



Yearly Status Report - 2018-2019

Part A

Data of the Institution

1. Name of the Institution		MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM, WARDHA, MAHARASHTRA
Name of the head of the Institution		Dr Nitin Gangane
Designation		Principal
Does the Institution function from own campus		Yes
Phone no/Alternate Phone no.		917152284343
Mobile no.		9552810655
Registered Email		dean@mgims.ac.in
Alternate Email		ngangane@mgims.ac.in
Address		Dean, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha Maharashtra 442102
City/Town		Wardha
State/UT		Maharashtra

Pincode	442102																								
2. Institutional Status																									
Affiliated / Constituent	Affiliated																								
Type of Institution	Co-education																								
Location	Rural																								
Financial Status	Self financed and grant-in-aid																								
Name of the IQAC co-ordinator/Director	Dr Anshu																								
Phone no/Alternate Phone no.	917152284341																								
Mobile no.	9822726984																								
Registered Email	anshu@mgims.ac.in																								
Alternate Email	dr.anshu@gmail.com																								
3. Website Address																									
Web-link of the AQAR: (Previous Academic Year)	https://www.mgims.ac.in/files/NAAC/AQAR17-18.pdf																								
4. Whether Academic Calendar prepared during the year	Yes																								
if yes,whether it is uploaded in the institutional website: Weblink :	https://www.mgims.ac.in/files/NAAC/ac18-19.pdf																								
5. Accrediation Details																									
<table border="1"> <thead> <tr> <th rowspan="2">Cycle</th> <th rowspan="2">Grade</th> <th rowspan="2">CGPA</th> <th rowspan="2">Year of Accrediation</th> <th colspan="2">Validity</th> </tr> <tr> <th>Period From</th> <th>Period To</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>A</td> <td>3.16</td> <td>2011</td> <td>16-Sep-2011</td> <td>15-Sep-2016</td> </tr> <tr> <td>2</td> <td>A</td> <td>3.30</td> <td>2017</td> <td>02-May-2017</td> <td>01-May-2022</td> </tr> </tbody> </table>						Cycle	Grade	CGPA	Year of Accrediation	Validity		Period From	Period To	1	A	3.16	2011	16-Sep-2011	15-Sep-2016	2	A	3.30	2017	02-May-2017	01-May-2022
Cycle	Grade	CGPA	Year of Accrediation	Validity																					
				Period From	Period To																				
1	A	3.16	2011	16-Sep-2011	15-Sep-2016																				
2	A	3.30	2017	02-May-2017	01-May-2022																				
6. Date of Establishment of IQAC	30-Mar-2012																								
7. Internal Quality Assurance System																									

Quality initiatives by IQAC during the year for promoting quality culture

Item /Title of the quality initiative by IQAC	Date & Duration	Number of participants/ beneficiaries
No Data Entered/Not Applicable!!!		
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8. Provide the list of funds by Central/ State Government- UGC/CSIR/DST/DBT/ICMR/TEQIP/World Bank/CPE of UGC etc.

Institution/Department/Faculty	Scheme	Funding Agency	Year of award with duration	Amount
No Data Entered/Not Applicable!!!				
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9. Whether composition of IQAC as per latest NAAC guidelines:

Yes

Upload latest notification of formation of IQAC

[View File](#)

10. Number of IQAC meetings held during the year :

4

The minutes of IQAC meeting and compliances to the decisions have been uploaded on the institutional website

Yes

Upload the minutes of meeting and action taken report

[View File](#)

11. Whether IQAC received funding from any of the funding agency to support its activities during the year?

No

12. Significant contributions made by IQAC during the current year(maximum five bullets)

Improvement of quality of laboratories of Microbiology, Pathology and Biochemistry under the Labs for Life project

Celebration of Golden Jubilee year of MGIMS with planning of academic activities to be organized by each department and several alumni get together

Construction of a new state-of-the-art Dr APJ Kalam library spread over 16000 square feet

Provision of incentives such as travel grants and research grants to promote undergraduate research

Organization of symposia and workshops on Genetics and Genomics, Palliative care,

CPR training, and skills training

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13. Plan of action chalked out by the IQAC in the beginning of the academic year towards Quality Enhancement and outcome achieved by the end of the academic year

Plan of Action	Achievements/Outcomes
To construct state of the art library	Dr APJ Abdul Kalam Library inaugurated on 24.7.2018. Spread across 16000 square feet
To promote undergraduate research	Several undergraduate students were supported by travel grants and research grants under the Undergraduate Research Promotion Scheme. Our undergraduates won research and innovation awards in Sri Lanka and the Netherlands
To start training of doctors and nurses in Obstetrics HDU/ICU training	MGIMS started Nodal Centre for Obstetric HDU/ICU training for doctors and staff nurses. The Ministry of Health and Family Welfare, Govt of India has identified MGIMS as the first nodal centre to conduct training on obstetric critical care management
To start Sports Physiology laboratory	Sports Physiology Laboratory started on 5.6.2018
To establish new gymnasium in boys hostel	A new gymnasium was constructed in the boys hostel at an approximate cost of Rs 20 lakhs
To start cardiac surgery facilities for patients	Kasturba Hospital started performing angioplasty and cardiac surgery for rural patients. Beneficiaries of the Mahatma Jyotiba Phule Jan Arogya Yojana get free services
To develop a model of empowering community in nurturing care of children	MGIMS partnered with UNICEF, ICDS Maharashtra and Health Dept of Maharashtra to develop a model for empowering family and community for nurturing care of children 0-6 years. The model is being implemented in 10 ICDS projects of Aurangabad and Yavatmal districts covering approx.. 12 lakh population and engages 3000 frontline workers (anganwadi workers and ASHA)
Improvement of quality of laboratories under Labs for Life Project	In the end line assessment of laboratory services, under the Labs for Life Project of the Ministry of Health and Family Welfare (Govt of India), the MGIMS laboratories of Microbiology, Pathology and Biochemistry have achieved an increased score from 70.3%

at baseline to 84.6% at the end line and gained four stars in the assessment

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14. Whether AQAR was placed before statutory body ?

Yes

Name of Statutory Body

Meeting Date

Local management committee

30-Aug-2019

15. Whether NAAC/or any other accredited body(s) visited IQAC or interacted with it to assess the functioning ?

No

16. Whether institutional data submitted to AISHE:

Yes

Year of Submission

2018

Date of Submission

21-Dec-2018

17. Does the Institution have Management Information System ?

Yes

If yes, give a brief description and a list of modules currently operational (maximum 500 words)

The Hospital Information System (HIS) was launched at MGIMS in 2004. Over the years, 20 modules were developed and successfully deployed to capture, save and display information from all sections of the hospital. All the modules use the HIS to record, store, retrieve and use data related to their offices. MGIMS has now the distinction of being one of the few medical institutions in the country where the Hospital Information System is actually being put to productive use. The HIS introduced electronic mail, powered by Google. Every user has registered and assigned a unique MGIMS email ID that identifies them with MGIMS. They use the MGIMS email ID to communicate within the campus and also outside. With electronic mails fast replacing traditional paperbased communication systems, the campus is steadily moving towards a paperless campus. The entire campus (classrooms, seminar rooms, auditorium, library, hostels, administrative sections, hospital, laboratories, operating rooms, administrative buildings and homes), now enjoy a seamless highspeed internet

connectivity through a wireless network. List of modules currently operational: • Registration • Insurance • Outpatient department • Emergency Services • Inpatient • Laboratories • Blood Bank • Operation Theaters • Pharmacy • Dietary Section • Medical Record Department • Admission/Discharge • Personal Section • Student Section • Accounts • Central Store • Payroll • Transport

Part B

CRITERION I – CURRICULAR ASPECTS

1.1 – Curriculum Planning and Implementation

1.1.1 – Institution has the mechanism for well planned curriculum delivery and documentation. Explain in 500 words

• MGIMS follows the updated curricula developed by the affiliating university, Maharashtra University of Health Sciences (MUHS). • Based on the guidelines of the Medical Council of India, MGIMS has constituted a curriculum committee. The Curriculum Committee members have undergone the Faculty Development Programme conducted by the Regional Nodal Centres of MCI. The curriculum committee meets every 6 months to ensure that the basic guidelines required by MUHS are being fulfilled. The committee encourages each department to review its academic activities for the entire year. During these meetings, the staff members are encouraged to make suggestions for changes or improvements to be made in the areas of syllabus, teaching and academic performance of students. Attendance of students, as well as, results at the internal assessment and university level are discussed, and modalities for improvement of the same are decided. The committee also discusses the infrastructural and faculty requirements (e.g. lecture halls, projection facilities, skills laboratory postings, community postings etc) to conduct classes in the next semester. The curriculum committee meets and prepares the academic calendar annually. The committee finalizes the timetable for the entire course each year. Departmental responsibilities are assigned. • Decisions of the committee are shared with all departmental heads. The committee works in collaboration with the IQAC, MEU and Institutional Research committee and Ethics Committee. • The curriculum committee provides support to implement MCI's AETCOM module and the CBME curriculum which will be implemented from next year. • Each phase of MBBS has a different committee constituting departmental heads who monitor the completion of syllabus, conduct of internal assessment examinations and attendance in that professional year. • Suggestions which are required to be implemented at the level of the University are drafted and communicated to MUHS through the Dean. Other feedback pertaining to separate disciplines are submitted to the University through several institute faculty who are representatives at MUHS and on the University's Board of Studies • The IQAC collects feedback from faculty, students, alumni and supporting staff and analyzes it. • The Medical Education Unit (MEU) conducts training of faculty in several areas such as mentoring, MCQ construction, curriculum development, skills training. In view of MCI's and MUHS' recent thrust on competency based medical education, special sessions have been included in the Basic MEU workshops to make faculty familiar with these concepts. • Research methodology workshops have been made mandatory for all postgraduate guides at the level of the university. • In addition to these activities, different subgroups of the MEU perform needs assessment and evaluation of the institute's specific programmes using different programme

evaluation methodologies. • The Documentation Unit of the institute is in charge of preparing the annual report each year. It maintains details of all research, academic and service activities conducted in the institute.

1.1.2 – Certificate/ Diploma Courses introduced during the academic year

Certificate	Diploma Courses	Dates of Introduction	Duration	Focus on employ ability/entrepreneurship	Skill Development
CCMH (Certificate course in Management of Hypertension) PHFI Cycle III	Nil	01/05/2018	240	Needed in terms of increasing prevalence of hypertension	Management and Prevention of Hypertension
Advanced Certificate Course in Prevention and Management of Diabetes Cardiovascular Disease- PHFI Cycle III	Nil	01/06/2018	180	Needed in terms of increasing prevalence of diabetes and cardiovascular disease	Prevention of diabetes mellitus and its management
Certificate Course in Evidence Based Management of Diabetic Retinopathy CCDR Cycle IV	Nil	01/03/2019	90	Needed to prevent complications and in view of increasing prevalence of diabetes	Detection and management of diabetic retinopathy
Certificate Course in Gestational Diabetes Mellitus - Cycle V	Nil	01/04/2018	90	Needed in terms of increasing prevalence of diabetes	Diagnosis and management of Diabetes Mellitus
Post Graduate Diploma in Geriatric Medicine (PGDGM), IGNOU	Nil	01/01/2018	730	Needed in terms of increasing geriatric population	Holistic care of geriatric population

1.2 – Academic Flexibility

1.2.1 – New programmes/courses introduced during the academic year

Programme/Course	Programme Specialization	Dates of Introduction
No Data Entered/Not Applicable !!!		

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1.2.2 – Programmes in which Choice Based Credit System (CBCS)/Elective course system implemented at the affiliated Colleges (if applicable) during the academic year.

Name of programmes adopting CBCS	Programme Specialization	Date of implementation of CBCS/Elective Course System
No Data Entered/Not Applicable !!!		

1.2.3 – Students enrolled in Certificate/ Diploma Courses introduced during the year

	Certificate	Diploma Course
Number of Students	86	16

1.3 – Curriculum Enrichment

1.3.1 – Value-added courses imparting transferable and life skills offered during the year

Value Added Courses	Date of Introduction	Number of Students Enrolled
Gandhian Thought	20/08/2018	100
Values in Health Care - A Spiritual Approach (VIHASA)	25/08/2018	100
Democracy in India/ Election to local self-Government bodies/ Good Governance	21/08/2018	100
Social determinants of health and community mobilization	25/09/2018	100
Equity in health	27/09/2018	100
Leadership in health care	24/09/2018	100
No file uploaded.		

1.3.2 – Field Projects / Internships under taken during the year

Project/Programme Title	Programme Specialization	No. of students enrolled for Field Projects / Internships
No Data Entered/Not Applicable !!!		
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1.4 – Feedback System

1.4.1 – Whether structured feedback received from all the stakeholders.

Students	Yes
Teachers	Yes
Employers	Yes
Alumni	Yes
Parents	Yes

1.4.2 – How the feedback obtained is being analyzed and utilized for overall development of the institution? (maximum 500 words)

Feedback Obtained
<ul style="list-style-type: none">Collecting feedback is the regular feature of the Internal Quality Assurance

Cell. The IQAC designs the questionnaires which are either administered through written or online questionnaires. Feedback is collected on different aspects such as: curriculum, infrastructure, teaching-learning process, assessment, student facilities, support system, management issues etc. Feedback is collected from

- Students: The questionnaire is circulated to all students and the students are encouraged to write their frank feedback on different aspects in a structured manner. The feedback is also obtained by informal discussion of students with their mentors and faculty of individual departments.
- Faculty: Faculty gives feedback through survey questionnaires and also through agendas raised in meetings of college council.
- Alumni: A structured online feedback form is sent to alumni on email and through social networks. Feedback is also taken in person during alumni meetings
- Parents: Every year the parents are informed about the progress of their ward and along with that a feedback form is also sent which is analyzed after getting back the filled form
- Community: Regular interactions are done with community leaders, social workers and patients to get necessary feedback.
- Patients: Regular feedback is taken from inpatients who are admitted for more than 3 days. OPDs have suggestion boxes to provide feedback

• All feedback is analyzed, discussed by the management at various levels (curriculum committee, college council, mentor meetings, medical education department, individual departments). Feedback which needs to be acted upon is implemented after building a consensus. Feasible changes are made and disseminated to stakeholders

- This has resulted in improving the general facilities available to students at the hostels and the college building and in improving teaching.

CRITERION II – TEACHING- LEARNING AND EVALUATION

2.1 – Student Enrolment and Profile

2.1.1 – Demand Ratio during the year

Name of the Programme	Programme Specialization	Number of seats available	Number of Application received	Students Enrolled
No Data Entered/Not Applicable !!!				
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2.2 – Catering to Student Diversity

2.2.1 – Student - Full time teacher ratio (current year data)

Year	Number of students enrolled in the institution (UG)	Number of students enrolled in the institution (PG)	Number of fulltime teachers available in the institution teaching only UG courses	Number of fulltime teachers available in the institution teaching only PG courses	Number of teachers teaching both UG and PG courses
2018	396	211	Nill	Nill	131

2.3 – Teaching - Learning Process

2.3.1 – Percentage of teachers using ICT for effective teaching with Learning Management Systems (LMS), E-learning resources etc. (current year data)

Number of Teachers on Roll	Number of teachers using ICT (LMS, e-Resources)	ICT Tools and resources available	Number of ICT enabled Classrooms	Numberof smart classrooms	E-resources and techniques used
131	30	3	4	4	300
View File of ICT Tools and resources					
View File of E-resources and techniques used					

2.3.2 – Students mentoring system available in the institution? Give details. (maximum 500 words)

The mentorship programme was initiated in 2009. One faculty member is the Coordinator of the Mentoring Cell. The programme is being run with about 70 mentors every year with each mentor being allotted 5-8 students preferably from the same semester batch which they teach. Mentors are expected to interact informally with their mentees at least once every month as per the mutual convenience. They are expected to explore student opinions about the quality of teaching, assessment etc. and to ask whether they have any grievances regarding their stay and experience at the hostel and at the institution. Feedback from mentees is taken on various parameters such as teaching and learning in the institute, mess, library, gymnasium, sports ground, personal issues if any. This activity also serves the purpose such as taking regular visits to hostel as a part of anti-ragging measures and to warn the mentees not to involve themselves in ragging. The mentors are expected to submit compiled feedback from mentees to the Dean and the coordinator of the Mentoring cell every quarter. Quarterly meetings are held with the Dean to discuss the compiled summary from mentors report. Action taken based on this feedback is discussed with students and mentors by the Dean in his interactions with them. Feedback as regards to the steps taken by the management to address the concerns of the students is communicated back to them in subsequent meeting. Thus this program apart from its official purpose, it also serves the important purpose of close interaction between faculty and students. It acts as a bridge between administration and students. Overall this activity helps students academically as well as to help them to cope with personal problems if any. Mentoring is also provided outside this schedule as per the needs of the students. Grievances, if any, are redressed or forwarded to the respective sections. Counseling support is provided on a one-to-one and small group basis.

Number of students enrolled in the institution	Number of fulltime teachers	Mentor : Mentee Ratio
403	68	1:6

2.4 – Teacher Profile and Quality

2.4.1 – Number of full time teachers appointed during the year

No. of sanctioned positions	No. of filled positions	Vacant positions	Positions filled during the current year	No. of faculty with Ph.D
152	131	21	29	11

2.4.2 – Honours and recognition received by teachers (received awards, recognition, fellowships at State, National, International level from Government, recognised bodies during the year)

Year of Award	Name of full time teachers receiving awards from state level, national level, international level	Designation	Name of the award, fellowship, received from Government or recognized bodies
No Data Entered/Not Applicable !!!			
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2.5 – Evaluation Process and Reforms

2.5.1 – Number of days from the date of semester-end/ year- end examination till the declaration of results during the year

Programme Name	Programme Code	Semester/ year	Last date of the last semester-end/ year-end examination	Date of declaration of results of semester-end/ year- end examination
MBBS	105103	9th semester	31/12/2018	09/02/2019
MBBS	105103	7th semester	31/12/2018	09/02/2019
MBBS	105103	5th semester	31/12/2018	09/02/2019
MBBS	105103	2nd semester	07/07/2019	01/08/2018
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2.5.2 – Reforms initiated on Continuous Internal Evaluation(CIE) system at the institutional level (250 words)

MGIMS follows guidelines for Internal assessment as mandated by MUHS. Attendance records and marks of internal assessment have to be submitted online to the university. Record keeping of internal assessment is monitored by University officials by regular on-site visits. Students are expected to see their evaluated answer books and sign. In the institute, a Custodian of examinations is appointed by the University. He/She looks after the conduct of examinations as well as Central Assessment Programme according to MUHS guidelines. An examination strong room has been set up. CCTV cameras and jammers have been installed in the examination room. This team facilitates proper conduct of examinations and paper evaluation. An Internal Vigilance Squad has also been constituted

2.5.3 – Academic calendar prepared and adhered for conduct of Examination and other related matters (250 words)

The curriculum committee meets and prepares the academic calendar annually. The curriculum committee decides and finalizes the teaching programme for each department before the start of every academic year. The committee is represented by the Dean, faculty representatives from the preclinical, paraclinical, surgical and allied branches, medicine and allied branches, student representatives and the MEU coordinator. The timetables for each professional are approved by head of each department and finalized by this committee. The academic calendar consists of the course objectives, rules and regulations, names of faculty, teaching plan, clinical postings, dates of internal assessment examinations, tentative dates of university examinations, vacations, list of holidays, dates for annual social gathering, social service camp and ROME camp and important telephone numbers. This calendar is provided to all students and is also available on the college website.

2.6 – Student Performance and Learning Outcomes

2.6.1 – Program outcomes, program specific outcomes and course outcomes for all programs offered by the institution are stated and displayed in website of the institution (to provide the weblink)

<https://www.mgims.ac.in/files/NAAC/outcomes.pdf>

2.6.2 – Pass percentage of students

Programme Code	Programme Name	Programme Specialization	Number of students appeared in the final year examination	Number of students passed in final year examination	Pass Percentage
105103	MBBS	Third MBBS Part II	67	63	94.03
105103	MBBS	Third MBBS Part I	96	88	91.67
105103	MBBS	Second MBBS	102	98	96.08
105103	MBBS	First MBBS	101	100	99.01

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2.7 – Student Satisfaction Survey

2.7.1 – Student Satisfaction Survey (SSS) on overall institutional performance (Institution may design the questionnaire) (results and details be provided as weblink)

<https://www.mgims.ac.in/files/NAAC/feedback.pdf>

CRITERION III – RESEARCH, INNOVATIONS AND EXTENSION

3.1 – Resource Mobilization for Research

3.1.1 – Research funds sanctioned and received from various agencies, industry and other organisations

Nature of the Project	Duration	Name of the funding agency	Total grant sanctioned	Amount received during the year
Major Projects	365	See annexure	223.24	223.24
Minor Projects	365	Kasturba Health Society Research Group	2.03	2.03
Students Research Projects (Other than compulsory by the University)	365	ICMR	1.1	1.1
Interdisciplinary Projects	365	See annexure	2.24	2.24
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3.2 – Innovation Ecosystem

3.2.1 – Workshops/Seminars Conducted on Intellectual Property Rights (IPR) and Industry-Academia Innovative practices during the year

Title of workshop/seminar	Name of the Dept.	Date
No Data Entered/Not Applicable !!!		

3.2.2 – Awards for Innovation won by Institution/Teachers/Research scholars/Students during the year

Title of the innovation	Name of Awardee	Awarding Agency	Date of award	Category
Oncology Innovation Challenge Award- Antibodies that block the non required site of drug target thereby reducing the adverse side-effects of anti cancer drugs.	Sneha Yadav	University of Groningen, Netherlands And University College Of London	15/07/2018	Oncology Innovation Challenge Award- Antibodies that block the non required site of drug target thereby reducing the adverse side-effects of anti cancer drugs.
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3.2.3 – No. of Incubation centre created, start-ups incubated on campus during the year

Incubation Center	Name	Sponsored By	Name of the Start-up	Nature of Start-up	Date of Commencement
No Data Entered/Not Applicable !!!					
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3.3 – Research Publications and Awards

3.3.1 – Incentive to the teachers who receive recognition/awards

State	National	International
9	6	1

3.3.2 – Ph. Ds awarded during the year (applicable for PG College, Research Center)

Name of the Department	Number of PhD's Awarded
Obstetrics and Gynecology	1
Physiology1	1

3.3.3 – Research Publications in the Journals notified on UGC website during the year

Type	Department	Number of Publication	Average Impact Factor (if any)
No Data Entered/Not Applicable !!!			
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3.3.4 – Books and Chapters in edited Volumes / Books published, and papers in National/International Conference Proceedings per Teacher during the year

Department	Number of Publication
No Data Entered/Not Applicable !!!	
View File	

3.3.5 – Bibliometrics of the publications during the last Academic year based on average citation index in Scopus/ Web of Science or PubMed/ Indian Citation Index

Title of the Paper	Name of Author	Title of journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self citation
No Data Entered/Not Applicable !!!						
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3.3.6 – h-Index of the Institutional Publications during the year. (based on Scopus/ Web of science)

Title of the Paper	Name of Author	Title of journal	Year of publication	h-index	Number of citations excluding self citation	Institutional affiliation as mentioned in the publication
No Data Entered/Not Applicable !!!						
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3.3.7 – Faculty participation in Seminars/Conferences and Symposia during the year :

Number of Faculty	International	National	State	Local
Attended/Seminars/Workshops	8	182	134	88
Resource persons	3	30	46	105
Presented papers	6	42	44	12
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3.4 – Extension Activities

3.4.1 – Number of extension and outreach programmes conducted in collaboration with industry, community and Non- Government Organisations through NSS/NCC/Red cross/Youth Red Cross (YRC) etc., during the year

Title of the activities	Organising unit/agency/ collaborating agency	Number of teachers participated in such activities	Number of students participated in such activities
NSS Special Camp Activity	NSS and Dept of Community Medicine	12	100
Red Ribbon Club	NSS	12	50
Tree plantation activity	NSS	12	100
Self help groups	Dept of community medicine	12	100
No file uploaded.			

3.4.2 – Awards and recognition received for extension activities from Government and other recognized bodies during the year

Name of the activity	Award/Recognition	Awarding Bodies	Number of students Benefited
Kiran Clinics	Best practices and Innovations in Community Medicine	Indian Association of Preventive and Social Medicine	100
Labs for life project	Highest score among participating institutions	Labs for Life CDC	100
Kayakalp Award for cleanliness	Kayakalp Award	Ministry of Health and Family Welfare	100
No file uploaded.			

3.4.3 – Students participating in extension activities with Government Organisations, Non-Government Organisations and programmes such as Swachh Bharat, Aids Awareness, Gender Issue, etc. during the year

Name of the scheme	Organising unit/Agen cy/collaborating agency	Name of the activity	Number of teachers participated in such activites	Number of students participated in such activites
World Anesthesia Day	Anesthesia	BLS	6	400
World TB Day	Medicine Pediatrics Microbiology Orthopedics	Guidelines of RNTCP	6	400
International Yoga Day	Arogyadham	Yoga Day	5	400
WHO Day	Dept of Community Medicine	Universal Health Coverage	6	400
World Breast feeding Week	Pediatrics	World Breast feeding Week	4	100
Gender for health	Dept of Community	Gender for Health	12	100

	Medicine			
Swachh Bharat Abhiyan	KHS	Swachh Bharat Abhiyan	50	400
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3.5 – Collaborations

3.5.1 – Number of Collaborative activities for research, faculty exchange, student exchange during the year

Nature of activity	Participant	Source of financial support	Duration
International Summer School on Oncology, Netherlands	Sneha Yadav	Awarded waiver of 365 euros to attend Summer School in the University of Groningen, the Netherlands	11
No file uploaded.			

3.5.2 – Linkages with institutions/industries for internship, on-the- job training, project work, sharing of research facilities etc. during the year

Nature of linkage	Title of the linkage	Name of the partnering institution/ industry /research lab with contact details	Duration From	Duration To	Participant
No Data Entered/Not Applicable !!!					
No file uploaded.					

3.5.3 – MoUs signed with institutions of national, international importance, other universities, industries, corporate houses etc. during the year

Organisation	Date of MoU signed	Purpose/Activities	Number of students/teachers participated under MoUs
No Data Entered/Not Applicable !!!			
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CRITERION IV – INFRASTRUCTURE AND LEARNING RESOURCES

4.1 – Physical Facilities

4.1.1 – Budget allocation, excluding salary for infrastructure augmentation during the year

Budget allocated for infrastructure augmentation	Budget utilized for infrastructure development
450	393.88

4.1.2 – Details of augmentation in infrastructure facilities during the year

Facilities	Existing or Newly Added
No Data Entered/Not Applicable !!!	
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4.2 – Library as a Learning Resource

4.2.1 – Library is automated {Integrated Library Management System (ILMS)}

Name of the ILMS	Nature of automation (fully)	Version	Year of automation
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software	or patially)		
KOHA	Fully	17.11.15.000	2019

4.2.2 – Library Services

Library Service Type	Existing	Newly Added	Total
No Data Entered/Not Applicable !!!			
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4.2.3 – E-content developed by teachers such as: e-PG- Pathshala, CEC (under e-PG- Pathshala CEC (Under Graduate) SWAYAM other MOOCs platform NPTEL/NMEICT/any other Government initiatives & institutional (Learning Management System (LMS) etc

Name of the Teacher	Name of the Module	Platform on which module is developed	Date of launching e-content
Dr Subodh S Gupta	Developing course with Moodle	MGIMS Classroom (Moodle platform)	01/07/2018
Faculty members, Department of Community Medicine (Joint effort)	Community Health amp Development - Learning from the people: Part I	MGIMS Classroom (Moodle platform)	01/09/2018
Faculty members, Department of Community Medicine	Community Health amp Development - Learning from the people: Part II	MGIMS Classroom (Moodle platform)	01/11/2018
Dr Subodh S Gupta	RMNCH A	MGIMS Classroom (Moodle platform)	01/03/2018
Dr Abhishek Raut	Basic epidemiology	MGIMS Classroom (Moodle platform)	01/07/2018
Dr Anshu	Laboratory diagnosis of Diabetes Mellitus	MGIMS Classroom (Moodle platform)	01/07/2019
No file uploaded.			

4.3 – IT Infrastructure

4.3.1 – Technology Upgradation (overall)

Type	Total Computers	Computer Lab	Internet	Browsing centers	Computer Centers	Office	Departments	Available Bandwidth (MBPS/ GBPS)	Others
Existing	305	1	1	2	1	15	22	1	0
Added	30	0	0	0	0	0	0	0	0
Total	335	1	1	2	1	15	22	1	0

4.3.2 – Bandwidth available of internet connection in the Institution (Leased line)

1 MBPS/ GBPS

4.3.3 – Facility for e-content

Name of the e-content development facility	Provide the link of the videos and media centre and recording facility
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4.4 – Maintenance of Campus Infrastructure

4.4.1 – Expenditure incurred on maintenance of physical facilities and academic support facilities, excluding salary component, during the year

Assigned Budget on academic facilities	Expenditure incurred on maintenance of academic facilities	Assigned budget on physical facilities	Expenditure incurred on maintenance of physical facilities
400	359.81	600	589.06

4.4.2 – Procedures and policies for maintaining and utilizing physical, academic and support facilities - laboratory, library, sports complex, computers, classrooms etc. (maximum 500 words) (information to be available in institutional Website, provide link)

Procedures and policies for maintaining and utilizing physical, academic and support facilities Maintenance of Campus infrastructure (buildings, classrooms and laboratories) The infrastructural facilities of the Institute are maintained by the Engineering and Maintenance Department (EMD). The EMD has two sections: (a) electrical and (b) civil inclusive of motor rewinding and welding unit. The EMD looks after the maintenance and repair of buildings, classrooms and laboratories throughout the year 24 x7. Adequate staff is appointed for maintenance. A well-equipped workshop is available. Usually no external personnel are required, except for major constructions which are handed over to contractors after tenders are floated. When individual departments require any civil engineering or electrical work to be done, they send in their requests to the EMD, which immediately attends to the same. Any major repairs which require financial expenditure are first sanctioned by the Secretary of KHS and then attended to the EMD. All the buildings are insured for fire and earthquake damage every year. Campus specific initiatives which have been undertaken to improve the physical ambience: • Gardens have been developed wherever vacant space was available in the campus. The whole campus is under green cover and no space is left open without tree cover except roads and lawns. • Building painting and repair is undertaken once in 5 years for maintenance of the buildings. Maintenance of equipment There are two Bio-Medical Engineers in the Equipment Maintenance Department who cater to all the repair calls of equipments. In case, they need the help of the Company Engineer, he is called. All equipment which are sensitive are covered under Annual Maintenance Contracts and Comprehensive maintenance contract. For other services, tenders are floated and annual rate contract is finalized with the service provider and trouble free service is ensured. Library Procedures There is a library advisory committee comprising of nine members, including the Dean, Officer in Charge of library, Officer In-charge, Technical, Librarian, Faculty representing pre, para and clinical departments. The advisory committee reviews the working of library, takes decisions on policy matters, making the library more student friendly, annual expenditure, budget allocations for books to different departments and planning on future development. Various book bank schemes are available for the economically weak students under which text books are given to the students for their whole term as follows: 1 MUHS Book Bank Scheme for Economically Backward Students 2 Social Welfare Dept., Govt. of India: For SC/ST students those who are beneficiaries of Govt. of India Scholarship scheme and income of whose parents' are not exceeding Rs. 2,00,000/- 3 Needy Students Library for all students 4 Dr. Anand Karkhanis Book Bank Scheme for all students Hospital Information System Hospital Management Information System (HMIS) has a maintenance contract for updating applications. Electronic Medical Records System (EMR) is in built in the application itself and gets automatically updated. Digital diagnostic and imaging systems including PACS is under annual maintenance contract with the vendor.

CRITERION V – STUDENT SUPPORT AND PROGRESSION

5.1 – Student Support

5.1.1 – Scholarships and Financial Support

	Name/Title of the scheme	Number of students	Amount in Rupees
No Data Entered/Not Applicable !!!			
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5.1.2 – Number of capability enhancement and development schemes such as Soft skill development, Remedial coaching, Language lab, Bridge courses, Yoga, Meditation, Personal Counselling and Mentoring etc.,

Name of the capability enhancement scheme	Date of implementation	Number of students enrolled	Agencies involved
No Data Entered/Not Applicable !!!			
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5.1.3 – Students benefited by guidance for competitive examinations and career counselling offered by the institution during the year

Year	Name of the scheme	Number of benefited students for competitive examination	Number of benefited students by career counseling activities	Number of students who have passed in the comp. exam	Number of students placed
2018	Coaching for NEET	70	70	96	55
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5.1.4 – Institutional mechanism for transparency, timely redressal of student grievances, Prevention of sexual harassment and ragging cases during the year

Total grievances received	Number of grievances redressed	Avg. number of days for grievance redressal
Nil	Nil	Nil

5.2 – Student Progression

5.2.1 – Details of campus placement during the year

On campus			Off campus		
Name of organizations visited	Number of students participated	Number of students placed	Name of organizations visited	Number of students participated	Number of students placed
No Data Entered/Not Applicable !!!					
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5.2.2 – Student progression to higher education in percentage during the year

Year	Number of students enrolling into higher education	Programme graduated from	Department graduated from	Name of institution joined	Name of programme admitted to
2018	96	MBBS	MBBS	See annexure	PG

[View File](#)

5.2.3 – Students qualifying in state/ national/ international level examinations during the year
(eg:NET/SET/SLET/GATE/GMAT/CAT/GRE/TOFEL/Civil Services/State Government Services)

Items	Number of students selected/ qualifying
Any Other	28

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5.2.4 – Sports and cultural activities / competitions organised at the institution level during the year

Activity	Level	Number of Participants
Vidarbha Zone Inter Zonal Sports Tournament 28	University State	315
Taradevi Memorial Debate Competition 28	Regional	24
Aiyanna Introduction for 2018 batch 28	Institute	200
Annual Cultural Festival 28	Institute	400
Ganesh Festival 28	Institute	400
Gandhi Jayanti Celebrations 28	Inter college	300
Literary Day 28	Institute	200
Art Exhibition 28	Institute	50
Sangeet Sandhya 28	Institute	200

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5.3 – Student Participation and Activities

5.3.1 – Number of awards/medals for outstanding performance in sports/cultural activities at national/international level (award for a team event should be counted as one)

Year	Name of the award/medal	National/ Internaional	Number of awards for Sports	Number of awards for Cultural	Student ID number	Name of the student
2018	Colour holder in Swimming	National	1	Nill	2017078	Prerna Shelke
2018	Colour holder in Athletics	National	1	Nill	2017022	Isha Deshpande
2018	Colour holder in Athletics	National	1	Nill	2017045	Sagar Misal
2018	Colour holder in Volleyball	National	1	Nill	2017050	Abhishek Nadre
2018	Colour holder in Khokho	National	1	Nill	2017072	Ganesh Sarda

2018	Colour holder in Kabaddi	National	1	Nil	2017023	Hrishikesh Dhande
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5.3.2 – Activity of Student Council & representation of students on academic & administrative bodies/committees of the institution (maximum 500 words)

Cultural Activities: Students of the organizing batch of 2015 conducted several cultural events. The first programme of the year was Aiyanna, the introduction party for the new 2018 batch where students showed off their talents. On Foundation Day the cultural society was involved in decorating the auditorium with shades of gold and hints of khadi. The three day Ganesh festival followed with the help of 2017 batch. A Sangeet Sandhya was organized for all undergraduate students with antakshari and performances by all the batches. Dandiya night was also organized, like every year but on a bigger scale this time. The tradition of fete was brought back this year after a gap of five years. As a goodwill gesture, the Student Council donated Rs 15000 from the collective profits of fete, to support underprivileged students to attend the Medical Friends Circle meet. The Institute's 50th annual Cultural Festival 'Chyrsos 2019' was organized on on 16th and 19th Feb 2019 with performances ranging from dances of all flavours, creative fashion shows, skits and rocking band and orchestra performances. Sargam was organized on the day two in which a lot of students and teachers shared their melodies with audience. The art exhibition was inaugurated by Dr BS Garg. **Literary Activities:** An intercollegiate debate competition was organized on 10 Sep 2018 in the fond memory of Late Smt. Taradevi, mother of Dr Sushila Nayar. The topic of debate was "Should suicide be a criminal offence?". Literary Day was celebrated on the evening of 14th Feb 2018. Students of all batches actively participated in a number of literary events. The off stage events were Easy writing competition, Poster and Poetry competition. The 43rd edition of the college magazine, 'Sushruta' was released on the occasion of Foundation day on 11 Sep 2018 by Chief Guest, Dr Sanjeev Kumar, IAS. **Sports:** This year, our institute organized a Vidarbha Zone and Mega event inter zonal sports tournament for MUHS Nashik on 23-24 Oct 2018. A total of 29 colleges with 22 coaches and 315 players participated in the tournament. Thirteen of our students participated in the tournament. Tournaments were organized from 27-28 Oct 2018 where 720 students from six zones participated. The 'NSS Special Camp 2018' for the 2018 batch of medical students of MGIMS, Sevagram was organized from 20 Oct to 2 Nov 2018 at village Mandwa under Anji PHC area. This camp was attended by 100 students of 2018 batch. A Red Ribbon club was formed in which all the 100 students of 2018 batch enrolled their names. The students took the pledge to fight against the HIV/ AIDS and also participated in the rally organized for generating the awareness against HIV AIDS and Swachhata. Tree plantation programme was conducted in the village Mandwa. A total of 100 saplings were planted. The students gifted a tree to each of their adopted families. Student representatives were included in IQAC, curriculum committee, academy of medical sciences and other committees

5.4 – Alumni Engagement

5.4.1 – Whether the institution has registered Alumni Association?

Yes

The institute has a registered alumni association. A complete electronic database of alumni is maintained. Every year, the batch celebrating its Silver Jubilee year has its Silver Jubilee programme on the campus in the last week of December. The programme includes a get together of the alumni with felicitation of teachers. The Institute hosts lunch and their stay on the campus. Alumni

contribute academically and financially towards the development of the institution and its programmes. Some batches have gone back to their adopted villages and contributed to village development schemes. A vibrant alumni group on social media interacts with undergraduates and gives them career guidance. Apart from the annual meeting, the office bearers meet frequently and plan various activities Alumni support for the following activities: o Career guidance of students o Deliver talks and lectures at the institute o Financial support of students who come from disadvantaged backgrounds o Enhancing the academic learning environment Alumni are encouraged to give feedback about the institute infrastructure and course. Many alumni have been working since several years in the institute as faculty. They help in the keeping the links alive with alumni

5.4.2 – No. of enrolled Alumni:

2844

5.4.3 – Alumni contribution during the year (in Rupees) :

1600000

5.4.4 – Meetings/activities organized by Alumni Association :

Alumni meet of 1994 batch Dec 2018 5 Meetings to plan alumni meet and celebrations in Golden Jubilee year of institute Participation as resource person in academic activities

CRITERION VI – GOVERNANCE, LEADERSHIP AND MANAGEMENT

6.1 – Institutional Vision and Leadership

6.1.1 – Mention two practices of decentralization and participative management during the last year (maximum 500 words)

The functioning of the institute is decentralized and several institutional committees comprising of faculty, non teaching staff and students look after different aspects of governance and administration. The Dean is the head of academic affairs and deals with issues related to students, faculty and parents. The Secretary of the Kasturba Health Society looks after all management issues with KHS employees, i.e. both teaching and non-teaching staff. The Medical Superintendent is responsible for the day-to-day running of the hospital and deals with concerns of the patients and clinicians. The President of the KHS along with his team of trustees oversees all these roles and also handles financial responsibilities. KHS has explicit guidelines for functioning which ensures that each individual employee contributes to institutional development. Faculty are given different administrative responsibilities besides their clinical work. Faculty are responsible for financial, academic, hostel, curriculum, examination, grievance, purchase, admission and several other different administrative roles. Students are also part of the IQAC, curriculum committee, and research committees. The departmental committees and the curriculum committees keep a check on the curriculum schedule and take action if any changes are needed. Regular academic and administrative audits are conducted. All decisions are taken during meetings of committees such as college council, students council, curriculum committee, etc. Communication is open and transparent. Efforts are on to implement e-governance strategies and making functioning more efficient. Most sections including students section, accounts section, personnel section etc are linked through the hospital information system. Every faculty and student has an email ID using the mgims.ac.in intramail. Communication has become paperless.

6.1.2 – Does the institution have a Management Information System (MIS)?

Yes

6.2 – Strategy Development and Deployment

6.2.1 – Quality improvement strategies adopted by the institution for each of the following (with in 100 words each):

Strategy Type	Details
Examination and Evaluation	<p>The examination assessment formats are available on the University website. The milestones and proficiencies expected from learners are clearly defined in the curriculum. Efforts are on at the University level to implement an assessment system which will value development of competencies. To facilitate faculty development in this area, the Regional Nodal MET Centres of the Medical Council of India as well as our Medical Education Unit trained our teachers in Competency Based Medical Education. all theory undergraduate and postgraduate answer books are assessed by two independent examiners at the Central Assessment Programme (CAP) centres. Each department monitors the performance of its students. Details of students with low attendance and/or poor performance at internal examinations are conveyed to the Dean at regular intervals. These students are given periodic feedback about their attendance by Heads of Departments and need to be more regular.</p>
Curriculum Development	<p>The curriculum committee meets and prepares the academic calendar annually. The academic calendar consists of the course objectives, rules and regulations, names of faculty, teaching plan, clinical postings, dates of internal assessment examinations, tentative dates of university examinations, vacations, list of holidays, dates for annual social gathering, social service camp and ROME camp and important telephone numbers. The curriculum committee decides and finalizes the teaching programme for each department before the start of every academic year. The committee is represented by the Dean, faculty representatives from the preclinical, paraclinical, surgical and allied branches, medicine and allied branches, student representatives and the MEU coordinator. The timetables for each professional are approved by head of each department and finalized by</p>

this committee. Strict records of attendance are maintained to ensure 80 attendance for both theory and practicals.

Teaching and Learning

The curriculum committee makes a schedule according to which students are posted in groups in different clinical departments starting in their 2nd year until their final year. Faculty meet at the levels of department, each professional, curriculum committee and college council. Any change required in the process is discussed and action is taken wherever necessary. Regular meetings with students' representatives are held to understand their requirements and difficulties faced by them. This also ensures that the academic schedule is on time and is as per the needs of the students.

Research and Development

Research funds are available to conduct short research projects in the institute. There is a seed amount of Rs 10 lakhs for the same. Specific projects which have been approved by the Institutional Ethics Committee can be submitted to the research committee with a budgetary request. Research committee evaluates the budgetary requirements and approves the funding. Typically requests upto Rs 25,000 have been sanctioned in the previous years. Several research schemes introduced provide incentive to promote undergraduate research

Library, ICT and Physical Infrastructure / Instrumentation

The library is completely digitalized. The campus is entirely connected by wi-fi. Each faculty and student has a intramail email ID which makes communication easy. The new library allows students to study from books and e-resources

Human Resource Management

The Local Management Committee, the Standing Finance Committee, the Governing Council and the Kasturba Health Society meet twice a year. The major decisions about growth and development of the institute are taken by the members of these committees. These committees review proposals, approve them and allocate budgets according to the vision of the institute. The institute has its own personal promotion scheme where along with their contribution to the growth

	<p>of their respective department and institute, publications made by the faculty are taken into consideration before they are promoted. • Special leave and partial reimbursement of travel expenses is provided to faculty to present papers in international academic meetings, conferences or workshops once in every three years. • Deputation or study leave is permitted depending on performance to pursue higher studies or train in a specialized area.</p>
Industry Interaction / Collaboration	<p>MGIMS has links with around 80 NGOs which work in rural areas. Students used to be given rural placement earlier but the introduction of NEET has stopped this. We train students to give NEET exam for PG courses. Career choices and advice are given by teachers, alumni mentors and institutional guests who interact with students regularly</p>
Admission of Students	<p>Student selection is done through a centralized process according to NEET scores. 50 seats are for students from Maharashtra and the rest are from outside the state. Students are also admitted to PG courses through NEET</p>

6.2.2 – Implementation of e-governance in areas of operations:

E-governance area	Details
Finance and Accounts	<p>The accounts section is linked through hospital information system. All data are now stored online. Automation in accounts section: The HIS provides general ledger, accounts payable, accounts receivable, fixed asset, and cash management solutions enabling a current, consolidated, and fast view of the financial status of the organization at any point in time. Payments received from patients, and payments paid to vendors, salaries are electronically generated, tuition and hostel fees now take an electronic route and all transactions can be tracked and easily posted to the General Ledger system to reflect their effect on accounts and financial reports. Enrollment with PFMS : All the payments in the Accounts Department is now received and paid through Public Financial Management System (PFMS) which is rolled-out by the Controller General of Accounts (CGA) at the behest of Finance Ministry, Department of</p>

Expenditure as a Public Finance Management (PFM) reform. The entire funds received from Govt. is through PFMC under both Plan and non-Plan Schemes. This Web-based online software application developed and implemented by the Office of Controller General of Accounts (CGA) for establishing efficient fund flow system as well as a payment cum accounting network. Now the accounts department provides a real time, reliable and meaningful management information system and an effective decision support system, as part of the Digital India initiative of GoI. Now, the enhanced application caters to all Plan and Non Plan payments, all tax and non-tax receipts and functions such as a comprehensive HRMIS and self-contained pension as well as GPF modules. PFMS has Core Banking System (CBS) interface to all Public Sector Banks, Regional Rural Banks, major private sector banks, Reserve Bank of India, India post and Cooperative Banks. Due to PFMS there is transparency in all the transaction where money is spent and transferred made by our accounts dept

Student Admission and Support

A separate student module is present in students section. Database of students is being maintained. Communications with university is send online. Collection of UG/PG fee like enrollment fee, term fee, tuition fee and other fee are collected through Net banking only. All the counseling procedure of UG/PG after NEET examination of the candidate is online process whether through DMER or DGHS. Data is being collected on several parameters such as student enrolment, fee collection, thesis submission, UG PG various data. Online submission of information of various information to various agencies like MUHS, MCI, Govt. of India, Govt. of Maharashtra is through sharing of networking. Communication between the students and college and vice-versa is done by emails only.

Examination

Paper setting is done online. Internal assessment and practical exam scores are submitted online. Thesis are now submitted and evaluated online. All the examination halls are equipped with HD web cameras for transparency during

examination and directly transmitted to MUHS for vigilance. As per the university centralized assessment programme (CAP) for undergraduate and post-graduation examinations, the theory answer scripts are bar coded. UG examination consists of multiple choice questions (MCQ) and is assessed and double evaluated by OMR scanning as all the sections are bar coded. The identity of the candidate cannot be ascertained. Double evaluation of the answer book is done in a one strong room fitted with CCTV camera with recording facility. Entry of all the evaluated sheets after scanning is submitted online to University within stipulated time for quick declaration. All the list of examiners is also sent by the CAP custodian by email to university.

Administration

All personnel data are maintained online. Communication is mostly paperless and done through intramail. Biometric attendance is maintained. Leave data is stored online. Efficient management information system for record keeping of employees and students: The Hospital Information System (HIS) has made administrative tasks more efficient and transparent by installing 20 different modules. These are - Insurance, Registration, OPD Management, Emergency Services, Central Admission, Investigations, Pharmacy, Blood Bank, Central Inquiry, Patient Medical Record, OT, Billing, Inpatient Management, Transport, Students Management, General Store, Diet - Kitchen, Personnel Information system, Payroll System, Accounts Management System. The modules involved in MIS are for following activities -

- o All employees service details including leave records are linked electronically to accounts section (payroll)
- o All employee salary increments are automated, and the system is in place to keep a record of promotions, and out-of-turn increments. Once such decisions are taken in the personal management system, these automatically update the accounts and payroll services.
- o All student details, such as year of joining, academic qualifications on enrolment etc are electronic
- o All tuition fees, transcript, and form details are also electronic and flow

through the student information system.
 o The record of student attendance is maintained electronically on an offline system. The marks obtained in different subjects as part of internal assessment are communicated to the health university as an electronic file.

Planning and Development

Purchase, stock maintenance is done online. Departments submit their requirements online. Automation of inventory and stock management: The HIS has specific modules for automating the routine workflow of hospital pharmacy, e-prescriptions, purchase, inventory management and distribution of various drugs, sutures and surgical items to outpatient pharmacy, inpatient pharmacy, wards and operating rooms in the entire hospital. The system ensures that the pharmacies are well-stocked. We have created transparency, better monitoring and complete control over the drug distribution in the hospital.

6.3 – Faculty Empowerment Strategies

6.3.1 – Teachers provided with financial support to attend conferences / workshops and towards membership fee of professional bodies during the year

Year	Name of Teacher	Name of conference/ workshop attended for which financial support provided	Name of the professional body for which membership fee is provided	Amount of support
No Data Entered/Not Applicable !!!				
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6.3.2 – Number of professional development / administrative training programmes organized by the College for teaching and non teaching staff during the year

Year	Title of the professional development programme organised for teaching staff	Title of the administrative training programme organised for non-teaching staff	From date	To Date	Number of participants (Teaching staff)	Number of participants (non-teaching staff)
2018	Basic Workshop in Research Methodology for faculty	Nil	23/07/2018	28/07/2018	32	Nil
2018	Basic Workshop in Research Methodology	Nil	30/07/2018	04/08/2018	28	Nil

for
faculty

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6.3.3 – No. of teachers attending professional development programmes, viz., Orientation Programme, Refresher Course, Short Term Course, Faculty Development Programmes during the year

Title of the professional development programme	Number of teachers who attended	From Date	To date	Duration
No Data Entered/Not Applicable !!!				
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6.3.4 – Faculty and Staff recruitment (no. for permanent recruitment):

Teaching		Non-teaching	
Permanent	Full Time	Permanent	Full Time
24	24	38	38

6.3.5 – Welfare schemes for

Teaching	Non-teaching	Students
<p>Residential accommodation on campus. Payment of salaries according to government pay scales. Provision of free medical diagnostic and consultation, and employee health insurance scheme which provides for free inpatient care and controlled out-patient medications for employee and their families. provision of special leave, travel, accommodation and conference fee reimbursement for one conference every year, international every three years. Loan facility</p>	<p>Residential accommodation on campus. Payment of salaries according to government pay scales. Provision of free medical diagnostic and consultation, and employee health insurance scheme which provides for free inpatient care and controlled out-patient medications for employee and their families. Workers Welfare fund: The hospital operates a worker welfare fund in which each employee deposits Rs 20 per month. The money is used to pay hospital bills for illnesses which needed to be treated elsewhere. Loan facility,</p>	<p>Provision of free medical diagnostic and consultation, and employee health insurance scheme which provides for free inpatient care and controlled out-patient medications</p>

6.4 – Financial Management and Resource Mobilization

6.4.1 – Institution conducts internal and external financial audits regularly (with in 100 words each)

<p>The institute's accounts are audited regularly. M/s KK Mankeshwar Sons, a chartered accountant firm of 80 years standing conducts these audits. Our accounts are also subject to audit by the Comptroller and Auditor General (CAG). Besides these, once in a while, auditors from the Govt of India and Govt of Maharashtra also visit us for audits.</p>

6.4.2 – Funds / Grants received from management, non-government bodies, individuals, philanthropies during the year(not covered in Criterion III)

Name of the non government funding agencies /individuals	Funds/ Grnats received in Rs.	Purpose
Donation from local bodies	336684636	Infrastructure development
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6.4.3 – Total corpus fund generated

1346738543

6.5 – Internal Quality Assurance System

6.5.1 – Whether Academic and Administrative Audit (AAA) has been done?

Audit Type	External		Internal	
	Yes/No	Agency	Yes/No	Authority
Academic	Yes	MUHS	Yes	MGIMS Sevagram
Administrative	Yes	CAG Audit	Yes	M/S Mankeshwar and Co.

6.5.2 – Activities and support from the Parent – Teacher Association (at least three)

1. Regular meetings have been held with parents. They have been informed about the academic performance of their wards 2. Invited to graduation ceremony 3. Support for underprivileged students with contributions to book bank for needy students 4. Helps in raising student issues and resolving them by discussion and consensus

6.5.3 – Development programmes for support staff (at least three)

1. Biomedical waste management training workshops 2. Biosafety training workshops 3. Fire Safety drill and training 4. Laboratory safety training

6.5.4 – Post Accreditation initiative(s) (mention at least three)

1. Promotion of undergraduate research. Several initiatives started 2. Initiation of teachers diary Writing of learning objectives started, Lesson plans started 3. E-learning initiative implemented 4. Digital library promoted, e-journals now accessible on intranet 5. Skills teaching promoted, CPR training promoted among faculty and students
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6.5.5 – Internal Quality Assurance System Details

a) Submission of Data for AISHE portal	Yes
b) Participation in NIRF	No
c) ISO certification	No
d) NBA or any other quality audit	Yes

6.5.6 – Number of Quality Initiatives undertaken during the year

Year	Name of quality initiative by IQAC	Date of conducting IQAC	Duration From	Duration To	Number of participants
2018	Collection of student Feedback	01/11/2018	01/11/2018	31/12/2018	350
2018	CPR training	16/10/2018	16/10/2018	17/01/2019	1125

	workshops				
2018	BCLS Workshops	16/12/2018	16/12/2018	16/12/2018	36
2018	Quality Improvement Workshop for ASHA Facilitators	28/12/2018	28/12/2018	28/12/2018	57
2018	Medico-legal aspects in clinical practice	25/11/2018	25/11/2018	25/11/2018	271
2018	Nation Wide Quality of Care Network workshop	29/06/2018	29/06/2018	30/06/2018	30
2018	Point of care quality improvement workshop	30/07/2018	30/07/2018	31/07/2018	30
2018	Labs for Life initiative for quality improvement	01/02/2018	01/04/2018	31/03/2019	60
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CRITERION VII – INSTITUTIONAL VALUES AND BEST PRACTICES

7.1 – Institutional Values and Social Responsibilities

7.1.1 – Gender Equity (Number of gender equity promotion programmes organized by the institution during the year)

Title of the programme	Period from	Period To	Number of Participants	
			Female	Male
Gender and Health	08/10/2018	09/10/2018	38	62

7.1.2 – Environmental Consciousness and Sustainability/Alternate Energy initiatives such as:

Percentage of power requirement of the University met by the renewable energy sources
1. Water harvesting and composting is carried out 2. Plastic is banned on campus 3. Use of solar panels in hostels and laboratories 4. Replacement of all old electrical devices by energy efficient devices 5. Waste paper and old hospital linen recycled in recycling unit of institute 6. Tree plantation drives, green campus 7. Promotion of cycling on campus 8. Water conservation messages in summer

7.1.3 – Differently abled (Divyangjan) friendliness

Item facilities	Yes/No	Number of beneficiaries
Ramp/Rails	Yes	10

Provision for lift	Yes	10
Scribes for examination	Yes	1
Rest Rooms	Yes	100
Physical facilities	Yes	200

7.1.4 – Inclusion and Situatedness

Year	Number of initiatives to address locational advantages and disadvantages	Number of initiatives taken to engage with and contribute to local community	Date	Duration	Name of initiative	Issues addressed	Number of participating students and staff
2018	10	10	11/09/2018	30	See annexure	Community health action	140

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7.1.5 – Human Values and Professional Ethics Code of conduct (handbooks) for various stakeholders

Title	Date of publication	Follow up(max 100 words)
Code of conduct for students, faculty and employees	01/06/2018	Published in prospectus and academic calendar every year. All employees sign it on joining

7.1.6 – Activities conducted for promotion of universal Values and Ethics

Activity	Duration From	Duration To	Number of participants
Non violence pledge Gandhi Jayanti Celebrations	02/10/2018	02/10/2018	400
International Yoga Day	21/06/2018	21/06/2018	400
Community all religion Prayer every Friday	01/04/2018	31/03/2019	400
Bioethics week	01/10/2018	06/10/2018	400

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7.1.7 – Initiatives taken by the institution to make the campus eco-friendly (at least five)

1. Water harvesting and composting is carried out 2. Plastic is banned on campus 3. Use of solar panels in hostels and laboratories 4. Replacement of all old electrical devices by energy efficient devices 5. Waste paper and old hospital linen recycled in recycling unit of institute 6. Tree plantation drives, green campus 7. Promotion of cycling on campus 8. Water conservation messages in summer

7.2 – Best Practices

7.2.1 – Describe at least two institutional best practices

1. Title of the Practice Reorientation of Medical Education (ROME) Camp to prepare medical students for role of primary health care provider

2. Objectives of the Practice Reorientation of Medical Education (ROME) Camp, a two weeks residential camp at Rural Health Training Center, is conducted at the beginning of the sixth semester for every batch of medical students with the objectives:

- To help students understand the health care delivery system and other support systems available in the community in India.
- To demonstrate to the students the implementation of National Health Programs
- To help students understand the effect of family and social environment in the etiology of diseases
- To orient students to manage an illness with the limited resources available
- To impart skills to students to conduct community health needs assessment through use of quantitative as well as qualitative methods

3. The Context Although the aim of MBBS program is to create a basic doctor, who is able to provide primary health care, the medical education in India has miserably failed to do so. Many of our MBBS graduates join the health care delivery system immediately after completing their MBBS. However, we are creating doctors who are not equipped enough to don the role of PHC medical officer, if s/he is posted in a primary health care setting.

4. The Practice Re-orientation of Medical Education (ROME) camp is a two week residential camp at one of the rural centres of the Department of Community Medicine (DCM). The students stay at the RHTC and do clinical case study, survey for assessment community health needs and other activities in the villages of field practice area of the RHTC. The camp curriculum focuses on primary health care and attempts to create conditions for the students to gain a hands-on understanding of the nature of rural health problems. The camp is an integrated approach to public health and clinical disciplines where the field clinics for students are arranged within the patient's house. For one week daily in the morning hours (9am-12pm) faculties from Medicine, Surgery, Pediatrics, OBGY, ENT and Ophthalmology visit the RHTC and take clinical case presentation in the families from a nearby village. Attempt is made to imprint on the minds of budding doctors the role of family, environment and culture on origin, progress of the disease and treatment seeking behavior. The students are taken for exposure visit to various Government Health Facilities, e.g. Subcenter, Primary Health Center, Rural Hospital and interact with health care providers. Discussions are held on various roles of a PHC medical officer, importance and approaches for community mobilization and health promotion, management of health management information system etc. Interaction with District Health Officer and other District level Program Managers are organized in which implementation of various National Health Programs are discussed. The students are also given practical exposure on assessment of community health needs. After being trained on the methods of community health needs assessment, the students identify 3-4 issues for community needs health assessment, develop plan, prepare tools, do data collection, analyze data and present their final report it during the valedictory function.

5. Evidence of Success We regularly collect feedback from students after the camp. Other methods to evaluate these camps have also been utilized time-to-time. Through a forced field analysis conducted on students immediately after completion of their ROME Camp, the main perceived factors helping students to learn was their exposure visit to the Primary health centre, Sub-centre and Anganwadi centre (94.7), which was an opportunity for them to directly interact and learn from Auxiliary Nurse Midwife and Anganwadi worker (68.4) (see Note 2). The other positive factors were facilitation of a workshop on Problem-Solving for Better Health (PSBH) (63.2), interactive sessions of short duration (57.9) and their participation in community needs assessment surveys on immunization coverage and an exercise on focus group discussion (52.6). The main factors perceived to work against learning were the fewer interactive sessions within the knowledge-based theory teaching and the statistics used in these sessions (57.8), the use of lengthy PowerPoint presentations in the lecture sessions (42.1), and the overly-busy schedule

(36.8). The other problem students noted was that there was too little time given to Epi_info™ software. BEST PRACTICES AT MGIMS SEVAGRAM HEALTH INSURANCE SCHEME OBJECTIVES OF THE PRACTICE MGIMS Sevagram's unique health insurance scheme creates health consciousness in community by making people responsible for their own health and the health of their community. It gives more strength to the Gram Sabha, makes it accountable for village health and forces it to take decisions for village development. It also provides health care facilities at doorsteps and arranges for hospitalization of those who need it. The scheme avoids charity and creates awareness of human rights. THE CONTEXT When people fall ill, accessing health care leads to unexpected expenses. This invariably disturbs the entire budget of the household, more so in people who belong to the low socioeconomic strata of society. This out-of-pocket expenditure is worrisome to underprivileged families who often do not have so much cash in times of emergency. Using the concept of risk pooling, the MGIMS Health Insurance Scheme allow individuals and entire villages to insure their health on an annual basis. THE PRACTICE There are two main types of health insurance schemes that are carried out in the hospital - The Health Insurance Scheme and the Jowar Health Assurance Scheme. The main objectives of these two schemes are to create health consciousness in the community. Health Insurance Scheme: An individual can insure himself and his family by paying Rs 400 a year and in return he gets 50 subsidy in OPD and indoor bills. In the month of December each year, these insurance cards are made and families need to show these cards during registration throughout the next annual year to avail subsidies on all bills. The Jowar Health Assurance Scheme: Here each participating village is made responsible to pay a payment with the rest of the health expense being covered by the hospital with financial support from the central and state governments. This co-payment (hardly 10 of total amount spent on them) was in the form of a common fund created by the villager by collecting Jowar (sorghum) during the annual December harvest time. Each family in the village contributes based on the size of the individual families land holding. Thus families contribute according to their capacity but receives services according to their needs. The collected harvest is then sold to generate a fund which is then used to provide health assurance for the villagers by strengthening primary care services within the village, and also by subsidizing tertiary level health care for all the participants. This micro-finance health insurance scheme allows individual villages to get the benefit of universal health coverage. For a mere 10 equity it allows these villages to gain access to additional public health resources from the central and state government through Kasturba Hospital who picked up the additional 90 of the health care expenses. EVIDENCE OF SUCCESS The health insurance scheme of the institute has won several accolades as it seeks to create health consciousness in the community. This scheme fulfills the very basic tenets of health care delivery. In 2015-16, a total of 78830 health insurance cards were sold for 302158 members. 18807 families (86199 members) around Sevagram volunteered to obtain health insurance from this hospital. Forty villages were also insured (90210 individuals). The Jowar Health Assurance Scheme has succeeded in creating an environment of active self-participation in health care decision making by the villagers and made it accessible and affordable by linking it to existing governmental resources. In 2015-16, 3561 families which comprised of 16519 individuals were enrolled in this scheme.

Upload details of two best practices successfully implemented by the institution as per NAAC format in your institution website, provide the link

<https://www.mgims.ac.in/index.php/academics/naac>

7.3 – Institutional Distinctiveness

7.3.1 – Provide the details of the performance of the institution in one area distinctive to its vision, priority and thrust in not more than 500 words

Community Mobilization for Health Action. Objectives of the Practice: The Department of Community Medicine, MGIMS, Sevagram engages in community mobilization with the following objectives: • To mobilize and empower community-based organizations (with a focus on women) for leadership in health • To create platforms for community dialogue in health and catalysing the process of community health action through engagement of various community-based organizations

The Department of Community Medicine at MGIMS, Sevagram, has been working with community-based organizations in more than 80 villages in Wardha district for almost two decades and has developed a model of community mobilization for health action.

4. The Practice Over the last two decades, in the field practice area of MGIMS, Sevagram, a strong network of community-based organizations has been developed. The process started with sensitisation of Village Panchayats for health action. Later, in order to further strengthen health action efforts by Village Panchayats, community-based organizations were formed. In an average-sized village a minimum of 3-4 women's self-help groups (SHGs), one 'Kisan Vikas Manch' (KVM - Farmers' Development Associations) and one 'Kishori Panchayat' (KP - Adolescent Girls Forum) was constituted. These community-based organizations were oriented to health issues in the rural areas through discussions held during their monthly meetings. Later, Village Co-ordination Committees (VCCs) were constituted in every village by including representatives from each of these community-based organizations, Gram Panchayat, village informal leaders and frontline workers from health and ICDS.

The community-based programme operated through the Village Co-ordination Committees (VCCs), thus constituted. These village committees entered into a social franchise agreement under this project where the VCC ensured provision of essential maternal and child health services to the villagers, while MGIMS, Sevagram took up the responsibility of building capacity of these committees and developing tools and techniques for community-based activities to be conducted by the committees. With strong and sustained capacity-building in form of regular handholding for more than a year, the VCCs could take charge of community-based activities at the village level. In most of the programme villages, the VCCs participated in assessment of community health needs, developed village health plans, implemented the activities decided in coordination with other stakeholders, and monitored the community-based health activities in their respective villages. The community networks were especially effective in disseminating health messages in the village and for creating new social norms. When guidelines for formation of Village Health Nutrition and Sanitation Committees (VHNSC) were issued by the Government of Maharashtra under NRHM, we engaged with them and worked to build their capacity. Currently, we are working in more than 90 villages in Wardha. There are total 275 Self Help Groups and 89 Kishori Panchayats functional in the four primary health centre (PHC) areas adopted by the Department of Community Medicine.

Provide the weblink of the institution

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8.Future Plans of Actions for Next Academic Year

1. All departments to conduct Academic Activities in Golden Jubilee Year of Institute next year. 2. Palliative Care Centre to be started at Kasturba Hospital: A 30-bed palliative care centre is likely to be functional in the first quarter of 2020. This centre shall assess the needs of patients suffering from and diagnosed with advanced illness— cancer and other chronic diseases—and shall ensure the best quality of life for them. 3. Construction of new Golden Jubilee Auditorium Complex to be completed: A new 750 seat Golden Jubilee Auditorium Complex is being constructed at MGIMS. The sprawling state-of-the-art auditorium is being built over 1495 sq. metres. The auditorium complex will have green rooms, and facilities for modern acoustic and audiovisual display and spacious

parking area. Two new lecture halls with 120 seats each are also being constructed in the auditorium complex to deal with the increased strength of students. 4. The MGIMS Health and Demographic Surveillance System (HDSS) supported by Kasturba Health Society, will be set up in a population of around 120,000 from selected villages of the Wardha community development block. These villages, which are also part of the field practice area of Dept. of Community Medicine, MGIMS Sevagram, will be from the areas falling under the PHCs of Anji (Mothi), Talegaon (Talatule), Kharangana Gode and RHTC Bhidi. Apart from this, an urban area falling under the Urban Health Training Centre-GMLF will also be included as part of the HDSS. 5. District Early Intervention Centre (DEIC) sanctioned at MGIMS by the Govt of India and the National Health Mission. The centre will help in screening underprivileged children of (0-18 years) for the 4 Ds- Disease, Deficiency, Disability and Developmental Delay. Core services which will be provided under one roof at the centre are: medical services for disease and deficiencies dental services occupational therapy and physical therapy psychological services including counseling, consultation, parent training, behavior cognition services audiology services to identify congenital and acquired deafness vision services laboratory services nutrition services and social support and psycho-social services. A grant of Rs 3 crores has been received which is being utilized for the construction and development of the centre. 6. Skills Training at National Emergency Life Support (NELS) Centre to commence soon: MGIMS was chosen as one of the first five centres in India by the Director General of Health Services (DGHS) and the Ministry of Health and Family Welfare (MOHFW), Govt of India, to build a centralized state-of-the-art simulation and skills laboratory under the National Emergency Life Support Programme. MOHFW had sanctioned Rs 2.68 crores for this project in order to establish state-of-the-art simulation and skills labs. The NELS Project building was completed in 2017 and last year all the major equipment, including the mannequins required to conduct the simulation based training were procured. The participants will be given hands-on training in a simulation based environment. The Centre is ready and awaiting the second inspection from a team from the Central Ministry team.