and medium fidelity manikins needed for all phases of training of the Indian Medical Graduates and Post Graduates. Keen interest by various faculty members of the Skills Lab Committee with strong support by the Management and under the able guidance of Hon Dean Dr Kajal Mitra has seen the CSL flower into an excellent learning centre.



**Dr. Prachi Dixit**  
**Associate Professor**  
**Department of Obstetrics and gynecology**



### **Skillful Use of Skill Labs**

Present era is dominated by people who are perfectly skilled in their tasks. Same stands true for medical personals. Skill is the ability to perform a task leading to a specific predefined outcome. As per definition of Indian medical graduate, a medical graduate should be a skilled **Clinician, Leader, Communicator, Lifelong learner and Professional**. Each of these skills is indispensable and involves an integration of all the domains of learning that are intellectual, psychomotor, communication and team skills.

Skill lab provides infrastructure and environment to train the students for all the aforementioned skills with the help of dedicated trained human resources. Therefore, skill lab training is now part of curriculum advocated for medical graduates. In skill lab each student gets equal opportunity to see the correct skill, practice in a controlled learning environment, get real-time coaching and feedback. Skill labs are the best way to train, educate and evaluate a large number of students in a one-on-one environment.

To ensure the effective use of skill lab for training large number of students (undergraduate and postgraduate from all departments of an institute) is a major challenge.

Skill lab is a substantial investment by the institute which should be constructed as per the standards laid down by guiding authority. It should be utilized and maintained to best of its potentials. With systematic planning, benefit to stakeholders can be improved manifolds.

A perfect plan for skill lab is the road map to perfect execution which includes:

#### **Planning for the year-**

- All departments should identify their sessions to be covered in skill lab for each course (UG /PG) running in their department.
- Academic calendar should be prepared for whole year where all departments get an opportunity to utilize skill lab in alignment to their course, without any overlapping of dates.
- In preparing such calendars the challenge is changing timeline of courses due to any cause, for e.g delay of university examinations.

#### **Planning for the trainings across the month-**

- Build in excitement- Involve whole team of trainees.
- Checklist as per SOP -Making sure that all necessary equipment with standard operative procedures are available as per the number of trainees.
- Validate -the teaching modules. Lesson plan should include name of lesson, number of trainees, specific learning objectives, teaching method, breakup of session, infrastructure needed, assessment method etc.
- Communicate- The stakeholders should be communicated well in advance about the schedule and desired outcome of the session addressing the specific domain of learning. If any advance self-directed learning is needed , it should be communicated.

#### **Planning for the day of training**

- Nonthreatening learner friendly environment - is conducive for learning.
- The competency checklist should be given to trainees to make them aware of the observer's expectations.
- Demonstrate the skill, let them observe and assist in performing

- Assessment by appropriate method
- A constructive feedback to the trainee.
- Feedback from the trainee should be collected.

**Planning for after-training sessions-**

- Tools for observation and validation of lasting behavioral changes after training should be prepared in advance.

The feedbacks collected from stakeholders about the session and observed changes in behavior of trainees at work place, will act as the foundation of new cycle of the skill lab curriculum. With each cycle will open up the myriad of scope for improvement in teaching learning processes in skill labs!



**Dr. Harsh Salankar**  
**Professor**  
**Dept. of Pharmacology**  
**NKPSIMS & RC and LMH, Nagpur**



***Simulation-based procedural training a pilot programme  
that delivers training in a novel way***

**Authors: Lin Ei Chae Zun, Tosia Nisar, Zin May Tun, Nyein Thant Zin**

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## **SUMMARY**

### **Introduction**

Simulation-based procedural training is now firmly integrated into the training curricula for health professions. Procedural skills are an essential requirement for both internal medical and higher specialty trainees. Clinical commitments and on-call duties limit exposure to hands-on training and there is evidence that suggests confidence in procedural skills can be enhanced within the laboratory setting through simulation training.

### **Materials and methods**

The pilot program ran between September 2022 and November 2022. In total, eight-afternoon drop-in sessions were organized (two lumbar puncture, two ascitic drain and four pleural procedures) and the timetable was sent to the trainees to book a session. Each candidate got a 20-minute slot and was expected to read pre-training material before the session, which included procedure handouts and videos. A pre-training survey was given before the start of the session. The sessions were supervised by two facilitators. On arrival of the trainee, the chief registrar (first facilitator) performed a theoretical knowledge check on simulation and on how to obtain informed consent. This was followed by the candidate performing the procedure under the supervision of the second facilitator. Candidates then completed a post-training survey and feedback forms at the end of the session. Facilitators provided verbal as well as written feedback and competency sign-off for skills lab training depending on the candidate's performance.

### **Results and discussion**

In total, 86 candidates attended these sessions. The program was evaluated by the pre and post-training surveys filled out by the candidates. The confidence level in different parameters such as knowledge of the procedure, explaining and obtaining consent, and performance of the procedure was assessed. Confidence levels improved in all parameters. The most significant change was noted in performing the pleural procedure with a 66% increase in the level of confidence. The course was also assessed based on the

venue, materials used, timekeeping, learning content, delivery method, and instructor knowledge, with almost all candidates giving positive feedback.

### **Conclusion**

This pilot program provides convincing evidence that this way of delivering simulation training can be successful. We felt this program was cost-effective and required minimal staffing/equipment. The trainees were able to attend for 20 minutes in the afternoon with little difficulty. We would recommend this method of training be considered in other hospitals to improve confidence levels for junior doctors in procedural skills.

### **Strength of the study**

1. **Title:** Self-explanatory and appropriate
2. **Study background:** With increasing emphasis on the usage of skill-based laboratories, simulation-based procedures have become an integral part of teaching-learning methods in medical institutions.
3. **Objectives:** The article aptly describes the necessity of carrying out this study.
4. **Methodology:** The study is well-planned. Consent was obtained from the study participants. A questionnaire-based survey was used to assess the knowledge. The skill-based performance was also tested.
5. **Results & Data analysis:** Data collected from all 86 candidates was descriptively analyzed. All three parameters assessed are lucidly presented in the table.
6. **Conclusions:** The conclusion justifies the objectives of the study.

### **Limitations & Suggestions:**

1. Keywords are missing
2. Amongst the large number of procedures that are performed in skill laboratory very few were included in the study.
3. Critical appraisal of other procedures performed in the skill lab should also be carried out.





## **A Post-graduate's “Take” On Skills Lab**

Skills lab, plays a crucial role for medical students by providing hands-on training, enhancing clinical skills and fostering the confidence, competence among the students before interacting with real patients. For an anaesthetist especially these skills lab simulate the real life medical scenarios, refine the essential skills such as intravenous access, drug administration, airway manipulations like oral airway insertion, nasal airway insertion and airway management; regional anaesthesia techniques; Basic cardiac life support [BCLS], Advanced cardiovascular life support [ACLS].

Airway management is a critical skill for anaesthesiologists. It involves assessment and maintenance of patient's airway to ensure proper ventilation that includes mask holding with different manoeuvres like EC grip, Two handed technique, Thumb and finger technique, jaw thrust manoeuvre; intubation; use of supraglottic airway devices and managing the potential complications. Proficiency in airway management is crucial for safe administration of anaesthesia as are responding effectively to emergency situations, preventing hypoxia and maintaining the patient's oxygenation during surgery or other medical procedures. The difficult airway mannequins are a boon to the budding anaesthesiologist, as he can assess the situation and respond to it without the threat of hypoxia occurring.

Basic cardiac life support [BCLS] is essential life saving skill involving the cardiopulmonary resuscitation [CPR] which is crucial for healthcare providers enabling them to respond effectively to cardiac emergencies and potentially save lives.

Advanced Cardiovascular Life Support (ACLS) is a set of clinical interventions for urgent treatment of cardiac arrest, stroke, and other life-threatening medical emergencies. Skills labs are commonly used for hands-on training in healthcare settings. In an ACLS skills lab, participants typically go through various scenarios and practice skills such as: Cardiopulmonary resuscitation, defibrillation, airway management, IV drugs administration, patient assessment and post resuscitation care.

Regional anaesthesia techniques which are valuable for anaesthesiologists include peripheral nerve blocks, epidural anaesthesia, sub arachnoid block. Practising in skills lab allows anaesthesiologists to enhance their proficiency, refine the needle placement skills and improve the patient safety. Practicing these techniques, procedures in skills lab helps anaesthesiologists to develop necessary precision and confidence required for performing effectively in clinical settings. I feel that a good Skills Lab is an aspect to consider while choosing any institute for post-graduate studies.





## ACTIVITIES 2023

### GUEST LECTURES



9<sup>th</sup> January 2023  
Guest Lecture on "Smile is the beauty of the soul"  
Speakers: Dr. Varsha Uttarwar, Dr. Preeti Jaiswal & Dr. Ananya Hazare of VSPM Dental College, Nagpur.



26<sup>th</sup> July 2023  
Guest Lecture on "Cybernet and Mind"  
Speaker: Dr. Sushil Gawande Professor, Dept of Psychiatry.



1<sup>st</sup> August 2023  
Guest Lecture "MOTIVATION" for 1<sup>st</sup> MBBS students  
Speaker: Ms. Pooja Shekhar and Ms Sujitha Reddy, Soft Skill trainers



5<sup>th</sup> August 2023  
Guest Lecture conducted by Mr. Amrut Bang Project Coordinator - NIRMAN



30<sup>th</sup> September 2023  
Guest Lecture: "A Motivational talk"  
Speaker: Prof Dr S Natarajan, Padmashree awardee and renowned Vitreoretinal Surgeon.



23<sup>rd</sup> October 2023  
Guest Lecture on "Medical Ethics"  
Speaker: Dr. Shubbada Deshmukh Professor, Emergency Medicine and Chairman of the Bioethics Unit



25<sup>th</sup> October 2023  
Guest Lecture on "Bridging the gap between medicine and engineering"  
Speaker: Mrs. Rokha Rattan, Research Consultant, Dept. of Research & Innovation RCOEM, Nagpur



25<sup>th</sup> October 2023  
Guest Lecture on 'Look Beyond Medicine' Speaker" Dr. Satish Deopujari, Consultant Paediatrician

### FACULTY DEVELOPMENT PROGRAMS



27<sup>th</sup> February 2023:  
"Implementation of Skill Certification as per CBME"  
Speaker: Dr Prachi Dixit, Asso. Prof., OBGY



10<sup>th</sup> -13<sup>th</sup> April 2023:  
"Innovative Teaching Learning Methods in CBME"  
Faculty - Dr Swapani Bansode, Asst Prof. Paediatrics and Dr Prachi Dixit, Asso. Prof. OBGY



28<sup>th</sup> - 31<sup>st</sup> August 2023:  
"AETCOM Sensitization Program"  
Facilitator: Dr Swapani Bansode, Asst Prof. Paediatrics



**PROGRAMS FOR RESIDENTS**



30<sup>th</sup> & 31<sup>st</sup> October 2023  
"Resident as Teacher" MUHS Recognized Workshop for Physiotherapy Residents of VSPMs College of Physiotherapy



20<sup>th</sup> Jan 2023; Expressions 2023<sup>rd</sup>  
Interdepartmental College level PPT Competition for PG Students of N. K. P SIMS & RC and LMH



8<sup>th</sup> Feb 2023; Expressions 2023  
National Level Online Power Point Presentation Competition for Medical PG Students.



1.5<sup>th</sup> and 6<sup>th</sup> December 2023  
"Resident as Teacher" Workshop for Residents (2022 batch) of NKP SIMS & RC and LMH

**WORKSHOP for UG Students**



17<sup>th</sup> March 2023: "Class Apart"- Full day workshop to equip students with soft skills not taught in class  
Faculty: Dr Suresh Chari.

**MENTORSHIP PROGRAMS**



"Anubandh"- Mentorship Program for UG's

**FOUNDATION COURSE for MBBS students**



26<sup>th</sup> Sept. to 25<sup>th</sup> Oct 2023 :  
Foundation course for 2023 MBBS batch

**OTHER PROGRAMS**



16<sup>th</sup> June 2023 Extension activity  
A lecture on "Innovations in teaching learning" was held at Katol on 16<sup>th</sup> June 2023 by Dr Madhur Gupta, MEU coordinator and Prof and Head, Dept of Biochemistry, N. K. P SIMS & RC and LMH, Nagpur under the aegis of Arvind Babu Deshmukh Pratishthan



1.20<sup>th</sup> December 2023 - "Sensitisation to MOODLE LMS"  
Faculty: Dr. Sharjeel Khan, Asso. Professor, Forensic Medicine & MEU member



"GURUKOOL" - Mentorship Program for PG's

**PUBLICATIONS OF MET**

- a) Journal of Education Technology & Health Sciences (JETHS)  
3 Issues of 10<sup>th</sup> Volume were published in April, August and December 2023
- b) Splash: A Quarterly campus News letter - 4 Issues were published.
- c) Reflections: Annual MET News bulletin  
Volume 22 was released on August 15<sup>th</sup> 2023





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