

(A Deemed to be University Declared under Section 3 of UGC Act, 1956)

Comprising Sri Devaraj Urs Medical College [Constituent Unit of Sri Devaraj Urs Educational Trust for Backward Classes (Regd.)] TAMAKA, KOLAR-563103, KARNATAKA, INDIA

Ph: 08152-243009, +91 9448395232 Fax: +918152 - 243008 E-mail: registrar@sduu.ac.in/office@sduu.ac.in. Website: www.sduu.ac.in

04-09-2021

### **FACULTY OF MEDICINE**

Action Taken Report on Curriculum Feedback from Stakeholders

## Action taken report on curricular feedback from Students 2020-21

Student feedback regarding CBME curriculum	Response	Suggestions	Action taken
Exposure to the foundation course helped me to get oriented and sensitized to the medical profession.	73% agreed that they had a better overview of the MBBS course.		Faculty advised to plan in a way to reduce the burden.
Early clinical exposure (ECE) helped in correlation of my theory knowledge with practical experience.	introduction to the	ECE was good but a bit complex to understand.	Exposure was less due to the pandemic, to be improvised.
The newer concepts in the curriculum like self-directed learning and integration helped me understand course contents better.  The AETCOM module helped me to recognize the importance of soft skills like professionalism communication and ethical behavior.	1000 00 00000	resourceful assistance by the faculty.  Getting exposed to the different topics	Encourage faculty to continue the same.
All the competencies in the curriculum were dealt with and sufficient chances were provided for attaining them during the course of my study.	that the competencies were	It would have been helpful if we had practice papers that were set to our CBME pattern.	Internal Assessment papers were similar to university examination pattern.
The curriculum encompasses areas of community service and rural health care.			The practical classes were conducted as per the CBME allocated hours.



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The curriculum has been	60% opined that the	Include more	20% marks are for
updated from time to time.	recent advances in	MCQS in the	MCQs in IAE.
	the curriculum are	assessments. More	***************************************
	up to date.	concept based	
		assessment in	
		exams.	
The curriculum provides	79% felt that skills		
balance between theory and	taught are relevant		
practical application.	for practical		
	application.		
MCQ's as a part of summative	81% strongly agreed		
evaluation helps me to	that MCQ's helped		
improve my marks	improve their overall		
	scores.		



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## Student feedback regarding Non CBME curriculum

Student feedback regarding Non CBME curriculum	Response	Suggestions	Action taken
Acceptable percentage of the curricula and Syllabi are covered in the Discipline in which you were studying.	76% opined that the subjects taught covers majority of portions in the curriculum.	taken to help students	The institution has made arrangement with Delhi Academy of Medical Sciences to conduct coaching classes to address this issue. Students should start their registration process. Alumni Association has conducted a session to orient them for the same.
		More interactive sessions with students. Use case scenario to improve the student knowledge and thinking ability The teaching should be more clinically oriented. Increase No. of small group discussions such that teachers and students can interact much.	Case based learning and
The curriculum is sufficient to cover the course outcomes.	79% agreed that the syllabus taught is ample to obtain the knowledge and skills required.	The classes taught should be available online for students to refer when required (LMS does not work often).	Online classes are uploaded on LMS Only when LMS is being utilized for conduct of online summative examination for AHBS, LMS access to students will be blocked.



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The curriculum has been updated from time to time.	22 oc 36 oc	co-curricular and extra-	Online cultural activities and indoor sports were conducted. NSS wing also has conducted activities.
The curriculum provides balance between theory and practical application.	skills learnt are	class, break of 5	During online class Faculty do give a break after every class. Departments were informed to adhere to the same.
The curriculum encompasses areas of professional ethics and values,	84% expressed that the course is comprehensive and caters to all the	Please conduct more classes in skill labs.	Faculty to prepare videos related to clinical skills and post it on LMS.
community service, preventive and rural health care.	STATE OF THE STATE	Usage of black board with explanation to be enhanced rather than Power point presentation (PPT).  PPT to be limited for few pictures/flowcharts.	departments to utilize the blackboard once onsite



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## Action taken report on curricular feedback from Faculty 2020-21

Faculty	Responses	Suggestions	Action taken
feedback			
regarding			
curriculum			
Board of studies is ensuring that relevant current trends are being incorporated in the programs offered.	88% of teachers agreed that the curriculum is in line with the recent trends.	More Faculty development program to be conducted to update the faculty knowledge and contribute for curriculum designing.	development have been regularly conducted by University Centre for Health Professions Education (UCHPE) and Medical Education
Opportunity is provided to contribute my ideas in curriculum design and development	85% expressed that they were given a chance to express their views to improvise the course contents	Include the concepts of traditional curriculum wherever deemed necessary so that the students will reap the benefits of CBME curriculum to the fullest.	Departments were informed to discuss the concepts wherever required.
The curriculum has been updated from time to time.	STATES OF THE STATES	Faculty trained in Curriculum implementation support program (CISP) can disseminate the information to other faculty in the department for implementation of CBME curriculum. Participation of all the faculty should be	were informed to train other faculty in the department.  Coordinator MEU regularly conducts curricular subcommittee meetings to orient the faculty towards CBME  The UG and PG curriculum committees are in place in each



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there in designing effective curriculum.

Involve external faculty once in three months in the departmental curriculum committee.

All the BOS have two external faculty, feedback can be taken from them

In case of AHBS Programs the course content can be reduced, by having only course specific content in their syllabus.

In the BOS of AHBS, faculty give inputs regarding the syllabus related to their subject based on which the relevant course content is incorporated.

Monitoring the implementation of designed curriculum in each department effectively.

effectively.
Curriculum meetings
to include graduates
and residents.

Departments have UG and PG curriculum committees which monitor the implementation.

The curriculum committee of the institute has already included UG and intern in the committee. Departments were suggested to include one under graduate and one postgraduate in their departmental curriculum committees.



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## Action taken report on curricular feedback from Alumni 2020-21

Alumni feedback regarding	Responses	Suggestions	Action taken	
curriculum The curriculum	96% strongly	Library timings	In order to maintain	
taught was relevant for clinical application.	96% strongly agreed, agreed that the curriculum is pertinent to develop clinical skills.	Library timings can be increased till 12:00 AM	In order to maintain precautions of social distancing for Covid-19 pandemic the library timings had been changed. Once the situation improves, the library timings will be increased as per the requirement.  Students have been be provided with remote access was utilization of e books.	
The curriculum bridges the gap between skills acquired and current needs of the society.	93% strongly agreed, agreed that the courses taught in keeping with the societal needs.	To increase interdepartmental classes.	Informed the departments to incorporate the suggestion. For CBME batch Aligned and Integrated (AITO) teaching is being practiced.	
The curriculum empowered me to work in various health care settings.	91% strongly agreed, agreed that the skills developed are significant for clinical application.	More clinical interactive sessions.	Departments were informed to conduct more clinical case discussions once the onsite classes begin.	



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# Action taken report on curricular feedback from Professionals 2020-21

Professional feedback regarding curriculum	Responses	Suggestions	Action taken
Board of studies is ensuring that relevant current trends are being incorporated in the programs offered.	83% strongly agreed, agreed that recent trends are updated in the programs offered by the academy.	Good care and attention given towards ensuring that all the recent guidelines are followed by all the departments.	BOS to continue the same.
Opportunity is provided to contribute my ideas in curriculum design and development.	78% expressed that their inputs are encouraged during the revision of syllabus.	Good initiative: OSPE based practical for UGs Suggestions: 1.Exclude matter Related to Ph.D., Research and NAAC for BOS 2.BOS can be Restricted to issues related to-curriculum; exam; question papers of both UG and PG only.	BOS chairman were informed to exclude PhD and NAAC related agenda in their BOS, as PhD programs have their respective doctoral committees.
The system followed by the University for the design and development of curriculum is effective.	81% opined that the system is in place to bring in changes in curriculum as and when needed.		
The curriculum has been updated from time to time.	83% stated that the curriculum is updated as and when required and also when instructions are received from regulatory bodies.		
Representation from other universities in UG & PG Boards of studies is helpful in designing and improving the courses.	89% were of the opinion that external faculty representation ensures effective curricular reforms.		

