Sri MANAKULA VINAYAGAR
Medical college and Hospital

Date: 25.07.2022

DEPARTMENT OF PAEDIATRICS
WORLD BREASTFEEDING WEEK
SCHEDULE OF ACTIVITIES – AUGUST 2022
Theme: Step Up for Breastfeeding: Educate and Support

Date	Day	Event	Incharge Faculty	PG's
01.08.22	Monday	1. Inauguration of mini exhibition and pamphlets distribution. 2. Poster competition for Nursing students. 3. Poster competition for Postgraduates	Dr.T.Bharath Kumar Dr.K.Thambi Dr.Rishika Dr.M.Vinothini	Dr.Nithin Dr.Ancy Dr.Prashanth
02.08.22	Tuesday	1. Breast feeding quiz for Undergraduates	Dr.T.Preethi	Dr.Shobana Dr.Tamizhselvan
		2. Breast feeding quiz for Postgraduates	Dr.T.Kanimozhi	
03.08.22	Wednesday	1. Community Health talk (Thirubuvanai PHC)	Dr.A.Arulkumaran	Dr.Vishnupriya Dr.Kokila
		2. Antenatal Mothers quiz	Dr.K.Nithya	Dr.Deepa
04.08.22	Thursday	1. Elocution for UG	Dr.A.Arulkumaran Dr.M.Vinothini	Dr.Kokila Dr.Nithin
		2.UG – Poetry Competition(English/Tamil)	Dr.T.Preethi	Dr.Neha
05.08.22	Friday	1.Community Health talk (Thiruvennainallur)	Dr.M.Vinothini	Dr.Preethi.S
		2. Health talk – Radio FM	Dr.A.Arulkumaran	
06.08.22	Saturday	1.Well baby contest	Dr.T.Kanimozhi Dr.Rishika	Dr.Reshma Dr.Neha
		2. Health talk – Siruvanthadu	Dr.K.Nithya	Dr.Karikalan
07.08.22	Sunday	Health talk AN mothers	DAP	DAP
08.08.22	Monday	Valedictory function	Dr.T.Bharath Kumar Dr. Hemanth Dr.K.Thambi	Dr.Tamizhselvan Dr.Vishnupriya Dr.Preethi.S

Dr. T. BHARATH KUMAR
Regd. No. : 75119
PROFESSOR & HEAD
Department of Pediatrics
Sri Manakula Vinayagar Medical College & Hospital
Puducherry-605107.

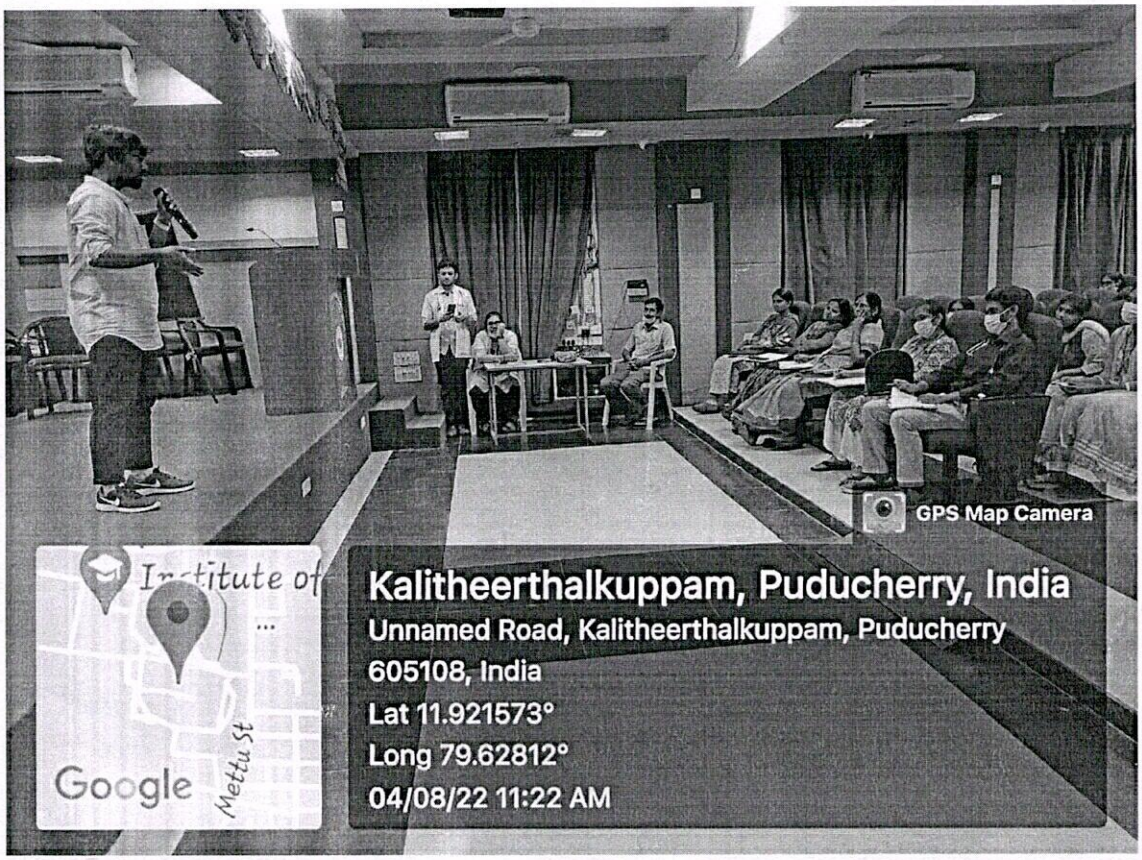
Day 2

EVENT 1:

We had organized **quiz competition for both undergraduate and postgraduate students** from our college separately. For Undergraduates it was conducted online via Quizz app (all 150 undergraduates participated). For all 12 Postgraduates it was conducted as a written quiz.

Day 4

Elocution competition was conducted both in Tamil and English for, **inter-college competition for UG in Pondicherry**. The topic given was this year's theme "Step Up for Breastfeeding: Educate and Support". Nearly 150 student, faculties participated in the event. Prizes were distributed for winners. We had also organized poetry competition for undergraduate in both Tamil and English. Students had participated with enthusiasm and won their prizes



Day 5

Attendance Details				
Date :	02/08/2022			
WeekDay :	Tuesday			
S.No.	EnrollNo	Name	Attendance	2018 - 2023
1	M18007	AJAY RAJ. N	Present	
2	M18008	AJIESH. R	Present	
3	M18012	AMRUTHA. S	Present	
4	M18017	ARUNACHALAM. L	Present	
5	M18032	DEVASURIYA. K	Present	
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73	M18144	VEMANABOINA SAHITHI PRIYA	Present	
74	M18150	YAZHINI. S	Present	
75	M18016	ARCHANA. S	Present	
76	M18036	EYAZHINI. S	Present	
77	M18055	JEYA ABARNA. C	Present	
78	M18059	KARTHIKRAJ. C	Present	
79	M18067	KUMARAN. P	Present	
80	M18070	LAXMANAN. P	Present	
81	M18071	LITTY MARIA AUGUSTINE	Present	
82	M18076	MAAZNA SIYAD. K	Present	
83	M18090	NITHIYASHREE. S	Present	
84	M18099	PRASANNAKUMAR. B	Present	
85	M18102	R. SWARNALATHA	Present	
86	M18108	RAMALAKSHMI RAMYA. R.D	Present	
87	M18112	RIYA R EBENEZER	Present	
88	M18126	SNEHA. M	Present	
89	M18131	SUBALAKSHMI. S	Present	
90	M18134	SUPRASANNA. S	Present	
91	M18142	VARSHINI. B	Present	
92	M18143	VARSHITH ISAKAPATLA	Present	
93	M18148	VISMAYA. B	Present	
94	M18001	ABBISHEK. S	Present	
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115	M18033	DHANVAANTH HARRAN. MS	Present	
116	M18053	JENNITA RUFINA. E	Present	

117	M18065	KOUSIKA DEVI. S	Present	
118	M18078	MALIKA SINHA	Present	
119	M18084	MEENALOSHINI. S	Present	
120	M18086	MUTHUKRISHNAN. D	Present	
121	M18087	NATHISSHA. N	Present	
122	M18103	RADHAKRISHNAN. P	Present	
123	M18118	SATHIYA SRI PRASATH. G V	Present	
124	M18129	SRIRAM SESHAMANI. K S	Present	
125	M18132	SUBHIKSHA. A G	Present	
126	M18135	SUPRIYA. M	Present	
127	M18138	THAMIZHCHELVI. T.T	Present	
128	M18010	AKSHAYA. C R	Present	
129	M18030	CHINTAPALLI BHANU SOWJANY	Present	
130	M18039	GIRISH. S	Present	
131	M18056	JOTHIKA PANDE. V	Present	
132	M18058	KARTHIGA. K	Present	
133	M18068	LAJVANTHI. J	Present	
134	M18074	M. GOWTHAM	Present	
135	M18079	MANAMI KONAR	Present	
136	M18089	NIRMALA. G	Present	
137	M18097	POORNA VIGNESH. S	Present	
138	M18098	PRASANA VENKATESH. S	Present	
139	M18119	SESHAGOPALAN	Present	
140	M18124	SIVA BALAN. J	Present	
141	M18133	SUBITSHA. R	Present	

QUIZIZZ

Quiz Name	Date	Hosted by
Breastfeeding quiz	Tue Aug 02 2022 2:02 PM	Preethi T

Average Accuracy	Questions per Attempt	Number of Players
41%	25	77

This report displays results derived from the students' best attempts.

Players

Rank	Player Name	Avg. Time	Points	Accuracy	Correct
1	SESHA SURYA	10 secs	105	84%	21 / 25
2	Proxy	9 secs	100	80%	20 / 25
3	Yazh thamizh	6 secs	95	76%	19 / 25
4	Sam Sarabesh	11 secs	80	64%	16 / 25
5	Nithya	11 secs	80	64%	16 / 25
6	Abinesh and Siva	13 secs	80	64%	16 / 25
7	Aravind and Guruprasath	11 secs	80	64%	16 / 25
8	A^2	9 secs	80	64%	16 / 25
9	Harish	9 secs	80	64%	16 / 25
10	Kalai	8 secs	80	64%	16 / 25
11	Manickam	8 secs	80	64%	16 / 25
12	Prasana sathya	10 secs	75	60%	15 / 25
13	8126	8 secs	75	60%	15 / 25
14	AMRUTHA MBBS2018	11 secs	75	60%	15 / 25
15	Logarchana	9 secs	75	60%	15 / 25
16	Suprasanna Sudharsan	8 secs	75	60%	15 / 25
17	Yosysyn	10 secs	75	60%	15 / 25
18	Rufikamali	11 secs	75	60%	15 / 25
19	Bismi Litty	8 secs	75	60%	15 / 25
20	JD	9 secs	75	60%	15 / 25

Rank	Player Name	Avg. Time	Points	Accuracy	Correct
22	SuRi	6 secs	70	56%	14 / 25
23	Mangaiyar thilagam	10 secs	70	56%	14 / 25
24	Sai Krishna	8 secs	70	56%	14 / 25
25	Swarnalatha and Raghavi	10 secs	65	52%	13 / 25
26	Varadarajan	8 secs	65	52%	13 / 25
27	Akshaya	7 secs	65	52%	13 / 25
28	Sowjanya subitsha	12 secs	65	52%	13 / 25
29	JRPS	11 secs	65	52%	13 / 25
30	Shawn	9 secs	60	48%	12 / 25
31	Thalapathy	11 secs	60	48%	12 / 25
32	M-Square	12 secs	60	48%	12 / 25
33	kirsh	10 secs	60	48%	12 / 25
34	Citi Hemanth	19 secs	60	48%	12 / 25
35	Ns	9 secs	60	48%	12 / 25
36	VjsLk	11 secs	60	48%	12 / 25
37	Jerusha sharon	11 secs	60	48%	12 / 25
38	Akshara	9 secs	60	48%	12 / 25
39	Jk	10 secs	55	44%	11 / 25
40	Niveditha Nandagopal	13 secs	55	44%	11 / 25
41	Vijay	8 secs	55	44%	11 / 25
42	Laxman sameer	6 secs	55	44%	11 / 25
43	CHEKKA MBBS2018	10 secs	55	44%	11 / 25
44	Ajay Raj	7 secs	55	44%	11 / 25
45	SA	13 secs	55	44%	11 / 25
46	ChaviJeevi	9 secs	55	44%	11 / 25
47	Maazna Vyshnavi	11 secs	55	44%	11 / 25
48	Enidha	9 secs	50	40%	10 / 25
49	shyam sundar	13 secs	50	40%	10 / 25
50	Rithivibansyia. M	11 secs	50	40%	10 / 25
51	Uidjdj	10 secs	50	40%	10 / 25
52	4664	13 secs	50	40%	10 / 25
53	kirumals	9 secs	50	40%	10 / 25
54	Rajitha Ravi	7 secs	50	40%	10 / 25

Rank	Player Name	Avg. Time	Points	Accuracy	Correct
56	Gowtham M	11 secs	45	36%	9 / 25
57	SAHITHI PRIYA	7 secs	45	36%	9 / 25
58	Abbishek pooja	12 secs	45	36%	9 / 25
59	RANJITHKUMAR .	16 secs	45	36%	9 / 25
60	Ahil Nivas Mohan R.M	10 secs	40	32%	8 / 25
61	Rupashri S	19 secs	40	32%	8 / 25
62	R	18 secs	40	32%	8 / 25
63	Kp	9 secs	40	32%	8 / 25
64	Vismaya Anusree	11 secs	40	32%	8 / 25
65	Thendral	6 secs	35	28%	7 / 25
66	archana latha	11 secs	35	28%	7 / 25
67	SUPRIYA MBBS2018	9 secs	35	28%	7 / 25
68	Devasuriya K	13 secs	30	24%	6 / 25
69	varshith Kumaran	15 secs	25	20%	5 / 25
70	Mani Meena	13 secs	15	12%	3 / 25
71	S.Yazhini	0 secs	0	0%	0 / 25
72	Abbishek	0 secs	0	0%	0 / 25
73	Rrrr	0 secs	0	0%	0 / 25
74	kirss	0 secs	0	0%	0 / 25
75	Jayapraba	0 secs	0	0%	0 / 25
76	Shreya	0 secs	0	0%	0 / 25
77	Janani	0 secs	0	0%	0 / 25

Sri MANAKULA VINAYAGAR

Medical college and Hospital

DEPARTMENT OF PEDIATRICS

National Newborn Week Celebration - 2022

DATE	DAY	EVENT	INCHARGE FACULTY	PG
14.11.22	Monday	Children's day celebrations in ward	Dr.T.Bharath Kumar	Dr.Prashanth Dr.Tamizhselvan Dr.Karikalan
15.11.22	Tuesday	Health talk in the Hospital	Dr.K.Nithya	Dr.Shobana Dr.Kokila
16.11.22	Wednesday	Spell bee competition for UG	Dr.T.Preethi	Dr.Vishnupriya Dr.Neha
		NRP for Staff Nurses	Dr.A.Arulkumaran Dr.Revathi Dr.M.Vinothini	Dr.Reshma Dr.Nithin
17.11.22	Thursday	World Prematurity Day- Inauguration of Exhibition on preterm care Poster presentation competition for PG's on preterm	Dr.A.Arulkumaran Dr.Hemanth Dr.K.Thambi Prabagarane	Dr. Ancy Dr.Preethi
18.11.22	Friday	Health talk in Thiruvennainallur	Dr.M.Vinothini	Dr.Neha
		Poster competition for Nursing Students	Dr.Giridharan	Dr.Deepa Dr.Tamizhselvan
19.11.22	Saturday	AN & PN mother quiz	Dr.Rishika	Dr.Preethi
21.11.22	Monday	Valedictory Function Interactive Talk – Dr.Mani Kumar M.D, D.M.	Dr.T.Bharath Kumar Dr.K.Thambi Prabagarane	Dr.Vishnupriya Dr.Tamizhselvan Dr.Karikalan

Dr. T. BHARATH KUMAR
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Day 2:

A spell bee competition was conducted to 8th semester MBBS students. Students were asked to spell properly the common words in neonatology, taken from standard textbooks. Students were made aware on newer terminologies used in neonatology and winners were awarded.

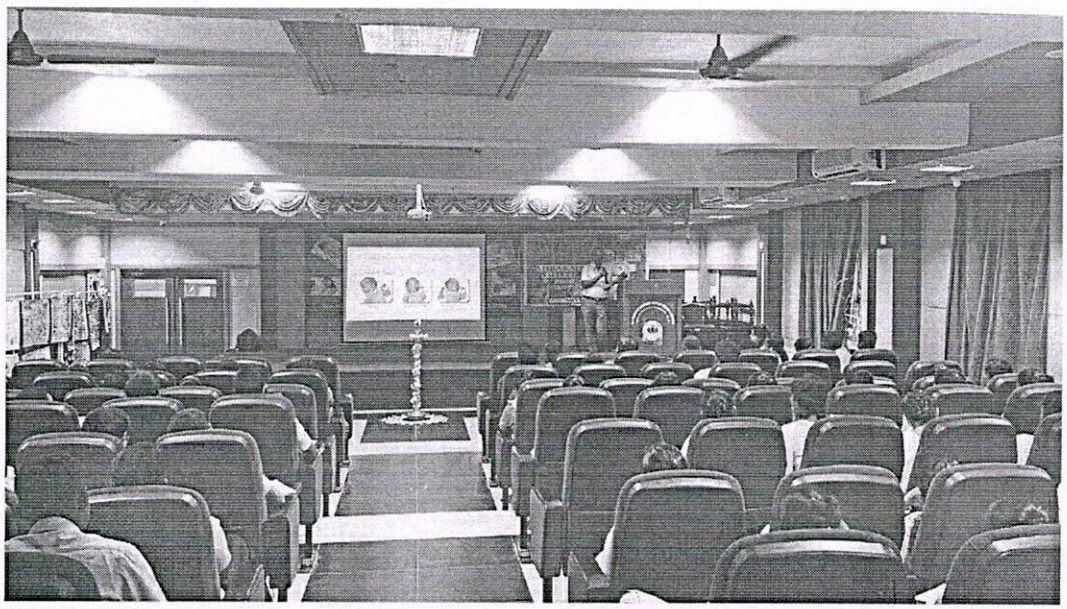
A home to home competition was also conducted for UG students, here students are asked to make any object by using household articles which can be used for newborn care at home highlighting on this year's theme "Home based newborn care". Many students prepared various articles like small bed, paper fan, toys with bells etc. Students were appreciated with prizes.

Day 4:

World prematurity day was Poster presentation competition was conducted for the postgraduate, the topic was "Follow up of Preterm Care". This was followed by an awareness talk to the parents on preterm care.

Day 7:

This was followed by interactive discussion with MBBS students on recent advances in the care of newborn in the hospital auditorium of SMVMCH Dr.Manikumar MD., DM. Assistant professor, department of paediatrics, Chengalpattu medical college was invited as guest speaker.



Student Attendance Details
Date : 16/11/2022
WeekDay : Wednesday
Period : 9.30 to 10.30
Subject : Paediatrics Subject Type: Theory Batch : 2018 - 2023

S.No.	EnrollNo	Name	Attendance
1	M18005	AISHVARYA SHRI. M	Present
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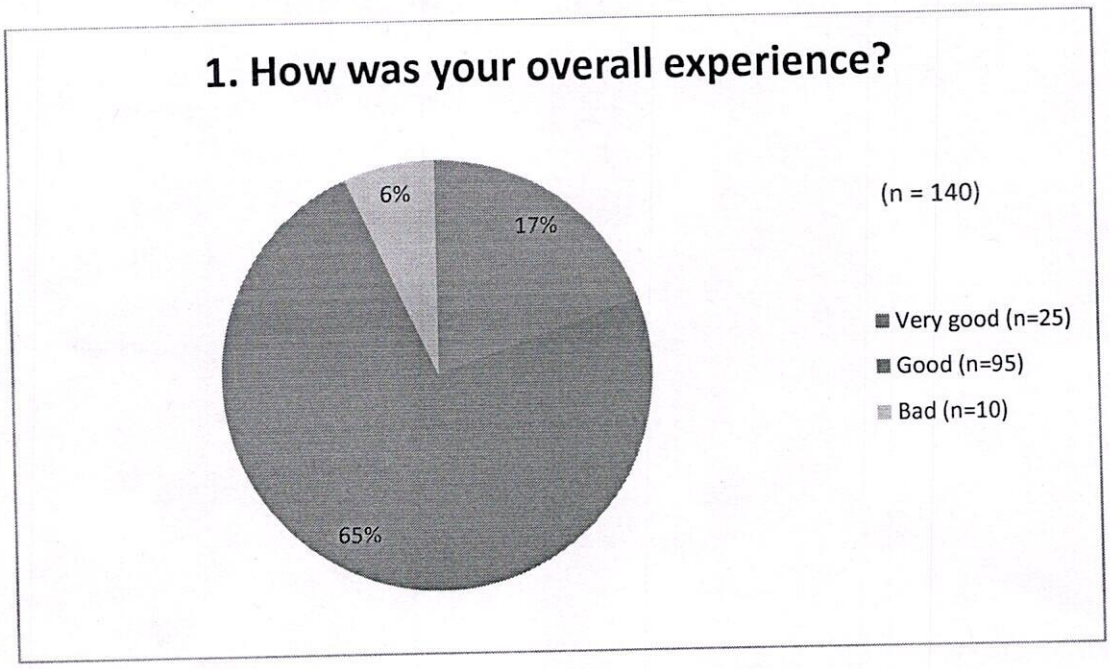
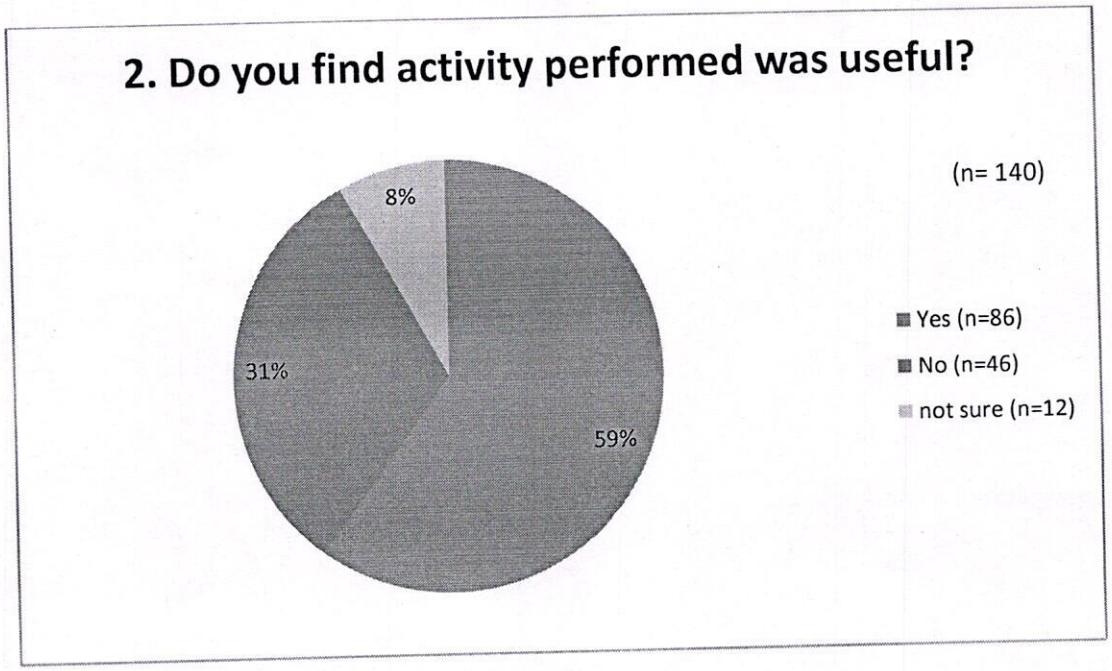
110	M18010	AKSHAYA. C R	Present
111	M18030	CHINTAPALLI BHANU SOW	Present
112	M18039	GIRISH. S	Present
113	M18056	JOTHIKA PANDE. V	Present
114	M18058	KARTHIGA. K	Present
115	M18074	M. GOWTHAM	Present
116	M18079	MANAMI KONAR	Present
117	M18088	NENAVATA SONALI	Present
118	M18089	NIRMALA. G	Present
119	M18097	POORNA VIGNESH. S	Present
120	M18098	PRASANA VENKATESH. S	Present
121	M18100	PRASHANNA. R S	Present
122	M18106	RAJALAKSHMI. R	Present
123	M18119	SESHAGOPALAN	Present
124	M18124	SIVA BALAN. J	Present

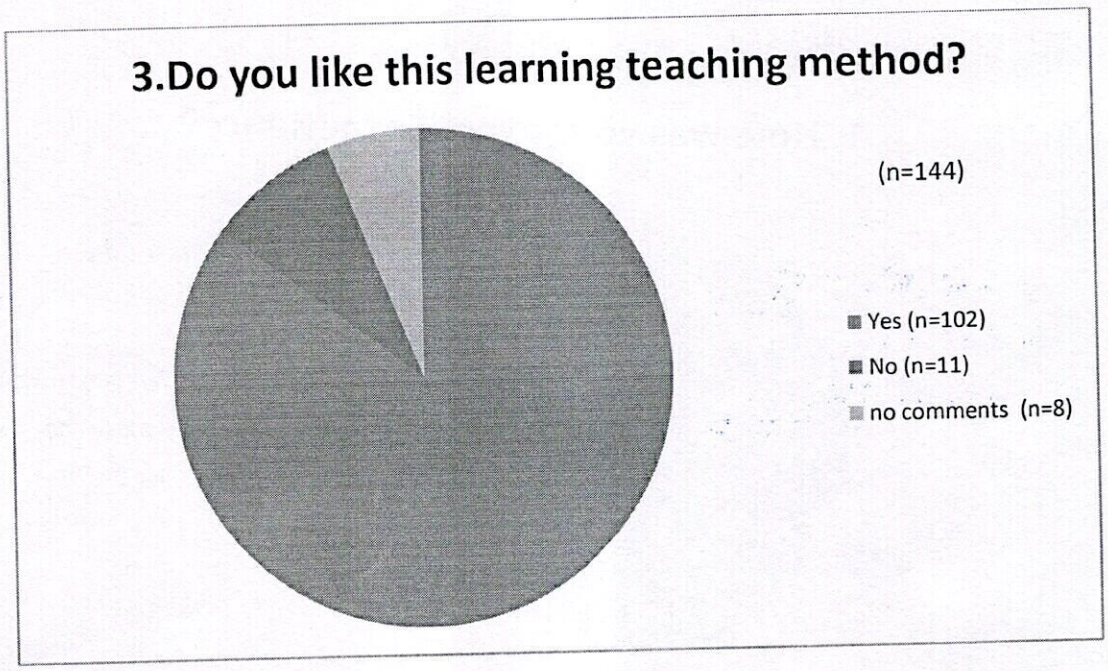
125	M18133	SUBITSHA. R	Present
126	M18016	ARCHANA. S	Present
127	M18036	EYAZHINI. S	Present
128	M18055	JEYA ABARNA. C	Present
129	M18059	KARTHIKRAJ. C	Present
130	M18067	KUMARAN. P	Present
131	M18070	LAXMANAN. P	Present
132	M18071	LITTY MARIA AUGUSTINE	Present
133	M18076	MAAZNA SIYAD. K	Present
134	M18090	NITHIYASHREE. S	Present
135	M18099	PRASANNAKUMAR. B	Present
136	M18102	R. SWARNALATHA	Present
137	M18108	RAMALAKSHMI RAMYA. R.	Present
138	M18112	RIYA R EBENEZER	Present
139	M18126	SNEHA. M	Present
140	M18131	SUBALAKSHMI. S	Present
141	M18134	SUPRASANNA. S	Present
142	M18142	VARSHINI. B	Present
143	M18143	VARSHITH ISAKAPATLA	Present
144	M18148	VISMAYA. B	Present

n= 144


1. How was your overall experience?
(n = 140)
6%
17%
65%
Very good (n=25)
Good (n=95)
Bad (n=10)

n=144


2. Do you find activity performed was useful?
(n= 140)
8%
31%
59%
Yes (n=86)
No (n=46)
not sure (n=12)


3.Do you like this learning teaching method?
(n=144)
Yes (n=102)
No (n=11)
no comments (n=8)

Sri
MANAKULA VINAYAGAR

Medical college and Hospital

CIRCULAR

DEPARTMENT OF PAEDIATRICS AND ANTIBIOTIC POLICY MONITORING COMMITEE - SMVMCH

IAP Rational Antibiotic Awareness Day celebrations
Programme Schedule

Date	Day	Programme	Time	Venue
27.09.2022	Tuesday	Quiz for Under graduates & Interactive talk on Antibiotic stewardship	2.00 to 4.00 P. M	College side Lecture Hall- 1
28.09.2022	Wednesday	Slogan writing competition on prevention of anti Microbial resistance followed by Interactive talk with parents and prized distribution	10.30 am onwards	Hospital podium opposite to paediatrics OPD

All are Welcome.

Professor & HOD
Department of Paediatrics

Dr. T. BHARATH KUMAR
Regd No. 5119
PROFESSOR & HEAD
Department of Pediatrics
Sri Manakula Vinayagar Medical College & H
Puducherry-605107.

Copy to:
The Chairman
The Vice Chairman
The Secretary
The Director
The Deputy Director cum Dean
The Dean (Academic)
The Medical Superintendent
The Deputy Medical Superintendent (M&S)
All HOD's

Sri MANAKULA VINAYAGAR

Medical college and Hospital

DEPARTMENT OF PAEDIATRICS

Date: 17.09.2022

CIRCULAR

The Department of Paediatrics has planned to celebrate IAP Rational Antibiotic Awareness Day on 27.09.2022. The programme schedule include

Programme	Time	Venue
Quiz competition for Under graduates	8.30 am to 9.30 am	Hospital Basement Auditorium
Health Awareness talk to public	10.00 am onwards	Hospital podium
Slogan competition for UG's	10.00 am onwards	Paediatrics OPD

All are Welcome.

Professor & HOD
Department of Paediatrics

Copy to:
The Chairman
The Vice Chairman
The Secretary
The Director
The Deputy Director cum Dean
The Dean (Academic)
The Medical Superintendent
The Deputy Medical Superintendent (M&S)
All HOD's

Sri MANAKULA VINAYAGAR

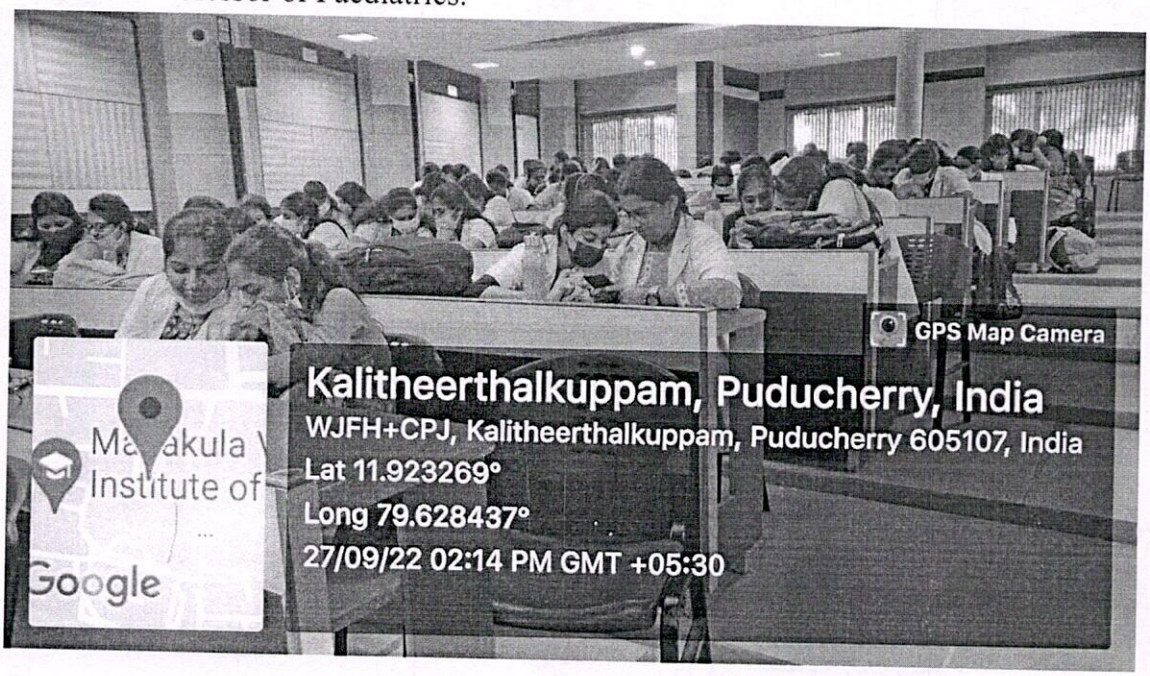
Medical college and Hospital

DEPARTMENT OF PAEDIATRICS

IAP- RATIONAL ANTIBIOTIC DAY - 2022

The Department of Paediatrics SMVMCH along with antibiotic policy and monitoring committee SMVMCH and IAP, Puducherry chapter jointly organized IAP Rational Antibiotic Day on 27.09.2022.

As a part of celebrations a quiz programme was organized to VIII Semester MBBS students by QUIZIZZ App online from 2.00 to 2.30 pm, the quiz was based on common clinical case scenarios, appropriate antibiotic usage and drug dosages for common antibiotics in children.The programme for co- ordinated by Dr.Preethi.T, Associate Professor of Paediatrics.

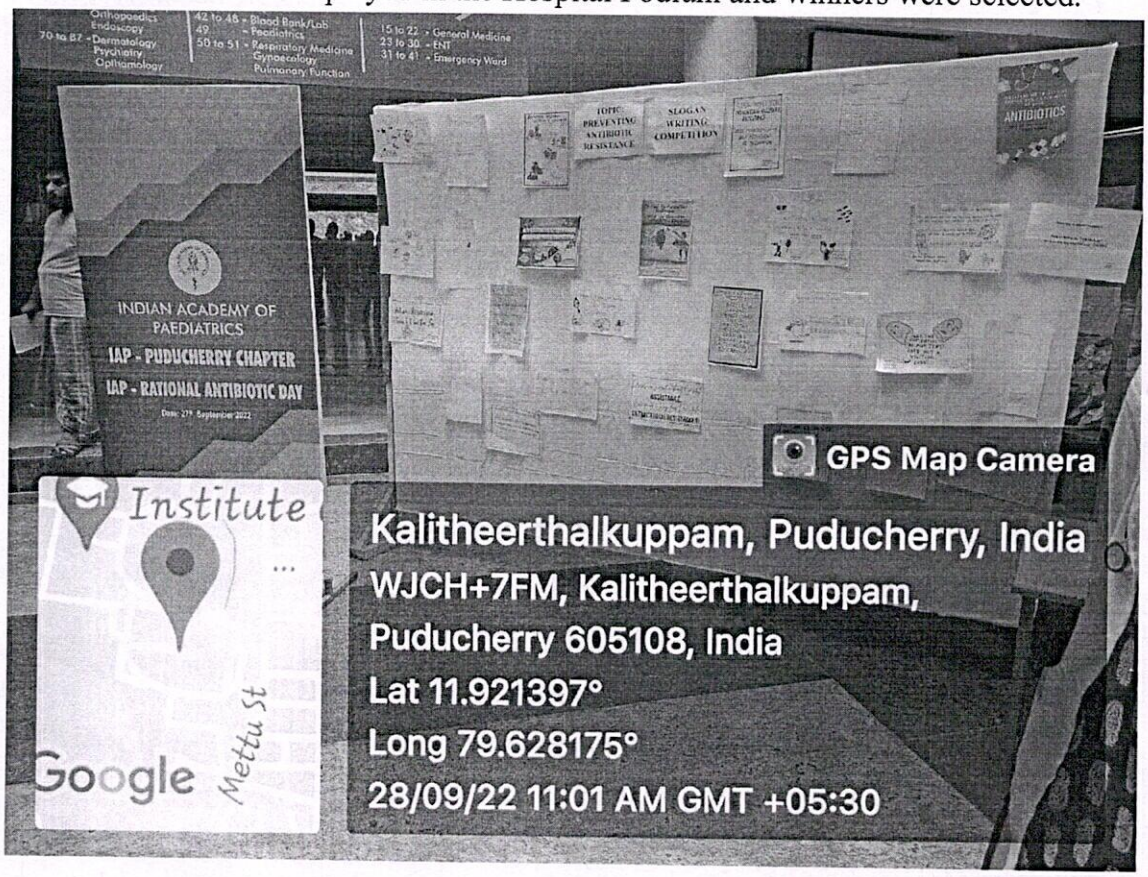


This was followed by interactive discussion with the 8th semester MBBS students on antibiotic stewardship by Dr. A.Arulkumaran Professor of Paediatrics. The talk enlighted on measures that can be taken by healthcare professionals in curtaining antibiotic usage among children.

This was followed by interactive discussion with the 8th semester MBBS students on antibiotic stewardship by Dr. A.Arulkumaran Professor of Paediatrics. The talk enlighted on measures that can be taken by healthcare professionals in curtaining antibiotic usage among children.

A quiz programme was also organised for postgraduates students on the same day through QUIZIZZ appand the winners were selected.

Slogan writing competition was conducted on 28.09.2022 for all MBBS students on preventing antibiotic resistance". The students were asked to write the slogans in A4 size sheet and it was displayed in the Hospital Podium and winners were selected.



QUIZIZZ

Quiz Name	Date	Hosted by
Antibiotic quiz	Tue Sep 27 2022 1:56 PM	Preethi T

Average Accuracy	Questions per Attempt	Number of Players
54%	30	65

This report displays results derived from the students' best attempts.

Players

Rank	Player Name	Avg. Time	Points	Accuracy	Correct
1	SESHA SURYA	11 secs	125	83%	25 / 30
2	JananiKousika	12 secs	115	77%	23 / 30
3	Thotti Jaya	13 secs	110	73%	22 / 30
4	Citi Hemanth	15 secs	110	73%	22 / 30
5	Kalaiselvi mangai	11 secs	110	73%	22 / 30
6	Pv ps	8 secs	110	73%	22 / 30
7	Supriya	10 secs	105	70%	21 / 30
8	Girija	10 secs	105	70%	21 / 30
9	Dhanya Rajithra	7 secs	105	70%	21 / 30
10	Thendral	9 secs	100	67%	20 / 30
11	Shreya Ava	12 secs	100	67%	20 / 30
12	Kiruthika - Vijayasuriya	11 secs	100	67%	20 / 30
13	Empericals	9 secs	100	67%	20 / 30
14	Amoxiclav	11 secs	100	67%	20 / 30
15	Suprasanna and subhiksha	10 secs	100	67%	20 / 30
16	Malika Lakshmi	14 secs	100	67%	20 / 30
17	Rufinakamalika	8 secs	100	67%	20 / 30
18	Jayapraba Thabasum	12 secs	100	67%	20 / 30
19	Kilal	13 secs	100	67%	20 / 30
20	AjieshAhil	10 secs	100	67%	20 / 30

Rank	Player Name	Avg. Time	Points	Accuracy	Correct
22	Aravind Arun	13 secs	95	63%	19 / 30
23	Ram	11 secs	95	63%	19 / 30
24	Yazh thamizh	8 secs	95	63%	19 / 30
25	Rithivibansya ϟϟ	10 secs	95	63%	19 / 30
26	kumaran harish	11 secs	95	63%	19 / 30
27	Varada n varshith(agents)	11 secs	95	63%	19 / 30
28	Ab n Gp	13 secs	95	63%	19 / 30
29	Sriram Ledger	7 secs	90	60%	18 / 30
30	Srikir	9 secs	90	60%	18 / 30
31	Mukesh-Muthu	13 secs	90	60%	18 / 30
32	Riya Rupa	8 secs	85	57%	17 / 30
33	Jerusha graciya	11 secs	85	57%	17 / 30
34	Parvathy Amrutha	12 secs	85	57%	17 / 30
35	Raki	12 secs	85	57%	17 / 30
36	Swarnalatha Raghavi	8 secs	85	57%	17 / 30
37	Sam	15 secs	85	57%	17 / 30
38	Devasuriya K	13 secs	80	53%	16 / 30
39	Janani	14 secs	80	53%	16 / 30
40	Sizzling brownie	10 secs	80	53%	16 / 30
41	Archana abi	11 secs	80	53%	16 / 30
42	Manami	12 secs	75	50%	15 / 30
43	Mangatha	14 secs	75	50%	15 / 30
44	Pooja Anusree	11 secs	75	50%	15 / 30
45	Jai Sam	11 secs	75	50%	15 / 30
46	Akshaya Kuzhali	9 secs	75	50%	15 / 30
47	Kaash 2.0	12 secs	75	50%	15 / 30
48	JeyaAparnaDivyasri	9 secs	75	50%	15 / 30
49	Gtck	13 secs	75	50%	15 / 30
50	Sahipree	9 secs	75	50%	15 / 30
51	Vijay and Sivasoundar	13 secs	75	50%	15 / 30
52	Team rockerz	11 secs	70	47%	14 / 30
53	Ch B Sowjanya Subitsha R	14 secs	70	47%	14 / 30
54	Manimozhi Meenaloshini	14 secs	65	43%	13 / 30

Rank	Player Name	Avg. Time	Points	Accuracy	Correct
56	Chavitha Jeevitha	12 secs	65	43%	13 / 30
57	.	10 secs	65	43%	13 / 30
58	Its me AN	9 secs	60	40%	12 / 30
59	DISTACH	14 secs	60	40%	12 / 30
60	Kevin	4 secs	50	33%	10 / 30
61	Sss	6 secs	50	33%	10 / 30
62	Star	8 secs	45	30%	9 / 30
63	Jennita rufina	0 secs	0	0%	0 / 30
64	Vancomycin	0 secs	0	0%	0 / 30
65	Abbishek guruprasanth	0 secs	0	0%	0 / 30

Attendance Details

Date : 27/09/2022

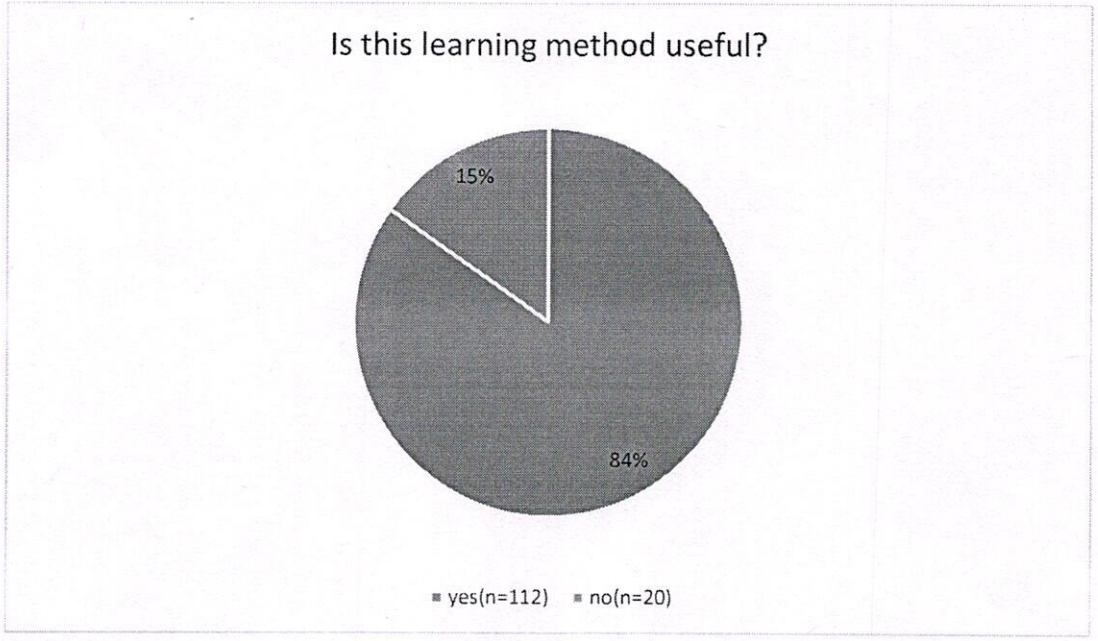
WeekDay : Tuesday

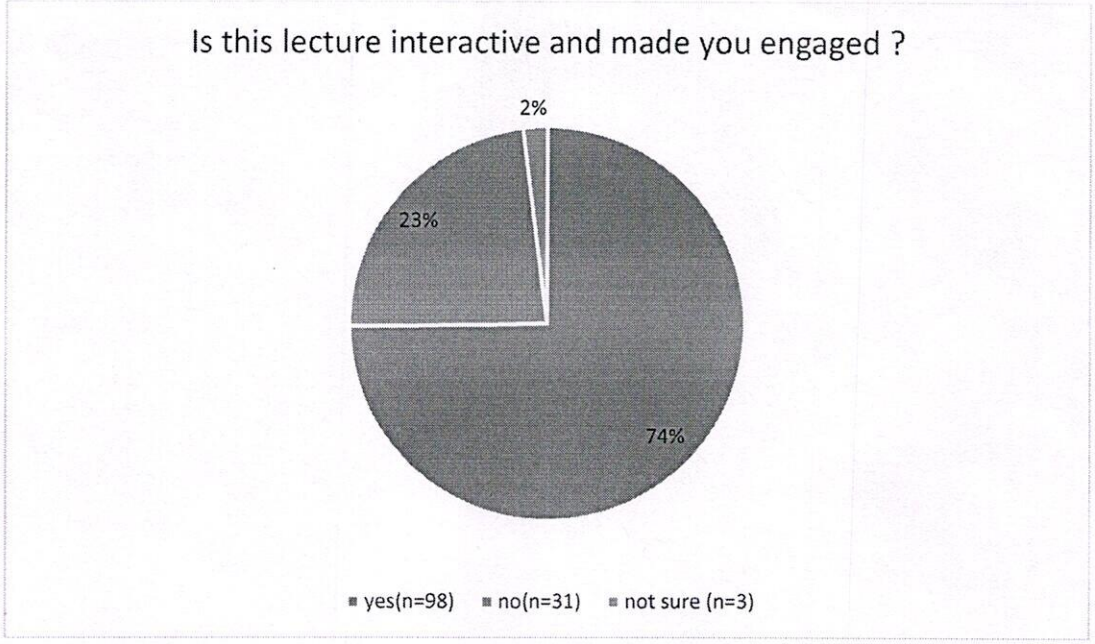
S.No.	EnrollNo	Name	Attendance	2018 - 2023	
1	M18008	AJIESH. R	Present		
2	M18012	AMRUTHA. S	Present		
3	M18017	ARUNACHALAM. L	Present		
4	M18032	DEVASURIYA. K	Present		
5	M18049	JAYAPRABA	Present		
6	M18073	M V R V S. KRISHNA	Present		
7	M18082	MANIMOZHI. S	Present		
8	M18092	P. KAMALIKA	Present		
9	M18093	PARVATHY SURESH	Present		
10	M18094	PAVITHRA. R	Present		
11	M18095	PONMAANASELVAN. J R	Present		
12	M18113	RUFINA. M	Present		
13	M18125	SIVASOUNDAR. S	Present		
14	M18130	STEPHIL SAM	Present		
15	M18010	AKSHAYA. C R	Present		
16	M18030	CHINTAPALLI BHANU SOWJANYA	Present		
17	M18039	GIRISH. S	Present		
18	M18056	JOTHIKA PANDE. V	Present		
19	M18058	KARTHIGA. K	Present		
20	M18068	LAJVANTHI. J	Present		
21	M18074	M. GOWTHAM	Present		
22	M18079	MANAMI KONAR	Present		
23	M18089	NIRMALA. G	Present		
24	M18097	POORNA VIGNESH. S	Present		
25	M18098	PRASANA VENKATESH. S	Present		
26	M18100	PRASHANNA. R S	Present		
27	M18106	RAJALAKSHMI. R	Present		
28	M18119	SESHAGOPALAN	Present		
29	M18124	SIVA BALAN. J	Present		
30	M18133	SUBITSHA. R	Present		
31	M18005	AISHVARYA SHRI. M	Present		
32	M18009	AKSHARA	Present		
33	M18018	AVA COLLIN JUGGI	Present		
34	M18042	GURUCHARAN. R	Present		
35	M18051	JEEVITHAA. S	Present		
36	M18069	LAKSHMI KARTHIKA. V	Present		
37	M18096	POOJA DEEPAK	Present		
38	M18101	PRIYANKA. S	Present		
39	M18104	RAGHAVI VIJAYAN	Present		
40	M18105	RAGHURAM. R	Present		
41	M18107	RAJITHRA. R	Present		
42	M18114	RUPASHRI. S	Present		
43	M18115	S. THABASUM SHEERIN	Present		
44	M18121	SHAWN PAUL RUSSEL. J	Present		
45	M18123	SHYAM SUNDAR. P	Present		
46	M18137	TADI SRI VENKATA NAGA SAI RAMA	Present		
47	M18145	VIGNESH. R	Present		
48	M18147	VIJAYASURIYA. K	Present		
49	M18004	AHIL NIVAS MOHAN. R M	Present		
50	M18014	ANUSREE. K	Present		
51	M18028	CHAVITHA. V	Present		
52	M18034	DHANYA. C	Present		
53	M18035	DIVYASRI. M	Present		
54	M18040	GOMATHI. E	Present		
55	M18044	HARISH. T S	Present		
56	M18046	JAI SARABESH. R	Present		

57	M18047	JANANI. J M	Present		
58	M18050	JEEVITHA. R	Present		
59	M18054	JERUSHA SHARON. E	Present		
60	M18062	KEVIN ROSHAN. F	Present		
61	M18063	KIRTHANA. T	Present		
62	M18072	LOGARCHANA. N	Present		
63	M18085	MUKESH RAJ. S	Present		
64	M18110	RANJITHKUMAR. B	Present		
65	M18116	SABARI. K.K	Present		
66	M18144	VEMANABOINA SAHITHI PRIYA	Present		
67	M18150	YAZHINI. S	Present		
68	M18011	ALAUKIKA BANSAL	Present		
69	M18013	ANNAMPALLI YUVA SREE	Present		
70	M18023	BARSHNI. S	Present		
71	M18031	CITI BABU. V	Present		
72	M18053	JENNITA RUFINA. E	Present		
73	M18065	KOUSIKA DEVI. S	Present		
74	M18078	MALIKA SINHA	Present		
75	M18084	MEENALOSHINI. S	Present		
76	M18086	MUTHUKRISHNAN. D	Present		
77	M18087	NATHISSHA. N	Present		
78	M18129	SRIRAM SESHAMANI. K S	Present		
79	M18132	SUBHIKSHA. A G	Present		
80	M18135	SUPRIYA. M	Present		
81	M18138	THAMIZHCHELVI. T.T	Present		
82	M18001	ABBISHEK. S	Present		
83	M18015	ARAVIND. D	Present		
84	M18019	B. NARMADHA	Present		
85	M18021	BALAKUMARAN. S	Present		
86	M18041	GRACIYA JACOB. J	Present		
87	M18043	GURUPRASANTH. S.P	Present		
88	M18048	JANANI. V	Present		
89	M18057	KALAISELVI. D B	Present		
90	M18066	KULHALI SRINIDHI. B	Present		
91	M18077	MADHUMITA. A	Present		
92	M18080	MANGAIYAR THILAGAM. J	Present		
93	M18111	RITHIVIBANSYIA. M	Present		
94	M18127	SRINATH. B R	Present		
95	M18136	SURYA. K	Present		
96	M18141	VARADARAJAN. C V	Present		
97	M18002	ABIHARINI. S	Present		
98	M18003	AGILAN. P	Present		
99	M18020	BALABHADRA SAIPREETHI	Present		
100	M18022	BARATHSELVAN. S	Present		
101	M18026	BRITO JOY	Present		
102	M18027	CHANDRAKANTH. K	Present		
103	M18037	GANGADHARAN. T	Present		
104	M18038	GIRIJA. S	Present		
105	M18045	HEMANTH KUMAR. K	Present		
106	M18060	KEERTHANA. V. A	Present		
107	M18064	KIRUTHIKA JOHN	Present		
108	M18075	M. JASHWANTH	Present		
109	M18081	MANICKAM. SP	Present		
110	M18122	SHREYA SEN	Present		
111	M18128	SRINITHI. S	Present		
112	M18139	THENDRALMATHI. V	Present		
113	M18146	VIJAY. E	Present		
114	M18149	VYSHNAVI. S. DAS	Present		
115	M18016	ARCHANA. S	Present		
116	M18036	EYAZHINI. S	Present		

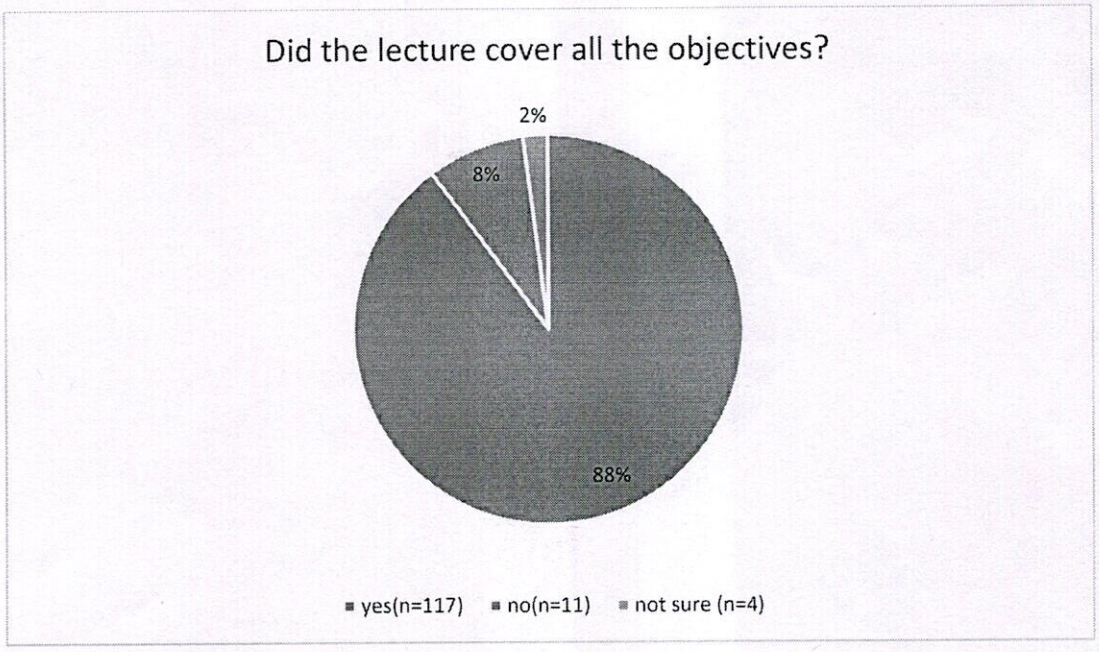
117	M18055	JEYA ABARNA. C	Present		
118	M18059	KARTHIKRAJ. C	Present		
119	M18067	KUMARAN. P	Present		
120	M18071	LITTY MARIA AUGUSTINE	Present		
121	M18076	MAAZNA SIYAD. K	Present		
122	M18090	NITHIYASHREE. S	Present		
123	M18099	PRASANNAKUMAR. B	Present		
124	M18102	R. SWARNALATHA	Present		
125	M18108	RAMALAKSHMI RAMYA. R.D	Present		
126	M18112	RIYA R EBENEZER	Present		
127	M18126	SNEHA. M	Present		
128	M18131	SUBALAKSHMI. S	Present		
129	M18134	SUPRASANNA. S	Present		
130	M18142	VARSHINI. B	Present		
131	M18143	VARSHITH ISAKAPATLA	Present		
132	M18148	VISMAYA. B	Present		

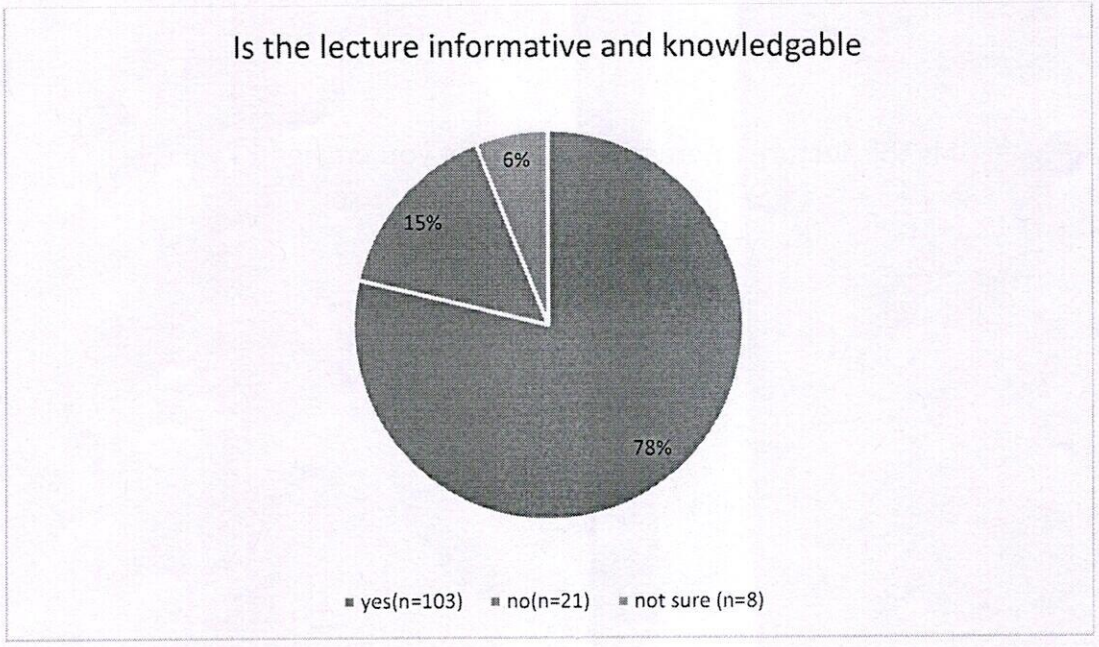
n= 132


Is this learning method useful?
15%
84%
yes(n=112)
no(n=20)

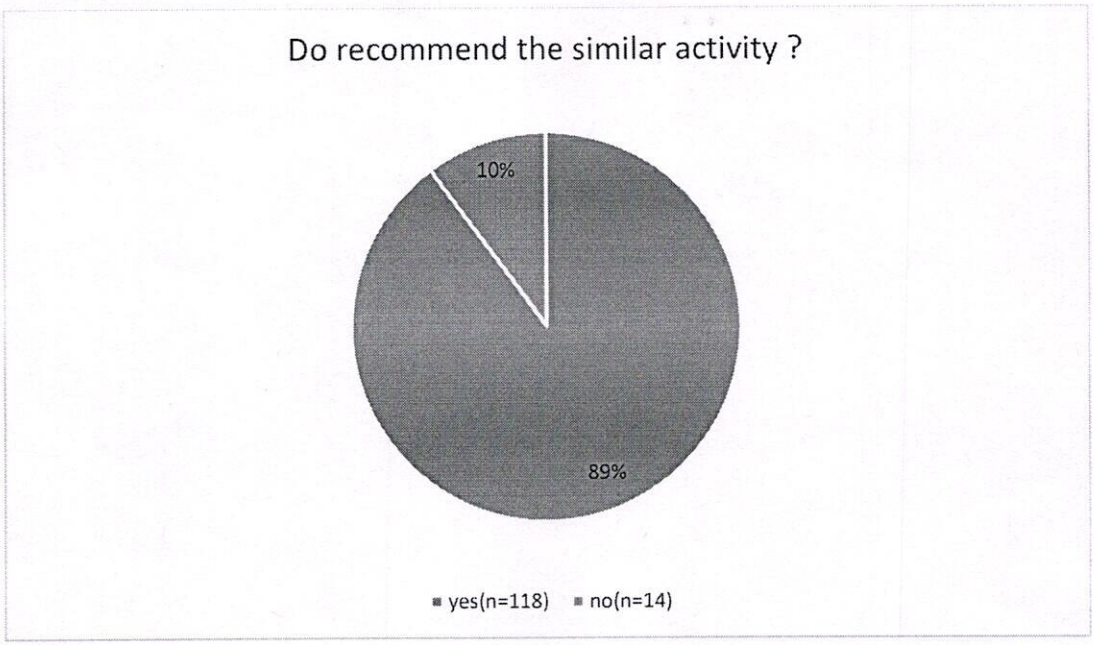

Is this lecture interactive and made you engaged ?
2%
23%
74%
yes(n=98)
no(n=31)
not sure (n=3)

n= 132


Did the lecture cover all the objectives?
2%
8%
88%
yes(n=117)
no(n=11)
not sure (n=4)


Is the lecture informative and knowledgable
6%
15%
78%
yes(n=103)
no(n=21)
not sure (n=8)

n= 132



Sri MANAKULA VINAYAGAR
Medical College and Hospital

No: SMVMCH/ UG/TTS/DVL/2022 **10.08.2022**

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

CBME - VI Semester (Batch: 2019 – 2024) Academic Program Schedule – 16th August 22 to November 22

Day: Wednesday & Saturday & Thursday **Time:** Wednesday: 9.30 to 10.30 am **Venue:** Lecture Hall
Thursday: 9.30 to 10.30 am
Saturday: 8.30 to 10.30 am

Date	Day	Topic	Methods of Teaching	Faculty
20.08.22 8.30 – 9.30	Saturday	**Introduction and overview** **Competency No:** AN 4.2 **The Student should able to** Describe the structure & function of skin with its appendages	Lecture	Dr. P. Vijayasankar
27.08.22 8.30 – 9.30	Saturday	**Bacterial infections** **Competency No:** DR 15.3 **The Student should able to** Enumerate the indications and describe the pharmacology, indications and adverse reactions of topical and systemic drugs used in treatment of pyoderma	Lecture	Dr. P. Vijayasankar
03.09.22 8.30 – 9.30	Saturday	**Fungal Infection I** **Competency No: DR 7.1** **The Student should able to** Describe the etiology, microbiology, pathogenesis and clinical presentations and diagnostic features of dermatophytes in adults and children	Lecture	Dr. Aravind Baskar

10.09.22 8.30 – 9.30	Saturday	**Viral Infection I** **Competency No:** DR 8.1 **The Student should able to** Describe the etiology, microbiology, pathogenesis and clinical presentations and diagnostic features of common viral infections of the skin in adults and children	Lecture	Dr. P. Vijayasankar
14.09.22 9.30 – 10.30	Wednesday	**Viral Infections II** **Competency No:** DR 8.7 **The Student should able to** Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for common viral illnesses of the skin	Small Group Teaching (PBL)	Dr. K. Karthikeyan
15.09.22 9.30 – 10.30	Thursday	**Fungal Infection II** **Competency No:** DR 7.3 **The Student should able to** Describe the pharmacology and action of antifungal (systemic and topical) agents. Enumerate side effects of antifungal therapy	Lecture	Dr. Aravind Baskar
17.09.22 8.30 – 9.30	Saturday	**Psoriasis I** **Competency No:** DR 3.1 **The Student should able to** Identify and distinguish psoriatic lesions from other causes.	Lecture	Dr. P. Vijayasankar

21.09.22 9.30 – 10.30	Wednesday	**Scabies & Pediculosis** **Competency No: DR 5.1** **The Student should able to** Describe the etiology, microbiology, pathogenesis, natural history, clinical features, presentations and complications of scabies in adults and children. **Competency No: DR 5.3** Enumerate and describe the pharmacology, administration and adverse reaction of pharmacotherapies of scabies. **Competency No: DR 6.1** Describe the etiology pathogenesis and diagnostic features of pediculosis in adults and children	Lecture	Dr. K. Karthikeyan
22.09.22 9.30 – 10.30	Thursday	**Lichen planus** **Competency No: DR 4.2** **The Student should able to** Enumerate and describe the treatment modalities for lichen planus **Erythroderma** **Competency No: DR 12.5** **The Student should able to** Define erythroderma, Enumerate and identify the causes of erythroderma. Discuss the treatment	Mini Seminar	Dr. K. Karthikeyan
24.09.22 8.30 – 9.30	Saturday	**Psoriasis II** **Competency No:** DR 3.3 **The Student should able to** Enumerate the indications for and describe the various modalities of treatment of psoriasis including topical, systemic and phototherapy	Pairing and Quizing	All Faculties

28.09.22 9.30 – 10.30	Wednesday	**Dermatitis and Eczema I** **Competency No:** DR 12.1 **The Student should able to** Describe the aetiopathogenesis of eczema	Lecture	Dr. Aravind Baskar
29.09.22 9.30 – 10.30	Thursday	**Dermatitis and Eczema II** **Competency No:** DR 12.3 **The Student should able to** Classify and grade eczema **Competency No:** DR 12.4 **The Student should able to** Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the treatment of eczems	10 Liners	Dr. K. Karthikeyan
01.10.22 8.30 – 9.30	Saturday	**Vesiculobullous Lesions** **Competency No:** DR 13.1 **The Student should able to** Distinguish bulla from vesicles	Lecture	Dr. Aravind Baskar
05.10.22 9.30 – 10.30	Wednesday	**Urticaria and Angioedema** **Competency No:** DR 14.1 **The Student should able to** Describe the etiology, pathogenesis and clinical precipitating features and classification of Urticaria and angioedema **Competency No:** DR 14.5 **The Student should able to** Enumerate the indications and describe the pharmacology indications and adverse reactions	Lecture	Dr. K. Karthikeyan

08.10.22 8.30 – 9.30	Saturday	**Sexually Transmitted Diseases – Syphilis** **Competency No:** DR 10.3 **The Student should able to** Enumerate the indications and describe the pharmacology, administration and adverse reactions of pharmacotherapies for syphilis **Competency No:** DR 10.4 **The Student should able to** Describe the prevention of congenital syphilis	Lecture	Dr. P. Vijayasankar
12.10.22 9.30 – 10.30	Wednesday	**Collagen Vascular disease** **Competency No:** DR 16.1 & DR 16.2 **The Student should able to** Identify and distinguish skin lesions of SLE Identify and distinguish Raynaud's phenomenon	Image Based Learning (IBL)	Dr. K. Karthikeyan
15.10.22 8.30 – 9.30	Saturday	**Sexually Transmitted Diseases – Genital ulcers** **Competency No:** DR 10.6 **The Student should able to** Describe the etiology, diagnostic and clinical features of non – syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV) **Competency No:** DR 10.8 **The Student should able to** Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	10 Liners	Dr. P. Vijayasankar
19.10.22 9.30 – 10.30	Wednesday	**Sexually Transmitted Diseases – Syndromic approach** **Competency No:** DR 10.9 **The Student should able to** Describe the syndromic approach to ulcerative sexually transmitted disease	Tutorials	All Faculties

22.10.22 8.30 – 9.30	Saturday	**Sexually Transmitted Diseases – urethritis and vagnal discharge** **Competency No:** DR 10.10 **The Student should able to** Describe the etiology, diagnostic and clinical features and management of gonococcal and non-gonococcal urethritis **Competency No:** DR 10.11 **The Student should able to** Describe the etiology, diagnostic and clinical features and management of vaginal discharge	Small Group Teaching (PBL)	Dr. P. Vijayasankar
26.10.22 9.30 – 10.30	Wednesday	**HIV I** **Competency No:** DR 11.1 **The Student should able to** Describe the etiology, pathogenesis and clinical features of the dermatologic manifestations of HIV and its complications including opportunistic infections	Lecture	Dr. K. Karthikeyan
29.10.22 8.30 – 9.30	Saturday	**Leprosy – Clinical features and diagnosis** **Competency No:** DR 9.1 **The Student should able to** Classify, describe the epidemiology, etiology, microbiology, pathogenesis, clinical presentations and diagnostic features of Leprosy	Lecture	Dr. Aravind Baskar
02.11.22 9.30 – 10.30	Wednesday	**HIV II** **Competency No:** DR 11.3 **The Student should able to** Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for dermatologic lesions in HIV	Quiz	PG's

05.11.22 8.30 – 9.30	Saturday	**Leprosy – Complications** **Competency No:** DR 9.4 **The Student should able to** Enumerate, describe and identify lepra reactions and supportive measures and therapy of lepra reactions	Case Based Lecture (CBL)	Dr. Aravind Baskar
09.11.22 9.30 – 10.30	Wednesday	**Drug reactions** **Competency No:** DR 12.7 **The Student should able to** Identify and distinguish fixed drug eruptions and Steven Johnson syndrome from other skin lesions	10 Liners	Dr. K. Karthikeyan
12.11.22 8.30 – 9.30	Saturday	**Leprosy – treatment** **Competency No:** DR 9.5 **The Student should able to** Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for various classes of leprosy based on national guidelines **Competency No:** DR 9.6 **The Student should able to** Describe the treatment of Leprosy based on the WHO guidelines **Competency No:** DR 9.7 **The Student should able to** Enumerate and describe the complications of leprosy and its management, including understanding disability and stigma.	Tutorials	All Faculties
16.11.22 9.30 – 10.30	Wednesday	**Acne** **Competency No:** DR 1.1 **The Student should able to** Enumerate the causative and risk factors of acne **Competency No:** DR 1.3 **The Student should able to** Describe the treatment and preventive measures for various kinds of acne	Lecture	Dr. K. Karthikeyan

19.11.22 8.30 – 9.30	Saturday	**Vitiligo** **Competency No:** DR 2.2 **The Student should able to** Describe the treatment of vitiligo	Lecture	Dr. Aravind Baskar
23.11.22 9.30 – 10.30	Wednesday	**Skin in systemic disease** **Competency No:** DR 18.1 **The Student should able to** Enumerate the cutaneous features of Type 2 diabetes **Competency No:** DR 18.2	Mini Seminar	Dr. K. Karthikeyan
26.11.22 8.30 – 9.30	Saturday	**Nutritional deficiencies and Skin** **Competency No:** DR 17.1 **The Student should able to** Enumerate the identify the cutaneous findings in Vitamin A deficiency **Competency No:** DR 17.2 **The Student should able to** Enumerate and describe the various skin changes in Vitamin B complex deficiency **Competency No:** DR 17.3 **The Student should able to** Enumerate and describe the various changes in Vitamin C deficiency **Competency No:** DR 17.4 **The Student should able to** Enumerate and describe the various changes in Zinc deficiency	Image Based Learning (IBL)	Dr. P. Vijayasankar

Professor & HOD
Dept.of Dermatology, Venereology & Leprosy.

Dr. K. KARTHIKEYAN, MD.,
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Copy to: The Director/The Dean
The Dean (Academic)
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Sri MANAKULA VINAYAGAR
Medical College and Hospital

DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

CBME - VII Semester (Batch: 2019 – 2024) Academic Program Schedule – 16th August 22 to November 22

Date	Day	Session	Topic	Team	PG Co-ordinator	Faculty
22.09.22	Thursday	Mini Seminar	**Topic:** Lichen planus			
			Time: 5 Minutes – 5 Slides			
			• Lichen Planus C/F & diagnosis	A	Dr. S. Jayapratha	Dr. K. Karthikeyan
			• Treatment of LP	B		
			• Erythroderma Definition & causes	C		
			• Erythroderma clinical features & complications	D		
			• Investigation	E		
			• Treatment of LP	F		
28.09.22	Wednesday	Pairing and Quizing	**Topic:** Psoriasis II			
			Prelims: 6 sessions 5 question each team Final Two teams : 10 question each team	12	Dr. S. Jayapratha & Dr. S. Anusuya	All faculty
29.09.22	Thursday	) Liners : 3 slid	**Topic:** Dermatitis and Eczema II			
			• Classifications of Eczema	A	Dr. M.S. Jeyalakshmi	Dr. K. Karthikeyan
			• Grading of Eczema	B		
			• Seborrheic dermatitis	C		
			• Atopic Eczema	D		
			• Allergic contact dermatitis	E		
			• Irritant contact dermatitis	F		
			• Parthenium dermatitis	G		
			• Stasis Eczema	H		
			• Asteatotic Eczema	I		
			• Treatment of Eczema – Principles	J		
			• Treatment of Eczema	K		
			• Adverse effects of drugs	L		

15.10.22	Saturday	10 Liners	**Topic:** Sexually Transmitted Diseases – Genital ulcers			
			• Clinical features of Chancroid	A	Dr. M.S. Jeyalakshmi	Dr. P. Vijayasankar
			• Diagnosis of Chancroid	B		
			• Clinical features of Donavanosis	C		
			• Diagnosis of Donavanosis	D		
			• Clinical features of LGV	E		
			• Diagnosis of LGV	F		
			• Treatment of Chancroid	G		
			• Treatment of Donovonosis	H		
			• Treatment of LGV	I		
			• Bubo	J		
			• Adverse effects of Doxycycline and ciprofloxacin	K		
			• Adverse effects of Azithromycin and co-trimoxazole	L		
02.11.22	Wednesday	Quiz	**Topic:** HIV II			
			Prelims on 29.10.22 at 9.45 am	12	Dr. S. Jayapratha & Dr. S. Anusuya	PG'S
09.11.22	Wednesday	10 Liners	**Topic:** Drug reactions			
			• Types of Drug eruption	A	Dr. B. Ragavi	Dr. K. Karthikeyan
			• Mechanism of Drug eruption	B		
			• Drugs causing urticaria	C		
			• Drugs causing malculopapular	D		
			• Fixed drug eruption	E		
			• Acneiform eruption	F		
			• Stevens Johnson syndrome	G		
			• TEN	H		
			• Dress syndrome	I		
			Magament of SJS & TEN	J		
			• Approach to Drug reactions	K		
			Investigations of drug reactions	L		

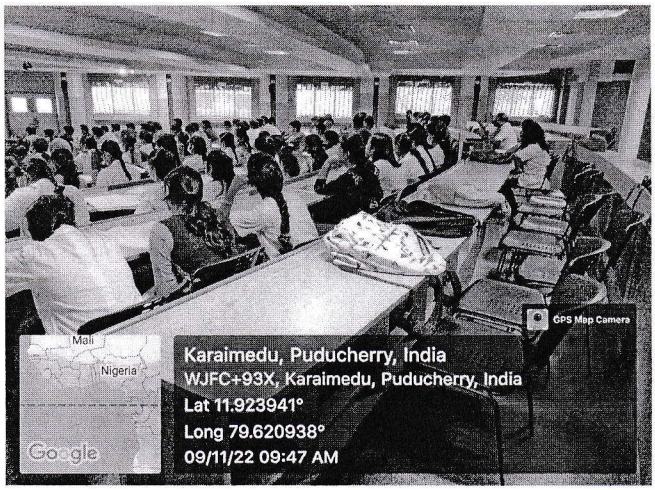
23.11.22	Wednesday	Mini Seminar	**Topic:** Skin in systemic diseases			
			Time: 8 mintues			
			• Cutaneous features of Diabetes	G	Dr.B. Ragavi	Dr. K. Karthikeyan
			• Cutaneous features of Thyroid	H		
			• Cutaneous features of Liver disease	I		
			• Cutaneous features of CRF	J		
			• Psychiatric diseases I	K		
			• Psychiatric diseases II	L		

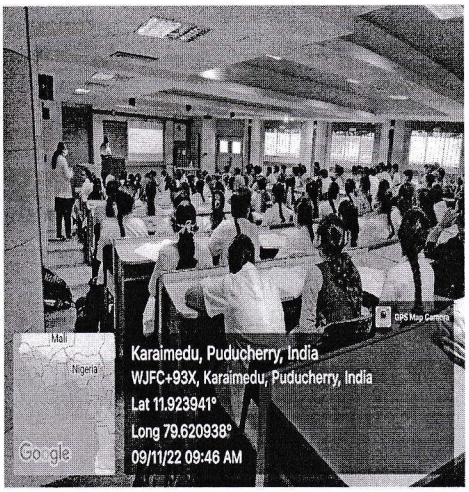
	A - Boys	B - Girls	C - Girls	D - Boys	E - Girls
1	Aashish Carol Safin.V	Ahila Rajeswari	Bhuvaneswary. M	Dayanidhi. N	Haritha. R
2	Aashish Vishnuprasad	Aishwariya Lakshmi. C	Biragadheeswari T.M	Dheepanraaj	Harivarthini.S
3	Abishek. R	Aishwarya S Ignatious	C. Mathangi	Dheeraj. K	Jane Praba Shalom .P
4	Adhithya. T	Akshaya. P K	Chandana R Chandran	Dorairaj. S.R	Kalaiarasi. K
5	Adithiyan. B	Anbarasi. P	Chujitha. B	Eshwar. G	Kanchi Venisha
6	Anil Kumar Thotakura	Ann Maria George	Deepashri. R	Gadikota Hemanth Chowdar	Karthiga. R
7	Anirudh Rajendra Kagne	Aparna Prasanth	Deivanai. M	Hari Shanker. V	Khan Azmeen Abdul Akbar
8	Balamurugan. E	Ashwani Shuruthi. S	E. Rethanyaa	Hariprasath. S	Kilambi Jeja Sree
9	Barathi Ram. K	Asmithaa. S	Fatima	Harish. M	Lakshmi Praba. N
10	Bharathkumar. V	B. Indusree	G. Swetha	Jason Studd	Linza Hashir
11	Charanvishwar. B	B. Ramyaa	Gopika Ajay	Jayanth. K	Logeetha Alias Visalatchi. S
12	Chebattina Nikhil	Bharathi. A	Harini. T	Joshua Mathivendhan. K	Madhumitha. B
13	Shazin Muhammed			Thiruvetrisvaran. M	
14	Sibi Sandilyan. S.S			Siddanth R.B	

	F - Boys	G - Girls	H - Boys	I - Boys	J - Girls
1	K. Guruprakash	Madhuvarshne. S	Manojkumar. G	Rethinaseshan. R	Rithika. R
2	Kapilan. A	Madineni Bhavya Sree	Mohammed Anjal Hisam	Rudrapriyan. D	Rithvika. M.D
3	Karan. S	Monisha.P	Mohammed Aqueel. K. P	S.R. Hema Chandran	Rubasree. K
4	Kasi Vishnu Raj. N	Mouriya. A	Nashar Sharaf Ali	Sajid Khana. J	Rufina Maria Ancy. R
5	Kaviyarasan. K	Nakshathra. G	Nihil Kumar. R	Sakthi Raagov. R.S	Rusfida Rafeeq
6	Keerthivasan. A	Neya. K	Nikhil Suresh	Sanjay Guttula	S. Anisha Vigneshwari
7	Krishna Prasanth. P	Nivedha. S	Niranjankumar	Sanjay Sharma. S	Sandhiya. R
8	Leela Krishna. V	Piriea Dharshinie. A.B	Nissy Aharon Geddada	Sanjeeve Kumar. R	Sayujya. C
9	Logeshwaran. T	Prathiksha. D.M	Nitish Badrinath. K	Santhosh. S	Shakthi. S.P
10	M. Ajay Yuvan Sankar	Praveena. S	Palepu Prasanth Akhil	Saranraj. S.T	Shelin Hephzibha. K
11	Mahesh. S	Priyalakshmi. R	Premkumar. T	Sargururaj. E	Shephrine Wrobel R Prasad
12	Manobalan. S	Rasika. K	Rajasekaran. D	Surya. R	Sidra Asharaf
13	Vishva. C		Yuvaprakash. R	Tanus.A.S	
14	Thamizharasan. P				

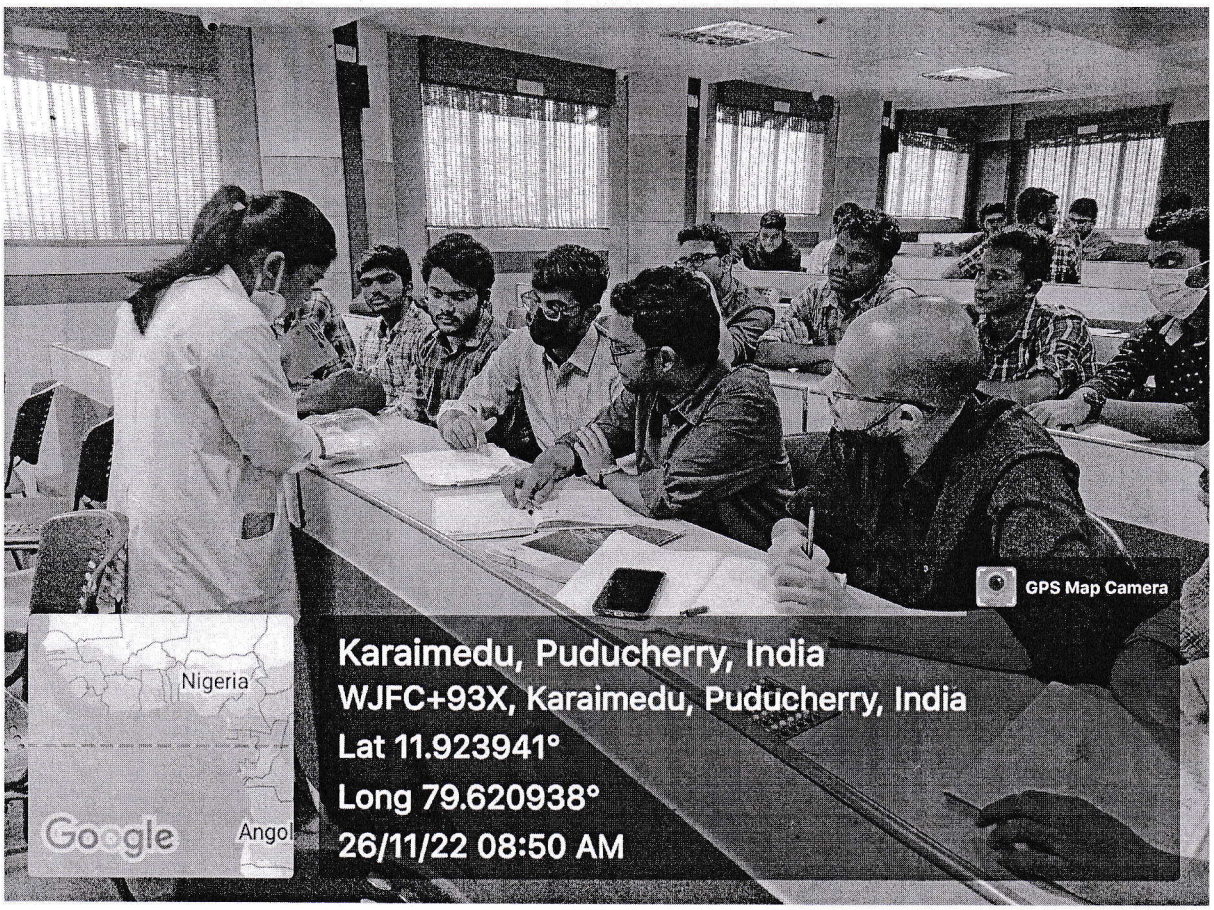
	K - Girls	L - Girls
1	Sindhua. B	Vijetha. K
2	Sivashangari. A	Yamuna Sree. S
3	Sos Esabel Rosalin. A	Vijaya raja mughil
4	Sowmya. M	Vidhyashri. A
5	Sreeja. M	Vidhya Bharathi. R
6	Sri Nidhi. V	V.V. Kanimozhi
7	Sri Sariga. S	R. Gowri Prasad
8	Sribhuvaneshwari. M.V	Yashaswini
9	Subitshaa. S	
10	Suthiksha.A.K	
11	Swetha. M	

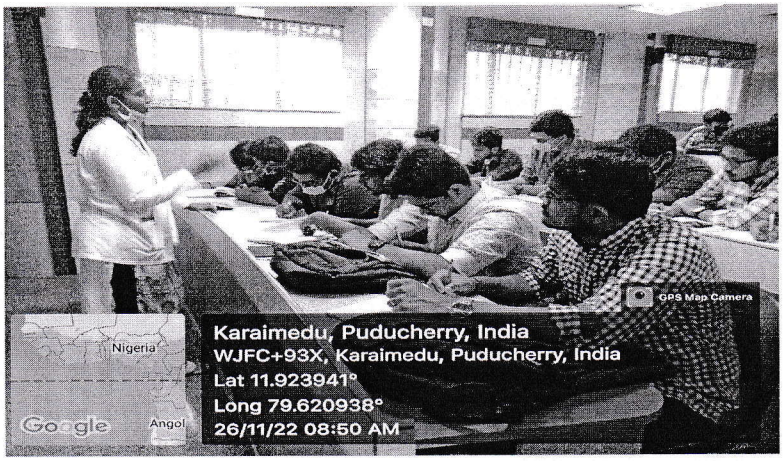
09.11.22 – 10 Liners





26.11.22 – Image based Learning

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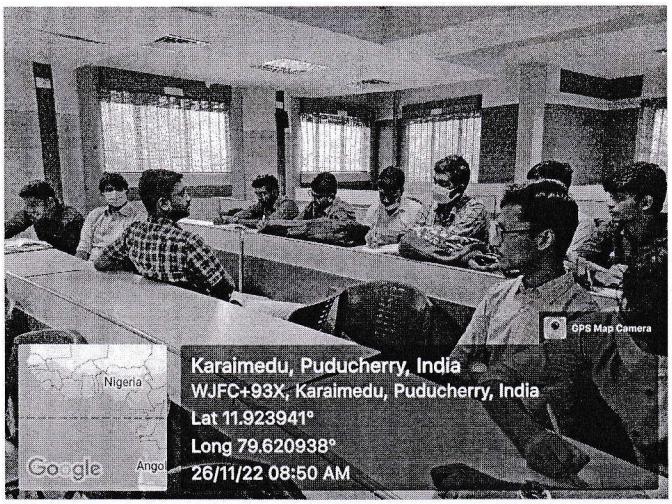
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GENERAL MEDICINE-P3-2
Participants
Badges
Competencies
Grades
General
Rheumatic fever/ Infective endocarditis
Atrial Fibrillation
A3 Inflammatory bowel disease & Viral hepatits B & C - PBL
A4- Pancreatitis
A5-Pneumonia
A6 -Acute myocardial infarction
A7 Adrenal insufficiency
A8. Organophosphorus

pre test adrenal insufficiency

post test adrenal insufficiency

D. AML/CML

Pre test AML/CML

Dr. Sadiqa Nasreen- Voice over lecture

Listen to the audio below

Topic: Hepatic encephalopathy

2

audio files

Thyroid function test - audio file Dr S.Girija

Interpretation of thyroid function tests

Atrial Fibrillation 12.07.2023

Atrial Fibrillation

IBD/ Hepatitis B /C

IBD & Hepatitis B C

DKA/HHS- 2023- Batch A

DKA/HHS -2023- Batch A

Dear students

GENERAL MEDICINE-P3-2
Participants
Badges
Competencies
Grades
General
Rheumatic fever/ Infective endocarditis
Atrial Fibrillation
A3 Inflammatory bowel disease & Viral hepatits B & C - PBL
A4- Pancreatitis
A5-Pneumonia

A7 Adrenal insufficiency

- Adrenal Insufficiency Pretest
- Adrenal Insufficiency - post test
- Adrenal Insufficiency Pretest
- Adrenal Insufficiency - post test
- Adrenal Insufficiency Pretest
- Adrenal Insufficiency - post test
- Adrenal Insufficiency Pretest
- Adrenal Insufficiency - post test

A8. Organophosphorus poisoning

- Opc pre test
- Opc post test
- Opc pre test
- Opc post test
- Opc pre test
- Opc post test

OSVE

Sri MANAKULA VINAYAGAR

Medical college and Hospital

Department of General Medicine

Name of the method:

Objective structured video examination

Objectives of the method:

To impart history taking skill to the first clinical year students.

Competencies/ topics addressed:

IM11.7 - Elicit document and present a medical history that will differentiate the aetiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease.

IM10.12 - Elicit document and present a medical history that will differentiate the aetiologies of disease, distinguish acute and chronic disease, Identify predisposing conditions, nephrotoxic drugs and systemic Causes.

IM8.9 - Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary factors.

IM2.6 - Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes.

IM12.5 Elicit document and present an appropriate history that will establish the diagnosis cause of thyroid dysfunction and its severity

IM18.3 Elicit and document and present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident

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Short description of the method:

This teaching method was adopted during the lockdown period of first Covid wave.
The students were about to commence their classes on " how to elicit history" when lockdown happened. In order to mimick the doctor patient interaction, this session was planned and executed utilising the faculty and post graduate students of General Medicine. In the planned competencies , a short video was taken , where a postgraduate student interacted with a real patient, focussing on 'eliciting history' alone. Each video was sent to a group of students well in advance and the task for the student was to view individually and also interact with the other team members and present on the day of their class ,online.
The facilitator then guided the students on the importance of those questions and clarified the doubts online. The interactions in some videos were made with some missing informations purposefully , to find out if the students were attentive enough to note it.
Assessment(end of posting assessment)

In the post Covid period the same videos were used for assessment, where each student has to write a case sheet after viewing.
This method enabled the students to remain connected to each other and also with their academics.

Feed back obtained from the students and faculty regarding the method, (mention the key points ,upto 5).

In this pandemic also ,it was like a direct visual experience which is more useful rather than just describing it orally
We had practical experience and learnt how seniors took the history taking
It was very useful and gave real life experience. Got to learn how to Take proper history by watching tye questions pyt by the senior.
it was like real history taking
Felt like it was done in front of off . As it is realistic we got some experience
Very interactive.
Audio clarity in some areas

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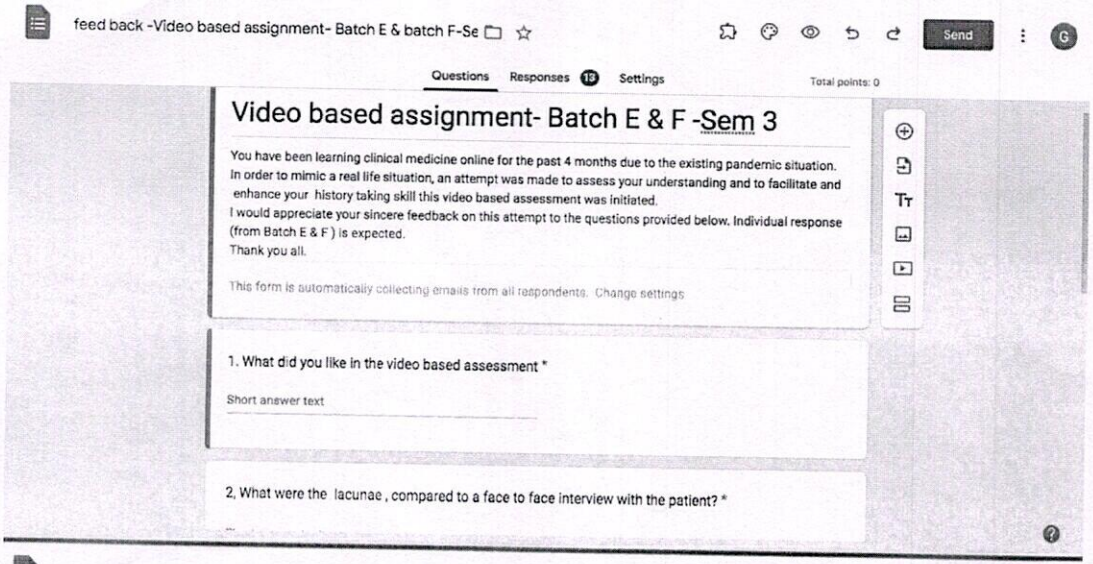

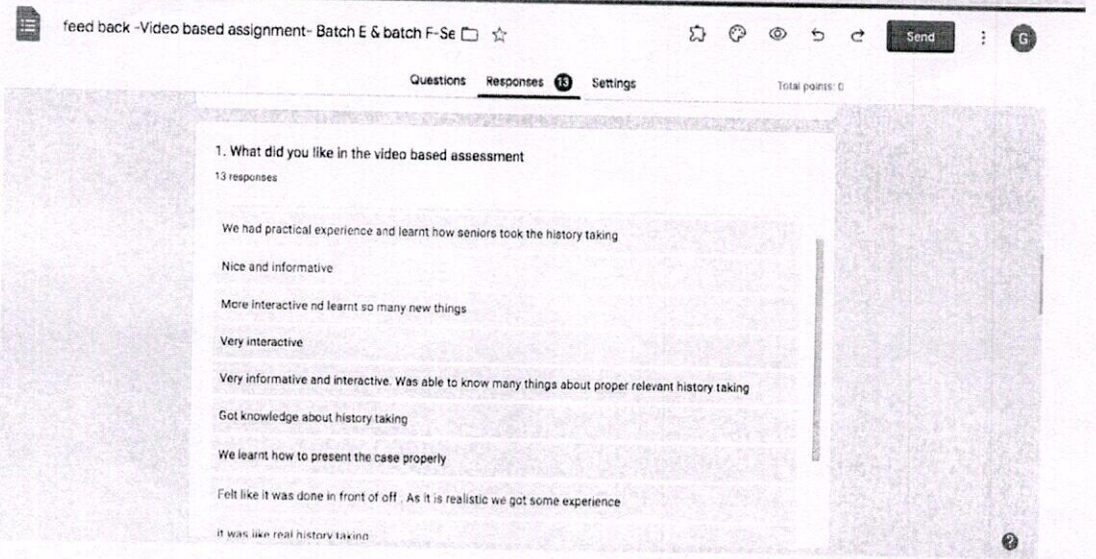

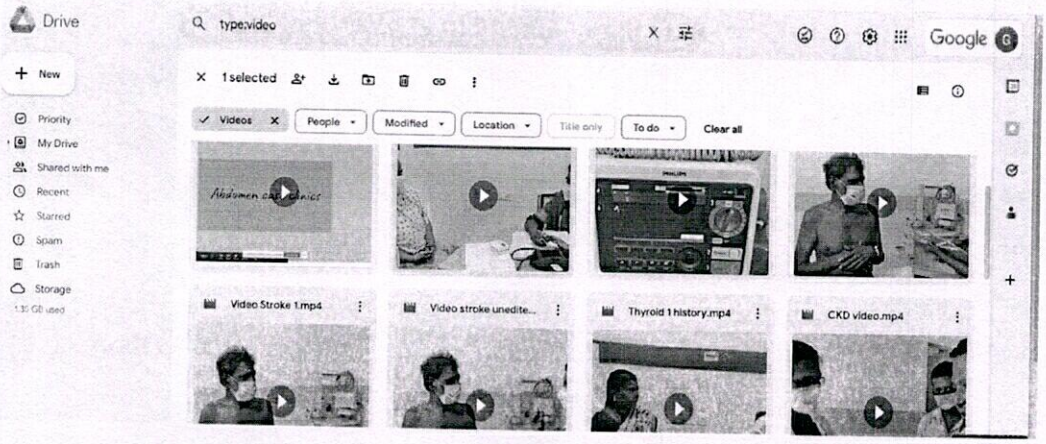

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Sri MANAKULA VINAYAGAR
Medical College and Hospital

REFLECTIVE WRITING

NAME	: SRI NIDHI V
YEAR OF ADMISSION	: 2019
BATCH	: 2019
ROLL NUMBER	: 129
REG.NO	: 19770331

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My role as a future doctor is to heal. Professionalism exemplifies the contract between society and medicine as it is the foundation of doctor-patient trust.In the clinical postings, I was exposed to three fundamental principles of professionalism, namely, the primacy of patient welfare, patient autonomy and social justice.

In this module, I was taught to strive for detachment with my patients to ensure that my feelings do not hinder the quality of care I provide.

I also learnt that The doctor-patient relationship is a keystone of care. There were two key reasons taught on why effective communication is crucial: a) provision of quality care; and b) medicine adherence.

In mastering communication skills, I can clearly explain my patient's situation, reventing misunderstandings that may occur due to the lack of understanding.

I also learnt to provide emotional reassurance to those involved, facilitating the process of healing and enhancing the doctor-patient relationship.

It was one usual evening. I visited the ICU for my case presentation. And there was an old man with terminal illness laying beside me. I went near him, a pg was trying to introduce the ryles tube..The patient couldn't co-operate. He was screaming in pain Crying Begging to end everything. And that is where a future doctor, felt empathy. That was the moment that aspired me to become a better doctor to my patient. A better doctor could save them from sufferings. A better doctor who can put a smile on his face.

During the journey, every respected professors inspired me to each different way to aspire a better doctor in future. To treat my patient with utmost compassion.

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Puducherry-605107.

Sri MANAKULA VINAYAGAR
Medical College and Hospital

REFLECTIVE WRITING

NAME : RUFINA MARIA ANCY R

YEAR OF ADMISSION : 2019

BATCH : 2019

ROLL NUMBER : 103

REG.NO : 19770306

PROFESSOR & HEAD
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Kalitheerthalkuppam, Madagadipet,
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Insights on the Medical Path: A Student's Reflective Journey

During my elective medicine posting, I met a 53-year-old patient named Mr. Murugesan who was admitted in the ICU for complaints of severe breathlessness and altered consciousness. Initially the patient was able to communicate and move well and the patient was given appropriate treatment. The next day we were allotted different cases and was supposed to present the case to the post graduate staff. I was allotted with Mr. Murugesan when I went in to take the history the patient was unfortunately worse than earlier. So, I had to take history from the attender (his wife) she was very anxious and confused, I struggled to effectively communicate and get history due to the emotional fragility of the patient and the complexity of the medical terms. Witnessing the attender's confusion and anxiety due to the patient's condition made me realize the importance of clear and empathetic communication in healthcare. Reflecting on this experience I have identified the need to improve my communication skills to better connect with the patient and ensure they understand their condition and treatment options. This encounter emphasized the significance of patient centred care in medicine and motivated me to seek additional training in effective communication strategies.

The next day when I came to ICU the doctor in ICU informed us that the patient passed away suddenly due to heart failure and even after trying to resuscitate the patient for several minutes. Then the doctor explained about the urgency in the medical team's action and the fast- paced environment when the patient was in a distressing state. Which made me confront the reality of life and death situations in medicine. Reflecting on this encounter, I realized the immense pressure health care professionals face and the emotional toll of such scenarios. This experience reinforced my commitment to pursuing medicine while highlighting the importance of resilience and emotional preparedness in this field. It remained me of the significance of teamwork and effective communication under high – stress situations. Moving forward, I aim to develop coping strategies and further enhance my skills to navigate the emotional challenges inherent in the medical profession.

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THE WORDS THAT HEALS

That was the last day of my postings, As usual I went to the ward along with sir to observe the cases and their treatment. I was totally not confident about the questions being asked about the cases which made me feel desolate.

As I was passing through , I noticed a young child named Poornima , She was bright and warm child with a cheerful laugh that could light up the entire room , After seeing a lot of old patients, I was wondering the reason behind her admission? was she cured? Many thoughts ran in my mind. Then I was told she was suffering from SLE with lupus nephritis which is rare and unforgiving disease .I was deeply saddened.I felt Life is very unfair , She was admitted for having mulitple oral ulcers and finally was diagnosed with SLE.

Their parents standing by their side with sorrowful faces, thinking about their daughter's future. Suddenly poorima broke the silence and asked , "Sir when will I be dischargerd, i already missed my school for the past 1 week ?" I was surprised by her words.. and how curious she is, Despite of her illness , Her resilience and positive attitude served as a reminder of Hope , Later we explained about the disease to their family and gave oral steriods for her ulcers. Even after knowing about the disease and it's complications , rather being sad she was wise beyond her age and started to console her parents and families , That moment was Life changing for me , because even in the face of adversity ,She did not loss Hope , Her positive spirit and kind gesture was a gentle reminder of beauty of life.

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REFLECTIVE WRITING

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REFLECTIVE WRITING

It was one rainy evening. I was stuck in the car shed since I had no umbrella. I heard a continuous voice of someone skipping multiple videos. I just searched where that voice comes from. Then I found a guy who had a brown colored tablet pouch with a worried face.

At first when he saw me he hesitated a little and closed his phone and acted casually. Then rain has not stopped we are in under the car shed for a while. After a few minutes, he came near me and asked if I could ask you a few questions. I replied yes. The tablet he had was antidiabetic tablets and he was diagnosed with type 1 diabetes. He complained that he was very much confused about the course of disease. As a final year medical student I had decent knowledge on diabetes and I started explaining how to take medication, the complications and how to prevent them, how to check blood glucose at home. And I cleared all the fake medical myths that he watched on YouTube. He was happy at the end. He thanked the god for rain that made him meet me. As a final year student I felt very much satisfied with the knowledge I shared and made him free of confusion.

I learnt about how important it is to explain about the medication to the patient, I learnt how the patient will complicate themself by online medical videos, I learnt how important it is to encourage them and take the course of disease in good prognosis rather than frightening about the complications.

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Laughter And Medicine

Enrolling into a medical college had been one of the most joyous occasions of my life. As a child, I would play 'Doctor-Doctor' with my sister, saving countless lives and performing complex surgeries. And the game would end with the patient's family hailing me as their savior. I was their Messiah.

However as I grew older and became a medical student, patients became cases for me. Rather than alleviating human suffering, scoring marks and surviving viva became my prime focus. And any day with a free period would be a hang out session with my friends. And so we would laugh, joke and be loud in the hospital.

Recently though, I had an eye opening conversation with a distant relative that had a profound impact on me both as a medical student and as a human being. When his wife was hospitalized on a fine morning, he was left alone with his two clueless toddlers and a crying baby. And as he was pacing frantically in front of the emergency operation theatre, all he could hear was the carefree laughter and crude jokes made by the medical students posted there. He recalls that as the worst moment in his life, when he couldn't even get a sliver of silence to pray for his wife amongst the bustling students. He longed to be somewhere else, away from the ruckus outside but was too scared to leave his wife even for a second, despite knowing that all he could do was wait for a miracle. But to ask God for a miracle to happen, he didn't have the luxury of silence.

Months later, I, along with my family visited them during my summer break. I didn't have the opportunity to speak much with him, but while we were on our way out, he pulled me aside and made a request, which at the time, seemed strange to me. He asked me to not laugh or joke with friends when in the hospital. "The hospital isn't just for the staff and students. There are others elsewhere; in the elevators, in the canteens, in the corridors, whose every thought is consumed by the fear of losing their loved ones ('patients' for you doctors!) in the wards and in the operation theaters. Try to keep them in mind." His words made me feel guilty, because I had been that student at some point in this course. But to be honest, while I did empathize with him, I thought it was a bit inconsiderate of him to demand this, after all doctors are humans too. In this bleak field of losing patients left and right, humor is the one thing that acts as a coping mechanism.

Pretty soon, I got the complete picture of what he meant. As fate would have it, I also had the misfortune of being the one praying for my father in the ICU while people around me went about their lives, laughing and joking without a wee care, failing to notice my red eyes and slouched shoulders. I know my father was just another patient, perhaps a 'case of consolidation of lung' to them, but that didn't justify their carefree demeanor. To me the world didn't have the right to be happy, as all that mattered was my father's well-being. While I knew it was unreasonable of me to want the people around me to bask in my misery, I realized that I expected others to be at least mindful of the situation, especially the ones in the hospital.

So now, to this day, anywhere I am in the hospital, I try my hardest to make a conscious effort to maintain a professional etiquette and to acknowledge the pain of others. And I occasionally remember the man who taught me that laughter shouldn't always echo in the halls of medicine.

Sri MANAKULA VINAYAGAR

Medical college and Hospital

Department of Microbiology

LIST OF STUDENT CENTRIC METHODS:

1. Case based learning
2. Game based learning
3. Asynchronous learning in LMS (Lesson-Quiz-Assignment)
4. Self-directed learning

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Professor & HOD

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Department of Microbiology

Session plan

Semester: Phase -2 MBBS

Date: 19.04.2023, 20.04.2023

Type of session: Small group discussion- Case based learning (3 groups)

Time: 3.00-4.00 pm

Duration of session:1 hour

Topic for the session: MI 1.1, 1.2, 1.6 (Bacterial identification, Antibiotics & AMR)

Time	Design	T-L method/media	Discussion dynamics
3 mins	Set Induction & Objectives	Interaction	Facilitator
10 mins	Case-1 handouts to all 3 groups	Group discussion	Student-student
8 mins	Case-1	Debriefing case	Facilitator - Student
10 mins	Case2 handouts to all 3 groups-	Group discussion	Student-student
8 mins	Case-2	Debriefing case	Facilitator- Student
10 mins	Case3 handouts to all 3 groups-	Group discussion	Student-student
8 mins	Case-3	Debriefing case	Facilitator - Student
3 mins	Summary	Interaction	Facilitator

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Session plan

Semester: Phase -2 MBBS

Date: 10.05.2023, 11.05.2023, 12.05.2023

Type of session: Small group- Game based learning (3 groups)

Time: 2.30-3.30 pm

Duration of session: 1 hour

Topic for the session: MI 8.5, 8.6 Bio-medical waste management

Time	Design	T-L method/media
5 mins	Introduction and setting ground rules	Interaction
10 mins	Game-1 segregation of wastes	Wordwall online platform
10 mins	Leader board & discussion of BMW segregation	Interaction (F→S)
10 mins	Game-2 Final disposal of biomedical wastes	Wordwall online platform
10 mins	Leader board & discussion of BMW disposal	Interaction (F→S)
10 mins	BMW Hazards and BMWM steps	Interaction (F→S)
5 mins	Summary	Interaction

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Sri MANAKULA VINAYAGAR
Medical College and Hospital

Department of Physiology

Name of the method: Short videos by students

Objectives:

To analyze the learning experience of the medical undergraduate students during the video preparation on the physiological concepts.

Topics: Physiology Concepts

Short description:

All 150 students of the Competency based medical education (CBME) batch were divided into 5 groups with one faculty as instructor. Students were required to develop e-content in the form of a video that was posted in the Learning Management System. Feedback and experiences were collected through a pre-designed Likert scale questionnaire, Kirkpatrick model 1. Open-ended questions were also administered The quantitative data was analyzed using open Epi info version 7.0. The manual content analysis was done for the open-ended questions.

Assessment done

Table 1: Student perception on short video event

Domains	SA n(%)	A n(%)	NAND n(%)	D n(%)	SD n(%)	Consensus (Mean)
I understood the chosen physiological concept	44 (86)	3(5)	4(7)	0 (0)	0(0)	84.56 % (1.22)
This method of learning gave me an opportunity to explore/ refer the topic in detail (internet/books etc)	38(75)	11(22)	2(3)	0(0)	0(0)	82.60% (1.29)
The time given for video preparation was sufficient	35(69)	13(25)	3(6)	0(0)	0(0)	79.61% (1.37)
The instruction given for the video preparation was satisfactory	39(76)	10(20)	2(3)	0(0)	0(0)	83.30% (1.27)
Would you like to suggest this method of learning for your batches mates?	40(78)	6(11)	5(9)	0(0)	0(0)	79.82% (1.31)

SA: Strongly agree; A: Agree; NADA: Neither agree nor disagree; D: Disagree; SD: Strongly disagree

Feedback: Obtained

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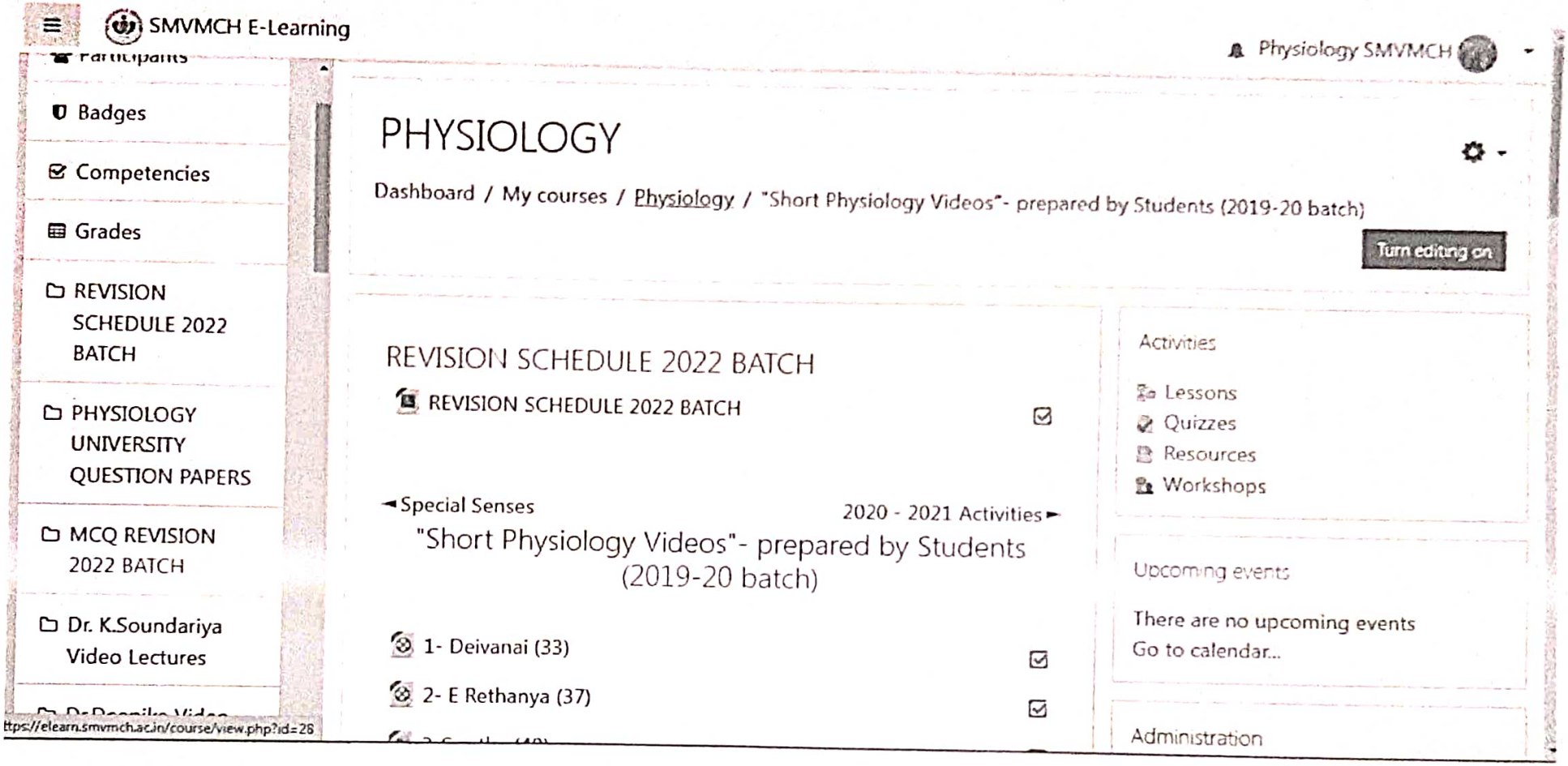
SMVMCH E-Learning
Physiology SMVMCH
Badges
Competencies
Grades
REVISION SCHEDULE 2022 BATCH
PHYSIOLOGY UNIVERSITY QUESTION PAPERS
MCQ REVISION 2022 BATCH
Dr. K.Soundariya Video Lectures
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"Short Physiology Videos"- prepared by Students (2019-20 batch)
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Activities
Lessons
Quizzes
Resources
Workshops
Upcoming events
There are no upcoming events
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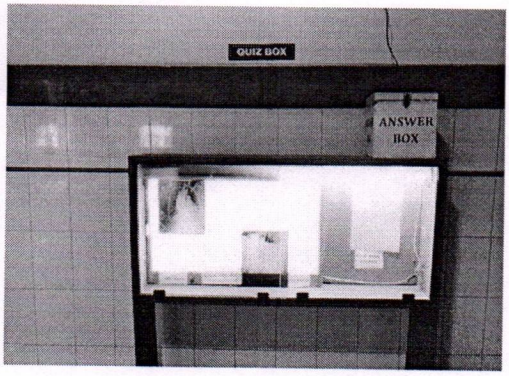
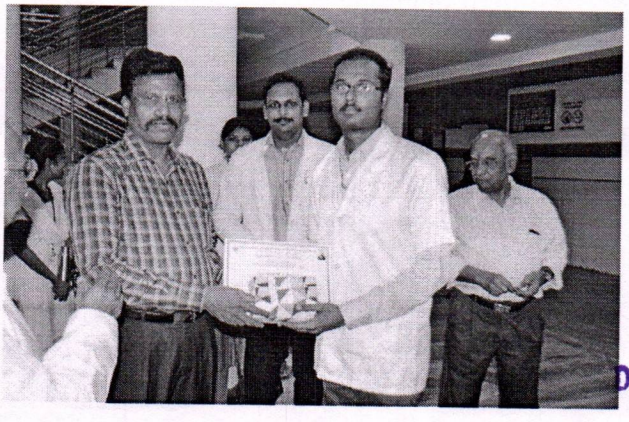
Administration
https://elearn.smvmch.ac.in/course/view.php?id=28

DEPARTMENT OF RADIODIAGNOSIS

Template for Teaching Learning Method

Name of the Method	**Quiz Box for Undergraduates and Postgraduates.**
Objectives of the Method	**To interpret the image displayed in the quiz box.**
Competencies/Topics addressed by the method	**To assess the skill in picking up imaging findings.**
Short description of the method	• **X-ray/CT image is displayed in the quiz box placed in the ground floor (Hospital block), on weekly basis.** • **Answers can be dropped in the adjacent drop box.** • **Prize for winners are given the yearly Roentgen day celebration.**
Any kind of assessment done with the use of the method (Ex: Pretest/ Posttest)	• **Prize for winners are given the yearly Roentgen day celebration.**
Feedback obtained from the students and Faculty regarding the method (Mention the key points, up to 5)	• **Increases the recalling capacity** • **Thought provoking**





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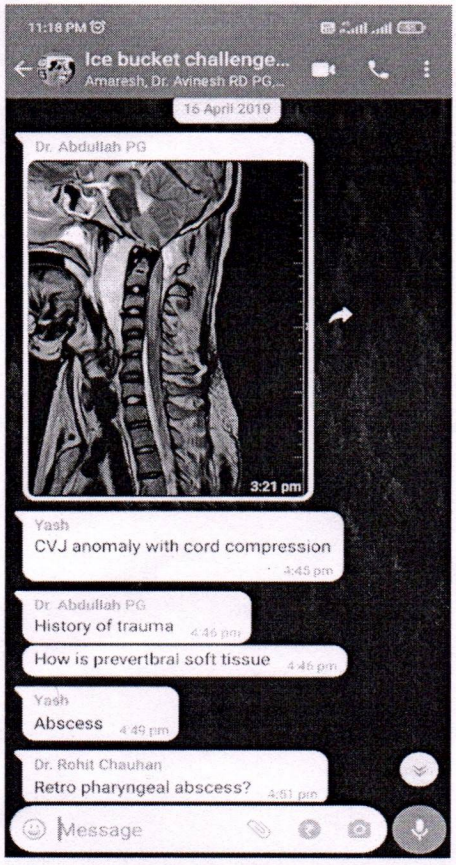
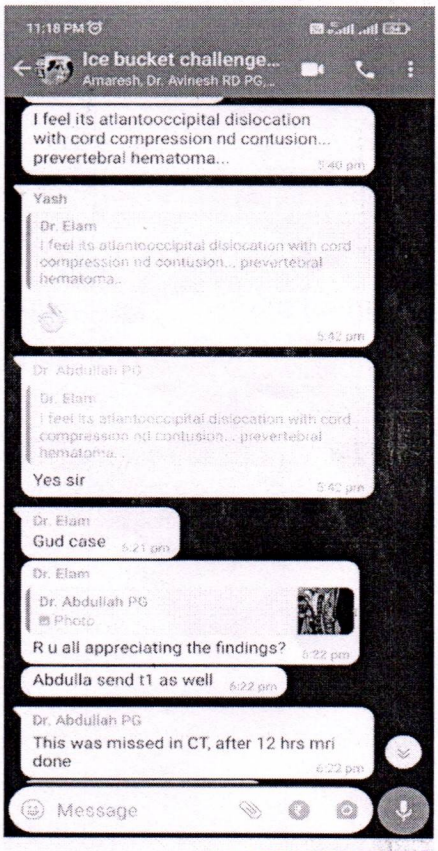
Template for Teaching Learning Method

Name of the Method	**Online PG quiz**
Objectives of the Method	**To assess the ability of the post graduates in interpreting images.**
Competencies/Topics addressed by the method	**The topics address various imaging systems**
Short description of the method	**Whats app group has been created in which radiological images are uploaded; Post graduates are encouraged to send the answers, following which the findings and diagnosis would be discussed.**
Any kind of assessment done with the use of the method (Ex: Pretest/ Posttest)	**No**
Feedback obtained from the students and Faculty regarding the method (Mention the key points, up to 5)	• **The post graduates are exposed to various sorts of imaging findings and diagnosis.** • **Thought provoking**





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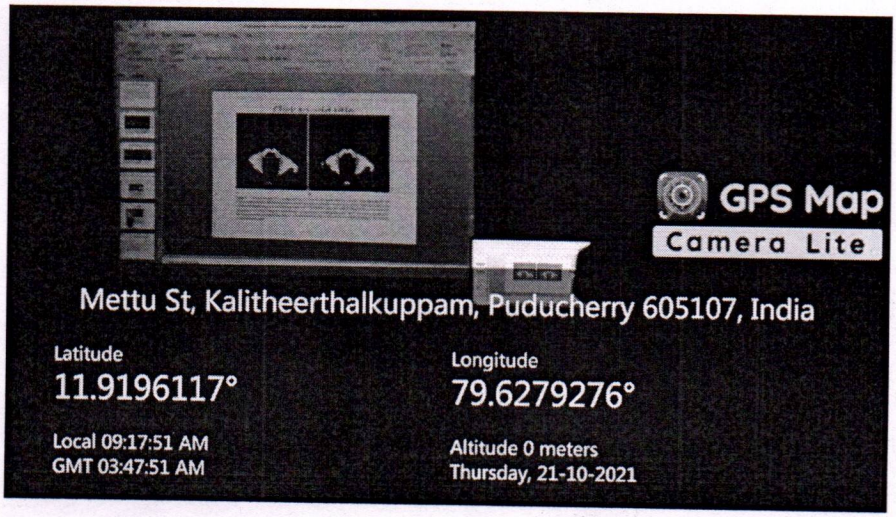
Template for Teaching Learning Method

Name of the Method	**Power point presentation for CRRIs**
Objectives of the Method	• To improve the presentation skill • To learn the radiological approach to various pathologies
Competencies/Topics addressed by the method	**Radiological approach to various pathologies are addressed**
Short description of the method	**The CRRIs who get posted in the department of Radiodiagnosis are allotted topics related to basic radiological approach of various pathologies.** **The seminars are done with powerpoint presentation. Feedback is given for the same.**
Any kind of assessment done with the use of the method (Ex: Pretest/ Posttest)	**Feedback given by the post graduates and faculties**
Feedback obtained from the students and Faculty regarding the method (Mention the key points, up to 5)	• CRRIs are introduced to the radiological approach of various pathologies • Increases the confidence of the CRRIs to do stage presentations.



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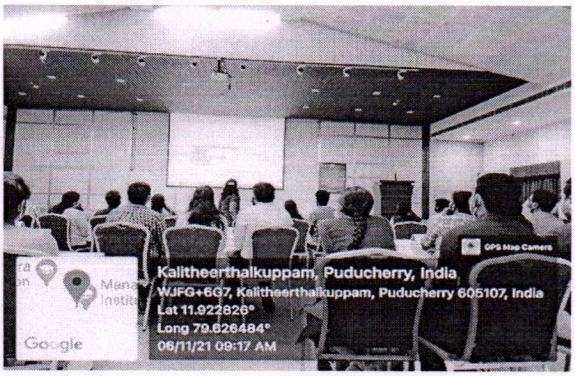
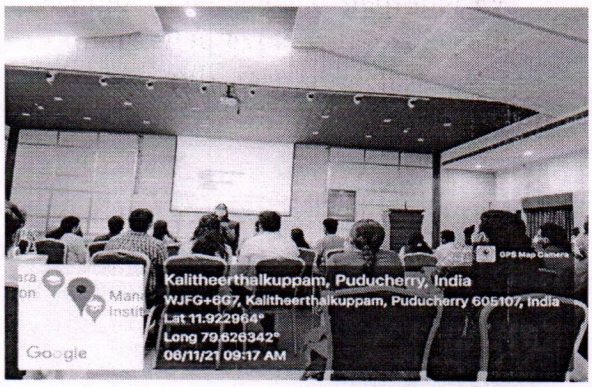
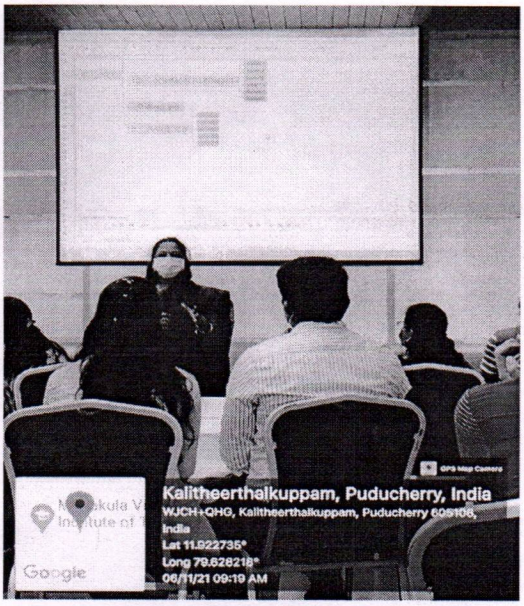
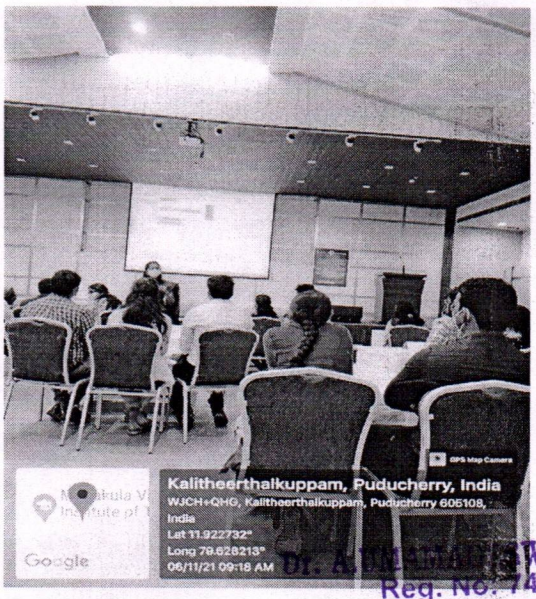
Template for Teaching Learning Method

Name of the Method	**Concept Mapping**
Objectives of the Method	To explain the rule to be followed at the PG Quiz
Competencies/Topics addressed by the method	**For case of understanding of rules of the quiz**
Short description of the method	**Inter-college PG quiz was conducted on 06.11.2021 at MIT auditorium, Sri Manakula Vinayagar Medical College and Hospital. The concept mapping was used to in order to explain the rule to be followed in the quiz, step by step.**
Any kind of assessment done with the use of the method (Ex: Pretest/ Posttest)	**No**
Feedback obtained from the students and Faculty regarding the method (Mention the key points, up to 5)	**Ease of understanding of the rules of the quiz.**









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Original Article

Effect of Self-Directed Learning Module and Assessment on Learning of National Health Programme by Medical Undergraduates – A Mixed Methods Evaluation

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Abstract

Background: Competency-based medical education (CBME) curriculum in India has introduced many new concepts like a foundation course, early clinical exposure, and self-directed learning (SDL). Sometimes SDL simply means self-study. Self-directed learning as defined by Knowles is a process in which individuals take the initiative with or without the help of others in diagnosing their learning needs, setting their own learning goals, identifying appropriate learning resources, and selecting appropriate learning strategies. SDL is seen as a prerequisite for life-long learners, especially medical graduates. We found poor uptake of SDL sessions in terms of learning and attendance by students. To develop and assess the effect of the SDL module in Community Medicine for Phase -3 MBBS students. **Materials and Methods:** The study design was a program development and evaluation design. The program development consists of free listing and Nominal Group Technique (NGT). The evaluation design consists of a formative assessment, an end-of-module assessment, and feedback from undergraduate students, postgraduates, and faculties. Data collection procedure: SDL module was developed, agreed and implemented among undergraduates of Phase – 3 MBBS students. **Results:** Free listing was conducted among undergraduate students who had completed the phase 3 MBBS examination and Nominal Group Technique was conducted among the faculties (n = 7) and Postgraduates of the Department of Community Medicine (n = 2) to explore the appropriate topics for SDL in Community Medicine. The topic with the highest ranking and which was finalized for preparation of the SDL module was "National Health Programme". Three fourth 118 (75%) of the students scored ≥50% at the end of the module assessment. Manual content analysis for the feedback was categorized into three themes such as facilitating factors, challenges, and solutions. **Conclusions:** Effective implementation and assessment of SDL sessions are one of the new concepts in the CBME curriculum.

Keywords: Community medicine, feedback, module, nominal group technique, perception

Introduction

Competency-based medical education (CBME) curriculum in India has introduced many new concepts like a foundation course, early clinical exposure, and self-directed learning. Sometimes SDL simply means self-study. Self-directed learning as defined by Knowles is a process in which individuals take the initiative with or without the help of others in diagnosing their learning needs, setting their own learning goals, identifying appropriate learning resources, and selecting appropriate learning strategies.[1]

Although there are several definitions and interpretations, the essence of SDL remains in its words, i.e., self (learner-oriented), directed (facilitated and monitored), and learning (applicable to lifelong learning).[2] Some of the examples currently being used to cultivate skills of self-directed learning and reflection are problem-based learning, small group learning, self, and peer evaluation, self-study materials, library works, projects, and computer-assisted learning. Now we could see a movement from pedagogy to andragogy in this transformational learning model of SDL in medical education.[3]

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SDL adds variety to teaching-learning methods and provides an option for curriculum makers to choose this method in alignment with some learning objectives. The conduct of SDL is quite variable at different places.[2,4,5] In several instances, it is confused with self-learning or just asking students to read from books but remaining unobserved. Students and teachers have shown apprehension about the freedom of learning in countries where teacher-oriented learning has been there for a long time.

SDL is an active learning approach with the teacher acting as a facilitator of learning. A medical graduate, being a lifelong learner, should instill the habit of SDL. SDL has been receiving increasing attention since the implementation of competency-based medical education (CBME) by the Medical Council of India (MCI).[4,5] Even though dedicated time has been allotted to SDL in the CBME curriculum in each specialty, implementation of SDL is challenging and has become mandatory. Hence in the present study, we developed, implemented, and assessed module-based SDL sessions in Community Medicine for the current batch of students. The challenges faced in implementing the SDL module were also explored by qualitative technique.

Methods

The study was carried out among medical undergraduates of Phase - 3, part 1 MBBS, postgraduates, and faculties of the Community Medicine Department in a private medical college located at Puducherry Union Territory. The college admits 150 undergraduate medical students per academic year and is affiliated with Pondicherry University. National Health Programme (NHP) is a part of the medical undergraduate's curriculum and only the must-know components mentioned in the syllabus are taught during lectures.

It was a program development and evaluation design. The program development consists of qualitative techniques like free listing and Nominal Group Technique (NGT). The evaluation design consists of a formative assessment, an end-of-module assessment, and feedback from undergraduate students, postgraduates, and faculties. The module was delivered to 158 Phase - 3, part 1 students of the academic year 2018, over a period of 2 months from November 2021 to December 2021.

The steps for the conduct of the SDL session are as follows:
Step 1: Selection of topic and development of module

Step 2: Actual conduct of the session

Step 3: End-of-module assessment

Step 4: Feedback

Step 1: Selection of topic and Development of module:

Free listing was conducted among undergraduate students who had completed the phase 3 MBBS examination to explore the difficult topics for SDL in Community Medicine. [Table 1]

A Nominal Group Technique (NGT) was conducted among the faculties (n = 7) and Postgraduates of the Department of Community Medicine (n = 3) to explore the appropriate topics for SDL in Community Medicine. The technique was conducted by a trained Principal investigator in a place and time convenient for the participants using a semi-structured interview guide with a broad open-ended question. The question in the Nominal Group Technique was *"List the appropriate topics for SDL in Community Medicine for Phase -3 MBBS students"*.

Firstly, every participant in the study was asked to give their suggested list of topics for the SDL session. Secondly, all the participants were asked to proceed to rank the topics according to priority as 1st, 2nd, 3rd, 4th, and so on. Thirdly participants were encouraged to share and discuss the reasons for their choices. It helped to identify common ground and plurality of ideas and approaches by each participant. Fourthly, the rank for each topic received was totalled, and the topic with the highest (i.e., most difficult) total ranking was selected as the final decision for the development of the module. The topic with the highest ranking and which was finalized for preparation of the SDL module was "National Health Programme". Then participants were again asked to rank all the National Health Programmes according to priority. Finally, among all the National Health Programmes, the top four National Health Programmes with the highest total ranking were selected for the preparation of the module. The top four National Health Programmes were National AIDS Control Program (NACP), National Tuberculosis Elimination Program (NTEP), the Reproductive and Child Health (RCH) program, and National Leprosy Eradication Program (NLEP) were included in the module. All the interviews were audio recorded and the transcripts were prepared verbatim in English [Table 2]. The module was drafted by the first author by following the competencies given by NMC. The draft module was shared with the faculties of community medicine for review and was approved by the curriculum committee. The module consists of subtopics under each National Health Programme with inbuilt self-assessments like Multiple choice questions, short answer questions, fill-in-the-blanks, and case-based or problem-based questions.

Step 2: Actual conduct of the session:

- **First contact session:** Orientation on the process of SDL like division of students into small batches, fixing of learning goals and the milestone by the students, sharing of resources during the intersession period, implementation of the self-directed module, and assessment at the end of each day of the SDL session was briefed to the students. The role of the facilitator was to help students find the resources, and the fixing of venue and timetable adjustments was also briefed. A Whatsapp group for coordination with the students was formed.
- **Intersession period:** During the intersession period documents and websites related to National Health Program (NACO, NTEP, NHM, NPCDCS) were shared through the Whatsapp group and SMVMCH Learning Management System to engage them in learning.

• **Second contact session:** Before the start of the second contact session, an interactive workshop was held for the facilitators (n = 10) using faculty guide on the implementation of the module and assessment. Through the second contact session, module-based SDL sessions were implemented in Phase - 3, part 1 MBBS students. Students were divided into five small batches. Each batch contains 30 students who were moderated by a faculty and postgraduate. The number of hours allotted for each NHP was six hours, total there were four NHPs and the total time allotted for all the NHPs was 24 hours. The content of each NHP in the SDL module includes important subtopics under each NHP followed by assessment in the form of multiple-choice questions, short answer questions, fill-in-the-blanks, and case-based or problem-based questions. Following the implementation of the module, debriefing was also done by discussing answers to the assessment questions asked at the end of each NHP, and the modules were also marked by the facilitators with the areas to be improved and handed over to the students individually after the end of the module assessment.

Table 1: Perceived as difficult topics by students

Item	Frequency (%)	Average Rank	Salience
Health programmes in India	100	1	1
Communication for health education	100	2.2	0.82
Health planning and management & Health care of the community	70	3	0.484
Medicine and social sciences	70	4	0.376
Preventive Medicine in OBS, Peds, and geriatrics	70	5.14	0.276
Communicable diseases	60	5.33	0.194
Environment and health	50	6	0.143
Concept of health and disease	30	5	0.129
International Health	30	6	0.086
Health information and basic medical statistics	30	7	0.043
Health planning and management	20	3.5	0.129
Epidemiology	20	5	0.086
Health care of the community	10	5	0.043
Demography and family planning	10	5	0.043

Table 2: Consensus score by Nominal Group Technique

Topics	Score by each respondent				Total
	1	2	3	4	
Health programs in India	5	4	-	3	12
Environment & health	-	-	4	5	9
MDG to SDG	4	-	-	4	8
Surface infections		3	5	-	8
Preventive obstetrics, pediatrics	2	-	3	-	5
Health planning	-	5	-	-	5
Sociology	-	1	1	2	4
Health care of the community	3	-	-	-	3
Concept of health and disease	1	-	-	1	2
Rickettsial infection	-	2	-	-	2
Demography	-	-	2	-	2

Step 3: Feedback:

Feedback was collected from all the students and facilitators about the implementation of the SDL module. The online feedback was also obtained from the students who appeared in the final Pondicherry University summative examination.

Step 4: End-of-module assessment:

Students learning was assessed by,

• Written examination consisting of short answer questions and was evaluated with answer key by the principal investigator.

• Submission of all the completed modules.

Ethical issues: The present study was cleared by the Research Committee and the Institutional Ethics Committee (Human Studies) (Ref no: IEC No- EC/91/2021). Permission was also obtained from the Head of the Institution for implementing module-based SDL sessions. Students' marks were not displayed on the noticeboard and were communicated individually to students. Marks were stored separately in HOD's computer.

Data analysis: The following analysis was done in the study.

• The free listing data was entered and analyzed using the Visual Anthropac 1.0 software package and the salience value was calculated.

• Manual content analysis was done by the first author for feedback obtained from students, postgraduates, and faculties regarding the SDL session.

• For written assessment frequency was calculated and the Marks were categorized into less than 50%, 50 – 75%, and >75 percentage. The average of marks was also expressed in mean ± SD.

Results

Program development

Out of 158 students, 86 (54.4%) were females and 72 (45.6%) were males.

As shown in Table 1, an Exhaustive list of responses that were obtained during the free listing activity was fed into Visual Anthropac software, and 14 salient items were obtained with a Smith salient score. The topic with the highest Smith salient score was National Health Programmes in India.

The Nominal Group Technique was conducted among facilitators to obtain consensus for the selection of topics for the development of the SDL module. The topic which was obtained the highest consensus was National Health Programme in India. [Table 2]

Program evaluation

End of module assessment

At the end of all four modules, there was an end-of-module assessment for 50 marks. Out of 50 marks, 30 marks were given to written assessment consisting of structured short answer questions and 20 marks (five marks for each module) for the assignment submission i.e., submission of four completed modules. The average mark at the end of the module assessment was 64 ± 19 (standard deviation). Out of 158 students 25.4%, 41%, and 33.6% of students scored marks <50%, 50-75%, and >75% respectively. [Table 3]

Feedback from students, postgraduates, and faculties

In Table 4, content analysis of students, postgraduates, and faculties feedback was categorized into three themes, the facilitating factors, challenges, and solutions. The categories which were emerged under each theme were the SDL session, session frequency, module development, and assessment. The students felt that the module stressed difficult topics in the curriculum, the simple and easily understandable module, and discussion with peers during activities and assessment was the facilitating factors regarding the SDL session and facilitators felt that students learned new terminologies in NHP. Fewer case scenarios and less space for writing in the module were the few challenges in the module. This was the Kirkpatrick model of level 1, which assesses the immediate reactions of the stakeholders.

Feedback on the performance of questions on NHP in the University Exam (Kirkpatrick level 4)

Feedback was also collected from the students after the completion of the university theory and practical examination regarding the SDL module on the National Health Programme. Although the program was implemented on 158 students, feedback after the University examination could be obtained only from 50 students. The module helped to recollect relevant points and many abbreviations in NHP to perform better in university theory and practical examination was the feedback received from the students. This was the Kirkpatrick model of level 4, which analyzes the final results. A male student had given feedback that.

I was able to write two NHPs such as NPCDCS and RMNCH+A well only because of the SDL module, which helped me in last-minute revision and remembering the sub-topics under each program. [Table 5]

Table 3: End of module assessment scores of all modules of SDL

Gender of students	Mark category *n* (%)		
	< 50%	50-75%	>75%
Female	22 (55)	37 (57)	27 (51)
Male	18 (45)	28 (43)	26 (49)
Total	40	65	53

Discussion

We developed, implemented, and evaluated module-based SDL on NHP. The current module-based SDL teaching demonstrated significant knowledge gains in National Health Programme among medical undergraduates. This was very well evident from the results of the end-of-module assessment, 118 (75%) students scored more than 50 percent. Further as informed by the students they could recollect and answer appropriately the questions related to NHP in the recently conducted summative examination by Pondicherry University. The facilitators felt

Table 4: Feedback from students, postgraduates, and faculties regarding the SDL session

Students	Postgraduates and Faculties
Facilitating factors	
• Stressed on difficult topics for UG students • Time allotment for each topic was sufficient • Student-centered learning • Discussion with peers during activities • Avoids monotony of regular lecture classes • Continuous sessions on SDL • Module was simple and clear, easy to understand, simple language, well organized, easy to revise before exams • Module has problem-based questions in the assessment • Need a similar type of module for communicable diseases • Daily tests can be conducted	• Students learned new terminologies in NHP • Both learning and writing practice was given • Marking of module and feedback by the facilitators
Challenges	
• Only a few NHPs were included in the module. • There was less space for writing in the module and also contains fewer case scenarios	• Students lost enthusiasm because of continuous SDL sessions
Solutions	
• All topics in NHP can be included • Need more space to write after each question • Instruction page at the beginning of the module • Discuss how to present each question in the examination	• SDL sessions can be scheduled once or twice a week. • Consensus can be developed for the selection of questions in the module • Questions in the module can be simplified. • Binding of the module can be done • Applied type of questions should be included more • Credits in the form of bonus marks for successful submission of the completed module to motivate the students • Post-test at the end of each day can be included.

that the module was simple, well-organized, and easy for the students to understand. Further, the problem-based questions in the module exercise were easy to understand and avoided the monotony of the lecture class.

According to NMC, the number of hours allotted for SDL in Community Medicine in second and third-year MBBS was 20 and 5 hours respectively and it has been made compulsory in the curriculum.

Similar SDL sessions were happening in the Department of Community Medicine in the Medical College of Delhi and CMC Vellore well before the new NMC curriculum.[6,7]

Patra S *et al*.[6] in Delhi found that students were satisfied and motivated to study the allotted topic further and they also felt that facilitators could have been more active in imparting knowledge and skills. Previous studies showed that the SDL willingness between batches of students was declining, hence the current curriculum should promote SDL by increasing teaching-learning activities. Factors such as curriculum, assessments, and culture do impact SDL readiness.[8]

Teaching students regarding SDL usually takes place in the experiential or co-curricular setting, the skills necessary for SDL should be introduced and developed in the didactic portion of the curriculum, which allows students to develop scaffolding. Flipped classrooms have the potential to move students toward self-directed learning and it is one of the strategies to develop self-directed learners.[9] A study showed that e-learning or blended learning requires SDL and may benefit students to know the goals of learning that may impact their engagement. In our study, we developed a module to facilitate SDL.[7]

Kohan *et al*.[10] stated that higher levels of self-direction are essential for successful online learning in higher education institutes. The factors such as information overload, mind wandering, role ambiguity, inadequate coping skills, heavy workload, and inadequate writing skills were the barriers to self-directed learning.

However, the study also identified facilitating factors, challenges, and solutions regarding SDL sessions. Some of the facilitating factors were a simple and clear module, which is easy to understand, simple language, well organized, easy to revise before exams and problem-based questions in the assessment. They also suggested the need for a similar type of module for communicable diseases. In the present study, the students felt that SDL sessions were effective which helped them to answer the questions on National Health Programme in the University examination. Facilitators felt that students learned new terminologies in NHP, they were given both learning and writing practice, and marking of modules and feedback by the facilitators was the facilitating factors. They also suggested developing consensus for the selection of questions in the module, simplifying questions in the module, binding the module, and including more applied types of questions. A study done in Delhi also reported positive feedback that sixty-seven percent of students were satisfied and 66% also reported as motivated to study the allotted topic further.[6]

The gap between learners' cognitive development and scientific reasoning must be bridged as a way forward toward a more accurate and integrated understanding of self-directed learning.[11]

Our educational project helped students to find the answers to the learning objectives decided by them by thinking, searching, and group discussion. We have used a qualitative design and involved the students and faculties in finalizing the topic for SDL. The problem-solving activities planned during SDL sessions made learners utilize available resources, read, discuss, and come up with solutions, which they might not have done otherwise following lectures or small group teaching. Assessing SDL, which was also included in the module, which usually not done in the didactic teaching-learning process. Each group of students with allotted facilitators identified their objectives, resources, and teaching-learning activities, which might have created experiences that were not uniform for all the students. However, each student was a unique learner with their learning preferences. The SDL sessions can be further improved based on feedback from students, postgraduates, and faculties.

Our study found that students enjoyed and were satisfied with the SDL sessions and the assessment methods. Factors such as simple and easily understandable modules, discussion with peers during activities, and assessment were the facilitating factors regarding SDL sessions. As recommended by the students, postgraduates, and faculties scheduling SDL sessions once or twice a week and a few changes in the module suggested were the prioritized action points to improve the SDL session further.

Table 5: Feedback on the performance of questions on NHP in the University Exam (Kirkpatrick level 4) (n=50)

- Module helped to recollect relevant points to perform better in university theory and practical examination. (18)
- Module helped in last minute revision of NHP and remember the subtopics in each programme in exam. (16)
- Two NHP such as NPCDCS and RMNCH + A were directly from the SDL module. (13)
- With the help of the Module on NHP we were not new to many abbreviations in NHP in examination. (11)
- Module helped to realize the importance of NHP at the level of UG. (10)
- Without SDL module it would have not been possible to write about NHP in paper 2 Community Medicine theory examination. (8)

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There are no conflicts of interest.

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Image Based Teaching and Computer Assisted – Image Based Assessment for Undergraduate Medical Students in Dermatology Clinics amidst the COVID-19 Pandemic: Students' Perspectives

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The emergence and rapid escalation of the coronavirus disease-19 (COVID-19) pandemic have caused a global disruption in medical education. A major challenge for the medical fraternity in this pandemic is the inability to reproduce the experience of real-time clinical exposure to patients for the students. To overcome the shortcomings, such as lockdown restrictions and reduced outpatient consultations, our department created an Image-Based Teaching (IBT) module followed by Computer-Assisted-Image-Based Assessment (CA-IBA) at the end of their clinical rotation. We have evaluated the perceptions of undergraduates about the IBT and CA-IBA. This cross-sectional pilot study was conducted among 26 final-year undergraduate medical students in the Department of Dermatology at Sri Manakula Vinayagar Medical College and Hospital, Puducherry.

On the week before to the clinical posting, an intra department faculty meeting was held. For each clinical topic, 10–15 images were selected from our department image bank to cover the varied clinical presentations of each disease, diagnostic signs, and representative images of the laboratory procedures were chosen by the faculty. The findings in images were marked with annotations such as arrows and circles for better understanding. In a big ventilated hall, clinical sessions were conducted over 2 weeks using the selected images in an interactive manner.

At the end of the clinical posting, each student was allotted a personal desktop computer in our digital library preloaded with a Microsoft PowerPoint presentation consisting of 10 image-based clinical scenarios [Figure 1]. Each image was accompanied by a set of five questions, giving equal weightage of marks to each of them. A maximum score of 100 was allotted, with 10 marks for each scenario. The examination answer sheets were evaluated by two examiners separately and the mean value was taken as the final mark.

A feedback questionnaire covering various attributes of IBT was collected from the students maintaining their anonymity and responses were recorded using the 5-point Likert scale. The questionnaire had good reliability (Cronbach's alpha -0.702). The data were entered in MS Excel and analyzed using the SPSS version 24 software (SPSS Inc., Chicago, IL, USA) package. The overall response to the IBT was positive and encouraging. The feedback received is documented in Table 1.

Clinical Dermatology is a visually oriented field, which can be easily taught and assessed through images. However, there is a paucity of literature regarding the use of images in undergraduate Dermatology teaching and assessment in India.[1] In our department, previously Kumar *et al.*[2] had studied the role of clinical images as a teaching tool supplementing the conventional clinical teaching in the dermatology specialty. A significant improvement in the student's knowledge and skills was observed after the introduction of clinical images as a teaching tool in that study. Fawcett *et al.*[3] demonstrated improved diagnostic skills in skin lesions among family medicine residents, when they used digital photographs made into posters as a mode of teaching. Rimoin *et al.*[4] reported longer retention of learning and better

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Table 1: Student's perceptions about image-based learning (*n*=26)

Attributes	Strongly disagree *n* (%)	Disagree *n* (%)	Neutral *n* (%)	Agree *n* (%)	Strongly agree *n* (%)	Mean±SD
Reliable tool for facilitating visual/spatial learning	-	1 (3.8)	3 (11.5)	12 (46.2)	10 (38.5)	4.19±0.80
Illustrates important concepts and aids understanding	-	-	1 (3.8)	16 (61.5)	9 (34.6)	4.31±0.54
Do you feel image-based learning enhances your observational skills?	-	-	4 (15.4)	9 (34.6)	13 (50)	4.35±0.74
Facilitates your ability to describe the lesions in Dermatology	-	-	3 (11.5)	9 (34.6)	14 (53.8)	4.42±0.70
Promotes self-directed learning	-	1 (3.8)	10 (38.5)	12 (46.2)	3 (11.5)	3.65±0.74
Helps in developing logical thinking and abstract concepts	-	-	6 (23.1)	10 (38.5)	10 (38.5)	4.15±0.78
Stimulates deep learning	-	-	3 (11.5)	8 (30.8)	15 (57.7)	4.46±0.70
Facilitates constructing of new knowledge based on prior knowledge and experience	-	1 (3.8)	2 (7.7)	10 (38.5)	13 (50)	4.35±0.79
Provides an interactive learning environment	-	-	4 (15.4)	11 (42.3)	11 (42.3)	4.27±0.72
Facilitates effective use of learning resources	-	1 (3.8)	3 (11.5)	17 (65.4)	5 (19.2)	4.00±0.69
Helps in achieving curriculum outcomes	-	-	4 (15.4)	13 (50)	9 (34.6)	4.19±0.69

Figure 1:Computer-assisted image based assessment

identification of skin lesion morphologies, configurations, and distributions when trained with clinical images.

The validity and reliability of CA-OSCE as an assessment modality have been established in previous studies.[5] Grover *et al.*[6] reported improved student performance and attendance rates with CA-OSCE when compared to assessment through essay-type questions. A majority of the students found CA-OSCE to be interesting, stimulating, and challenging. Chaudhary *et al.*[5] stated that their students felt that CA-OSCE was less chaotic and more uniform. Similar to our study, Thakkar *et al.*[1] named CA-OSCE as IBA. They found that it had a better validity in assessing diagnostic and management skills when compared to Semi-Structured Viva (SSV).

This method of teaching and assessment can be considered in places where adequate faculty, image banks, and ample electronic facilities are available. We have perceived an increased attention span of students and their interaction with faculty throughout this method of teaching. A major limitation of our study is a smaller sample size. We suggest that IBT and assessment could be a good substitute to other traditional methods as evident from the feedback received from our students. Further longitudinal studies in the future can help in improving this teaching and assessment modality.

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There are no conflicts of interest.

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Original Article

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Mind Mapping as a Novel Method in Teaching the Morphology of Skin Lesions: A Quasi-Experimental Study

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Introduction: Mind mapping is a visual mapping technique used in a few disciplines of medical education to represent ideas linked to and arranged around a central core idea or topic through different subtopics/categories. We aimed to utilize this technique to teach the undergraduate medical students the morphology of skin lesions and assess its effectiveness.

Methods: This pre- and post-test quasi-experimental study was done among 144 undergraduate medical students. A total of 144 students were selected, and odd and even roll numbers were categorized into two groups using simple random sampling. Group 1 (intervention group) students were taught using mind mapping technique and Group 2 (control group) with traditional lecture-based teaching. A Computer-Assisted pre-test and post-test were carried out. A feedback questionnaire was administered to the intervention group to explore the students' perceptions regarding mind mapping as a learning tool. The data were analysed using SPSS software (version 16), and the difference in the mean pre- and post-test scores was found using independent sampled-t-test.

Results: Pre and post-test score distribution was 5.04±1.27 and 11.44±2.52 (P≤0.001), respectively, in the intervention group. In the control group, the pre and post-test score distributions were 4.83±1.39 and 8.04±1.63, respectively. The mean rank of the mind mapping group was higher (76.43) than the lecture group (67.5). Among the students, 97.2% agreed on the fact that mind mapping enhanced their interest in learning, and 91.7% of the students were satisfied with mind mapping as the learning method.

Conclusion: To kindle the interest and develop critical thinking skills in students, faculty members should continue to explore and evaluate the efficacy of various learning and teaching strategies. Mind mapping could be a novel and integral part of conventional teaching techniques in medical education as evidenced by our student's performances.

Keywords: Mind mapping, Dermatology, Medical education

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Introduction

Mind mapping is a visual mapping technique first developed by Tony Buzan inspired by the notes of Leonardo da Vinci (1). A mind map is a simple learning tool that is used to represent the ideas linked to and arranged around a central core idea or topic using different subtopics/categories. It is structured in a centrifugal and

more horizontal manner with the study topic in the centre and its details diverged in the periphery. All these core characteristics of mind maps are entrenched in the development of semanti networks, a strategy for representing knowledge in the 1950s (2, 3).

Mind mapping, as a teaching tool, has been used in medical education in general as well as in specific subjects like Anatomy, Community Medicine, Physical therapy, and Chiropractic education (4-7). A mind map presents the content in a visual, non-linear format. This engages the learner to think and explore the concepts using visuospatial relationships and pictorial descriptions, and consequently helps the students to organize and retain information (7, 8).

An age-old proverb apt for diagnosis of skin disorders is "The eyes see only what the mind knows". A piece of sound knowledge on the fundamentals of the description of the morphology of skin lesions (e.g., primary lesion such as macule, secondary lesion such as lichenification) is of utmost importance for the characterization and recognition of skin diseases. Hence, the morphology of skin diseases is the first course that undergraduate students usually learn in their dermatology curriculum. In our department, that topic is routinely taken in a lecture-based format describing the various lesions of dermatology. The students listen to the topic and usually linearly take notes; write down the content in their notebook.

The present study was conducted to evaluate the effectiveness of the mind map technique as a teaching tool for the morphology of skin lesions and to compare its effectiveness with conventional lecture-based teaching of the same topic in medical undergraduates. Also, we explored the perceptions of the students regarding mind mapping as a learning tool.

Methods

Study design and setting

To fulfil the study objectives, we carried out a quasi-experimental study on sixth-semester undergraduate medical students in the Department of Dermatology at Sri Manakula Vinayagar Medical College and Hospital (SMVMCH), tertiary care center in Puducherry, India. A total of 144 students were selected and categorized into two groups by simple random sampling, and the participants with odd roll numbers were allocated to Group 1 and even numbers to group 2. Group 1 (intervention group) and Group 2 (control group) comprised 72 students each. Both groups were taught about the morphology of skin lesions. The academic sessions on the selected topic for Group 1 students were run by mind mapping technique and for Group 2 students through a conventional lecture-based manner. The content reference for both modes of teaching was taken from standard Dermatology textbooks.

Group 1 – Intervention group

We chose FreeMind written in Java as the mind mapping software in our study at the researcher's convenience. The mind map was designed by one of our faculty and internally assessed for its effectiveness by an expert team comprising three experienced faculty members. Before the commencement of clinical rotation, the students of the intervention group were oriented about mind mapping. None of the students was aware of mind mapping before the session. A two-hour session of mind mapping on the morphology of skin lesions was conducted using the predesigned mind map for 72 students.

The program allows the users to expand and collapse subtopics/categories in the map. Images of patients encountered in our dermatology department with different skin morphology are stored in our department image bank database. From that for each morphological lesion, two different clinical images were selected. For example, in the case of macules, hypopigmented macules and hyperpigmented macules were included. These images were embedded as a hyperlink in the FreeMind software, so that they were displayed by just clicking that corresponding node. Students were encouraged to take notes based on the Mind map structure showing relationships, hierarchies, and connections between individual subtopics.

Group 2 - Control group

Students in the control group were oriented about the learning outcomes of the session. A 2-hour interactive lecture session on the morphology of skin lesions was carried out through the Microsoft Powerpoint™ software. It consisted of a total of 32 slides that included the basics and the definition of various primary and secondary lesions along with the clinical images. The students were involved in the linear note-taking by recording each topic, and writing down as simple sentences. A small 10-minute refreshment break was provided to break the monotony. At the end of the lecture, group discussion of that topic and students' doubts were addressed.

Computer-Assisted image-based assessment

To assess the level of knowledge on the selected topic before the commencement of

academic sessions, was conducted a simple test. Students of both groups were allocated a separate desktop computer in the the digital library of our institution. Each computer was preloaded with a Microsoft Powerpoint™ presentation consisting of 20 clinical images which depicted different morphologies of skin lesions and the students were asked to identify them. It was programmed in such a way that each slide changed automatically every minute, and the total duration of examination was conducted for 20 minutes. The students were given examination answer sheets to write down their answers.

The test result scores were considered as the pre-test scores. Again, students of both groups were subjected to similar kinds of computer-based examinations after attending their respective mode of academic session, the results of which were considered as post-test marks. To increase the internal validity, we carried out a computer-assisted image-based assessment by a dermatology faculty who was not a part of this research team and was blinded to the intervention to nullify the investigator's bias on the students' performance. The answer sheets were evaluated separately by two faculties and the mean value was taken as the final mark.

Feedback collection

A feedback questionnaire that was prepared based on the literature review was administered to the intervention group to explore the students' perceptions regarding mind mapping as a learning tool (9). It consisted of a total of nine questions framed in a way to know the effectiveness of mind mapping as a teaching tool to learn the morphology of skin lesions. It also included questions to know the satisfactory levels of this teaching modality. Responses were recorded using a 5-point Likert scale, ranging from strongly disagree (score 1) to strongly agree (score 5). In the last part of the questionnaire, open-ended feedback regarding the usefulness of the session, suggestions to improve, and problems faced by them in mind mapping-based learning were obtained. The anonymity of the feedback was solicited.

Statistical analysis

The data were entered into MS Excel and analysed using the SPSS software (version 16) package. The students' scores in the pre-test and post-test of the intervention and control groups were presented as mean and standard deviation. The difference in the mean pre- and post-test scores was found using an independent sample t-test and a $P<0.05$ is considered significant. The content of the open-ended responses was analysed manually by two dermatology faculties.

Ethical Consideration

Institutional Research and Ethics Committee approval was obtained. Ethical principles such as respect for the participants, beneficence, justice and ensuring confidentiality was adhered to all through the study. Informed written consent was obtained from all participants.

Results

A total of 144 students who were studying at the sixth semester participated in the study. Among them, 69 (48%) were male and 75 (52%) were female. The majority of them (122; 84.8%) were from an urban background and the remaining 22 (15.2%) belonged to rural background.

A comparison of the pre and post-test scores of the participants was done in both groups; each test included twenty questions. Pre and post-test score distributions were 5.04±1.27 and 11.44±2.52, respectively, in the intervention group (95% CI: 5.876-6.929). In the control group, the pre and post-test score distributions were 4.83±1.39 and 8.04±1.63, respectively (95% CI: 3.478–2.9381). The mean difference was statistically significant in both groups ($P<0.001$) (Tables 1 and 2). As shown in Table 3, it was found that the increase in mean score was more in the intervention group in comparison to the control group. The mean rank of the mind mapping group was higher (76.43) than the lecture group (67.5).

Table 1: Socio-demographic profile of the sixth semester students

Variable	N (%)
Total participants	144
Gender	
Male	69 (48%)
Female	75 (52%)
Background	
Urban	122 (84.8%)
Rural	22 (15.2%)
Religion	
Hindu	98 (72%)
Muslim	28 (15.5%)
Christian	18 (12.5%)

The overall response to mind mapping was positive and encouraging. The majority of the participants (93.1%) agreed to prefer mind mapping in the future, 97.2% agreed the fact that mind mapping enhanced their interest in learning, and 91.7% of the students were satisfied with mind mapping as the learning method. The noted open-end responses of students about the mind map are shown in Table 4.

Table 2: Pre- and post-test evaluation between mind mapping group and lecture-based teaching group

	Group 1	Group 2	Independent sampled t test (t) and P-value
Pre test (Mean±SD)	5.04±1.27	4.83±1.39	T=24.3; P<0.001
Post test (Mean±SD)	11.44±2.53	8.04±1.63	T=23.6; P<0.001
Percentage of change (%)	74.62%	52.37%	P≤0.001
P-value, within groups	<0.001	<0.001	

*P-value≤0.05 is statistically significant using p independent sampled T-test, *Improvement % or Change %=(Post-test mean - Pre-test mean) 100/(Pre-test mean). *Only the scores of the students who participated in both the pre and post tests were included. Group 1=74.62%, Group 2=52.37 (change %).

Table 3: Five-point Likert scale response survey regarding the students' perceptions of mind mapping (1=Strongly Disagree to 5=Strongly Agree)

No.	Feedback	Mean	Percent Rating Agree+ Strongly Agree
1	Mind mapping covered the topic of subject effectively.	1.875	63 (87.5%)
2	Do you feel mind mapping enhances your observational skill?	1.722	52 (72.2%)
3	I prefer mind mapping as a teaching method in future.	1.930	67 (93.1%)
4	It enhances my interest of learning.	1.972	70 (97.2%)
5	I felt confident that I can adapt myself to mind mapping.	1.958	69 (95.8%)
6	I was satisfied with mind mapping as a learning method.	1.916	66 (91.7%)
7	It enhances your ability to describe the morphology of skin lesions.	1.944	68 (94.4%)
8	It illustrates important concepts and aids understanding.	1.819	59 (81.9%)
9	Are the concepts linked together and clearly describes the relationship?	1.972	70 (97.2%)

Table 4: Student's reflections on mind mapping learning technique

Titles
How does the mind mapping session facilitate your learning?
• We enjoyed learning the topic through this method.
• Easy understanding and correlation of concepts.
• The learning technique was not monotonous.
• This way of learning and notes taking was novel and kindled our interest.
• More involvement in the process of learning.
• Better interaction with the faculty.
• Unique learning experience.
• Non-linear notes are helpful in rapid revision of the topic.
What are the problems faced with this learning technique?
• Took more time than traditional method of learning.
• Found difficult to adopt this new teaching strategy.
• Images were lesser in number for few morphological lesions.
• Expansion and collapse feature of secondary topics led to distraction.
What are the suggestions to improve this learning technique?
• Same technique should be tried in didactic lectures for difficult topics.
• Prior sensitization workshop about mind mapping should be conducted.
• We want to make mind map on our own for easy understanding.
• The sessions should be made concise and finished off in short time.

Discussion

Mind mapping is a technique that visually creates and connects ideas. Dermatology, as a visual science, provides ample opportunities for mind mapping. In this context, a pre- and post-interventional quasi-experimental study was conducted in a medical college in South India among 144 second-year undergraduate students. It is observed that in the post-tests, the performance of the students who had mind maps as a learning tool was significantly better than those who had traditional lecture-based learning. In our study, feedback from the students in the intervention group favoured the utility of mind maps as a learning tool.

In medical education, lectures are the most commonly used method of teaching. Powerpoint™ lectures are usually convenient and have the advantage of being stuffed with the tiniest detail. However, the audience may fail to see the connections between the slides which can cause poor attention in class (9). Visual mapping

is a technique that displays complex information visually with graphical organization and presentation. A few examples of this technique are concept maps, mind maps, visual metaphors, and conceptual diagrams (10).

Mind mapping is a study technique in which information from different sources is converted into a diagrammatic representation of vital keywords related to the study topic (11). It allows the students to recognize the intra- and inter-relationships between various concepts, thereby reflecting the kind of real-world thinking principally in the clinical setting (12). Mind mapping can be used as a teaching resource to prepare and review the lectures, have a quick revision of notes, and update the new information. It can be used in situations such as problem-based learning, one-to-one context, small group teaching, as an assessment tool, and for individual revision (13). Although concept maps have similar characteristics, they differ from mind maps with their top-down structure, with linking keywords or phrases to depict the relationships between the concepts (5).

Farrand et al. (2002) were the first to study the effectiveness of mind mapping among undergraduate medical students. It was found to provide improved long-term factual recall of written information. However, the motivation to use this technique was lower when compared to the self-selected study technique. They stressed the importance of motivating the audience group before adopting it as a study learning technique (11).

Wickramasinghe et al. developed a method to score the mind maps prepared by the students based on the structure and content, but they described neither the method nor the data to support it. Based on their study findings, it was concluded that mind mapping, as a teaching tool, may not be effective in enhancing short-term information retention (14).

Choudhari et al. studied the effectiveness of visual mapping techniques, i.e. concept mapping and mind mapping as a learning tool in Community-based Medical Education (CBME) for the subject of community medicine among undergraduate medical students. One group of students was given the assignment to draw visual maps, while the other group had a Question-Answer session with built-in discussion. When a surprise written examination was conducted on the topics taught, the mean score of the students of visual mapping techniques was significantly higher than the other group (15).

Van Gog et al. propose that a learning strategy that combines verbal reports along with mind mapping aids the learners to make inferences about categorizing or relate concepts together (16). D'Antoni et al., in their study on medical students, found that those who had learned through mind mapping retrieved information successfully in the short term. However, their critical thinking and information retrieval did not increase in the long term as compared to the standard note-taking group (12). A meta-analysis of designs used to teach scientific problem-solving found that those that built integrated frameworks of knowledge such as mind maps were the effective ones (17).

The application of mind mapping in teaching has been reported to improve the critical thinking of nursing students (18). Learning with understanding permits the consolidation of newer concepts with previously learned concepts, thereby contributing to the retention of information in long-term memory (5). The information obtained by integrating the concepts in mind maps helps the students to attain a metacognitive level (19). In medical education, the unique added colours and pictures of mind maps appeal to a wide range of students with visual- and linear-oriented learning styles (12). In our study, the faculty who took the mind mapping session observed that students were more attentive, showed good interest, and were more interactive while learning through it.

A majority of the undergraduate medical students who utilised mind maps in the pharmacology course wanted the lecturers to utilise it as an alternative to conventional teaching formats such as the PowerPoint (20). Mind maps have also been reported as a good online teaching and assessment method during the COVID-19 pandemic (21). A recent meta-analysis showed that mind mapping when combined with problem-based learning could improve self-learning and practical abilities of the students (22).

The major limitation of our study was that mind maps were designed by the faculty and students were encouraged to listen and take notes rather than asking them to make a mind map on their own. Smaller sample size and risk of contamination bias was another limitation in which students of the intervention group might have influenced the control group participants with their experience and notes.

Conclusion

Critical thinking and active learning are integral parts of medical education. To kindle the interest and develop critical thinking skills in students, the faculty should continue to explore and evaluate the efficacy of various learning and teaching strategies. This study is one of the first

kinds, which have utilized mind mapping in dermatology and assessed its effectiveness against time-tested lecture-based learning. Based on our study, we suggest that mind mapping could be a novel and integral part of conventional teaching techniques in medical education as evidenced by our student's performances.

Authors' Contribution

All authors contributed to the discussion, read, and approved the manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflicts of Interest: None Declared.

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Original Article

UNCLE (Unconventional Learning Exercises): An Innovative approach towards active learning in Physiology for I MBBS students

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ABSTRACT

Objectives: Physiology is a constantly evolving subject; hence, it demands participation from the students for effective learning. In the current trend of medical education, medical teachers need to accumulate a good knowledge of efficient "Teaching–Learning Methods," that enable active student participation. "UNCLE–Unconventional Learning Exercises" is one such approach that facilitates learning through discussions with colleagues and helps in acquiring facts through "Participatory learning" rather than through rote memory.The present study aimed to assess the effectiveness of an active learning method "UNCLE" in learning physiology among I MBBS students.

Materials and Methods: Thirty I MBBS students were exposed to "Unconventional Learning Exercises" in small groups during the regular tutorial sessions. The study tools used for "UNCLE" were worksheets with critical thinking questions and analogies shown in flash cards. Pre- and post-test scores were obtained for the evaluation of their learning. Feedback was obtained from the students to elicit their perception about the effectiveness of the new method.

Results: The post-test scores (7.7 ± 1.37) were significantly greater than the pre-test scores (6.24 ± 1.57). The students reported the method to be innovative, interesting, refreshing, and more engaging. They reported that this method enhanced team-work and improved their communication skills.

Conclusion: UNCLE may be considered an effective active learning strategy in physiology for I MBBS students.

Keywords: Active learning, Physiology, Unconventional learning exercises

INTRODUCTION

Medical physiology is a constantly evolving subject, where conceptual learning plays a major role in the acquisition and application of knowledge.[1] This imposes a major challenge on the teachers in devising active learning strategies that activate the critical thinking of the students and facilitate the retention of knowledge.[2]

Implementation of "Competency-Based Medical Education" (CBME) in undergraduate medical curriculum in India has posed greater demand for the adoption of student centric methods.[3] A descriptive literature review on modern techniques of teaching and learning in medical education emphasized the importance of bridging the gap between traditional methods and student expectations.[4]

Active learning techniques that improve student participation, concept understanding, and long-term retention need to be integrated with the traditional methods.[5,6] The literature search revealed various active learning strategies that enhance the active participation of students.[6,7]

"Unconventional Learning Exercises" (UNCLEs) in the form of quizzes, debates, and role-plays have been proven to be effective in providing a student-centric environment in learning biochemistry. UNCLE facilitates learning through discussions with colleagues and facts are acquired through participatory learning.[8]

Hence, the present study aimed at assessing the acceptability and the effectiveness of the "Unconventional Learning Exercises" in learning physiology among 1-year medical undergraduates.

MATERIALS AND METHODS

Study setting

This study was Department of Physiology, Sri Manakula Vinayagar Medical College and Hospital.

Study participants

Sample size is 30 1-year medical undergraduates.

Study design

This study was cross-sectional study.

Ethical approval

The Institutional Ethics Committee permission was obtained.

Methodology

The entire batch of 150 medical undergraduates was exposed to the selected topic in General Physiology (Concepts of Homeostasis and Transport of substances across the cell membrane) through conventional didactic lecture. In the same week, during the regular tutorial session, "Pretest" was administered in the topic. A group of 30 students were initially exposed to the "UNCLE." The students were divided into six groups with five members in each group and were facilitated by a faculty throughout the interactive session. "Unconventional Learning Exercises" were administered in the form of worksheets with critical thinking questions and flashcards with analogies. Few analogies were created by the senior students that were used as educational resources. At the end, there was a random presentation by the students on the "Unconventional Exercises." Following exposure to UNCLE, at the end of the session, a post-test was administered to the students. We made the "UNCLE" interesting using the analogies created by their senior students as educational resources during the exercises. It was decided to expose the rest of the students to "UNCLE" in rotation.

The acceptability of this method among the students was assessed using a validated self-administered feedback questionnaire with open-ended questions.

Statistical analysis

Descriptive statistics (mean ± standard deviation) was used for expressing the pretest and posttest scores. The Statistical Package for the Social Sciences version 22 was used for statistical analysis. The pre-test and the post-test scores were compared using student *t*-test. Manual content analysis was done for the open-ended questions.

RESULTS

There was a statistically significant improvement in the post-test scores after the exposure to the "Unconventional Learning Exercises," as depicted in [Table 1].

[Table 2] represents the summary of responses obtained from the students on their learning experience individually and in a team and on the qualities, they perceived to have acquired after exposure to UNCLE, after categorization by manual content analysis.

[Table 3] represents the summary of responses obtained from the students on the merits and the demerits of the learning experience through "UNCLE."

DISCUSSION

CBME curriculum has demanded the adoption of active learning strategies by the faculty.[3] The term "UNCLE" was coined by the BP Koirala University of Health Sciences, a residential university in Nepal. UNCLE in the form of a quiz, debate and other forms of small group discussions have been found to enhance the learning skills of medical students.[8] The present study assessed the acceptability of "UNCLE" as an active learning strategy among the 1-year medical students in learning physiology, and also, its effectiveness was assessed with pre- and post-test scores, which was found to be statistically significant.

The response obtained from our students on their perception of the novel method "UNCLE" clearly depicts their positive

Table 1: Comparison of the pre-test and post-test scores after exposure to UNCLE.

N	Pre-test	Post-test	*P*-value
30	6.24±1.57	7.7±1.37	<0.01

Values expressed in mean±standard deviation. UNCLE: Unconventional learning exercises

Table 2: Perception of the students on "UNCLE."

Questions	Comments by the students
Share your learning experience	- Favoured long-term retention - Innovative, interesting and easy learning, quick, interactive learning, enjoyed the learning process - Refreshing knowledge, Hidden points in the book are discovered
What were the new qualities acquired?	- Concept understanding - Referral habits, self-realization - Self-confidence - Communication skills - Team work, gentleness, and responsibility - Integration of learnt information with other subjects
Share your experience in the team	- Listening to others - Gained new information on same topic - Needed good co-ordination - Quick learning - Platform for receiving different views from different people regarding the same picture

UNCLE: Unconventional learning exercises

Table 3: Students perception on the merits and demerits of UNCLE.

Questions	Comments by the students
What were the merits?	- Hard ideas learnt easily - Elaborate understanding of a topic - Ignites self-learning
What were the demerits?	- Needs interest and dedication - Lack of team co-ordination

UNCLE: Unconventional learning exercises

attitude toward the innovative active learning strategies. Similar results were observed in the studies by Leksuwankun *et al.* and Walling *et al.*[9,10]

The students expressed good concept understanding, communication skills, and ability to work in a team as some of the qualities acquired during the "Unconventional learning exercises." Similar results were reported by Powell *et al.* with administration of mini-quizzes and self-framing of MCQs by students.[11]

Analogies were used in our study for depicting the physiological concepts which were well-appreciated by students and enhanced their critical thinking capacity. Similar results were reported by Pamidi in teaching anatomy for the students.[12]

However, active learning strategies are not free of limitations, as expressed in the feedback by our students. It requires good team work and a good coordination among the students. The development of resources will be time consuming as expressed by Chakraborty.[13]

Despite the limitations, the advantages of this active learning strategy outweigh its demerits, as expressed by the students. The strength of our study is the utilization of the exercises created by the students as educational resources during the activity. The mixed method of the study added weightage to the evaluation process. However, our study is not free of limitations like small sample size and we attempted only to study the reaction and the learning aspects of the students which correspond to lower levels of Kirkpatrick evaluation.

CONCLUSION

UNCLEs may be considered an effective active learning strategy in physiology for I MBBS students. They may be integrated with conventional methods during the tutorial sessions to enhance student learning and engagement.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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