

# STUDENT FEEDBACK

We invited a group of students from 2010, 2011, 2012 and 2013 batches to participate in a brainstorming session in order to develop a vision document for MGIMS.

## THE PROCESS

The process of 'appreciative inquiry' was used and students worked in groups. Students first narrated the high points of being at MGIMS in their groups. Based on these experiences, groups identified the best practices and strengths of MGIMS. Following this, groups outlined their vision for MGIMS in 2020. Based on these inputs, discussions were carried out where students suggested areas where change was needed in the organization.



Besides these, students were asked to go back and talk to their batch mates who were not present during these sessions, gather their inputs and send back more suggestions to the facilitators. Several emails with suggestions from students were received by the facilitators over the next few days.

All these suggestions have been compiled and incorporated in this document.

## CORE STRENGTHS OF MGIMS:

Students identified the core strengths of the institute as:

- Simplicity: Reinforcing Gandhian principles
- Delivering health care to the community, for the community, with the community
- Providing affordable health care with low cost medicines
- Producing doctors with good hearts and not just with good minds

## BEST PRACTICES AT MGIMS:

Students identified the following strengths and best practices at MGIMS:

- **Community oriented medical education**
  - Social service camp: provides an excellent opportunity to experience life in rural areas
  - Regular family visits to adopted village
  - ROME Camp: acquaints students with actual work settings
  
- **Teaching:**
  - Personal attention from teachers to students possible because of small class size
  - Teachers know students by name and are approachable
  - Heads of departments monitor every student's progress
  - Regular classes are conducted
  - Emphasis on history taking in clinical teaching is extensive
  - Teachers go out of the way to help by taking extra classes for late admissions. Some take revision classes which are beneficial before the exams.
  - Teachers encourage, teach and train in activities beyond the routine medical curriculum. E.g. teach about how to make presentations, communication skills, leadership etc.
  - Performance in inter-collegiate activities like quizzes, debates and sports competitions is encouraged
  - Mentoring programme is very useful
  
- **Infrastructure:**
  - Availability of single room in hostel
  - Availability of solar heaters in hostel
  - Good library book collection and book bank schemes
  - Availability of wi-fi: ensures access to learning resources beyond textbooks
  - Eco friendly, green and quiet atmosphere, lesser distractions
  
- **Policy:**
  - Security because of availability of internal postgraduate seats
  - Encouraging innovative practices: Aakanksha, Clinical Forensic Medicine Unit, Toxicology laboratory
  - Good image of institute in society
  
- **Others:**
  - Good relationships between junior and senior students
  - No ragging on campus
  - No tuitions unlike other medical colleges
  - Big and large, clean hospital and premises

# SUGGESTIONS FOR CHANGE FROM STUDENTS

## Teaching and learning

- More self study time: Too many lectures between 8 a.m. to 5 p.m. make for a very hectic schedule. Need more time for self study. If this cannot be changed due to University demands, reduce time for lectures to 40 minutes, and give time within time table for self study
- Instead of didactic lectures, introduce problem based learning and group discussions. Attention span is too low to attend so many lectures
- Don't teach us everything in lectures. Start with a concept lecture telling us what is expected of us in that topic, and what we need to study on our own. We have all passed entrance examinations, so are capable of studying on our own. Have lectures only for tough concept related topics
- Attendance should be voluntary. If a lecture is not useful, there is no point in attending for sake of attendance
- Don't teach too many chapters in lectures in the same week. We find it difficult to cope. Need for horizontal integration between departments (topic based): If one department is teaching cardiovascular system, can all others do the same?
- Only teachers in first MBBS use microphones. It is necessary to use microphones in all years, as we cannot hear well enough in the back rows.
- We like teachers who use the blackboard well. We would like all teachers to do that
- Allot one lecture hall per batch, so that we do not have to run from one lecture hall to another
- Some teachers email their presentations after their lectures. This is a good practice which could be followed by other teachers as well
- Ask teachers to use a mix of English and Hindi while teaching. Several students are from vernacular mediums and have difficulty in understanding English
- Monitor quality of teaching and regularity of classes
- Install biometric systems to take attendance in classrooms
- Increase time for preparation leave before examinations.
- Please prepare and circulate a handbook of commonly used clinical terms in Marathi which patients use. This will help us in history taking
- Optional classes in clinical Marathi for non-Marathi speaking students should be started.
- Add the following topics to Orientation Camp:
  - how to give injection and measure of blood pressure,
  - disaster management skills and programmes,
  - national immunization schedule,
  - group discussion about the social evils,
  - upgrading of doctor-patient relationship.

## Clinical teaching:

- 25 students per clinical batch are too many. Patients do not allow all of us to examine or auscultate them. We cannot even hear what the teacher is saying. Need smaller clinical batches
- Wards need special rooms/ separate for clinical teaching
- At present clinical postings are fragmented. We end up doing 2-3 clinical postings of 3 days each which is of no use. Give us a single clinical posting of longer durations.
- Use mannequins and dummies to teach us. Skills laboratory should be included in our routine time table
- Start Basic life support/ PALS training for undergraduates
- Teaching needs to be more skill based. We want to start giving injections early like the nursing students. We do not want to wait until internship to learn clinical procedures
- Undergraduates need opportunities to see surgeries in operation theatre
- Interns end up as clerks- only filling forms etc. Give them more opportunities to learn clinical procedures
- Start clinical postings with orientation session so that people know where wards and clinical areas are
- Open new super speciality departments with DM and MCH courses

#### **Other co-curricular and extra-curricular activities**

- Academy of Basic Medical Sciences in I MBBS is a great idea. Similar seminars or activities needed in other years too
- We need more workshops on other topics like communication skills, presentation skills etc.
- Mentoring programme is very useful. Make mentor-student meetings happen regularly twice a month. Talking with mentors helps reduce stress. Their advice is useful
- Encourage sports and cultural activities
- We got a chance to develop organizational skills during MEDICON. More such opportunities for conducting and participating in scientific programmes should be given to undergraduates.
- Give us more opportunities to participate in inter-collegiate programmes like Pulse and Spandan
- Despite orders from Dean's office students participating in MEDICON or inter-collegiate programmes are not given attendance. Waive off attendance in case we participate in such activities
- Students need more exposure to research and mentoring for research needs to be started.
- Start educational excursions for students
- Start convocation for students who pass out
- Start farewell function from juniors to seniors who pass out
- Management should increase funding for gathering.
- Involve alumni in career counselling sessions: We need informal and formal occasions to interact with our alumni who have done well in specialized areas.

#### **Reading room, library and internet**

- Reading room and library must be open 24 x 7

- Both library and reading room need to be more spacious. Students often don't get enough place to sit and study
- Reading room chairs need to be replaced with more comfortable chairs
- Reading room needs to be relocated closer to girls' hostel as it is inconvenient to get back within scheduled time. Or provide study/ reading room within girls hostel as we will not have 24 hour access to it
- Cooling in reading room is poor and needs improvement
- Book bank scheme: Books provided are one to two editions old. Need to be updated with latest editions
- Undergraduate students need more access to computers on campus, preferably 24 x 7. Need accessible computer room
- Wifi access: is available in all places but speed is slow and gets disconnected too frequently. Works well in hostels only after 11.30 pm. Network problems are experienced in the F and E blocks of the Girls Hostel.

### **Cafeteria**

- Food court or 24 hour cafeteria needed
- Better options in menu of ICH required or open another cafeteria which also provides North Indian menu options.
- At present only snacks are available. Need for lunch or dinner options sometimes

### **Hostels**

- Mess should not be compulsory. Implement coupon system which will also ensure good quality of food. Presently quality of food in mess is really bad. Appoint a dietician to monitor mess food.
- Breakfast and snacks need to be available in boys' hostel. Going to ICH everyday is not economical
- Provide more comfortable foam seated chairs in hostels. Furniture provided in rooms is ancient. Better study tables needed.
- Renovation of hostel rooms is needed: especially the cupboards, flooring and windows.
- Hostel ceilings leak. Need repair
- Entrance to the girls' hostel needs improvement. At present too many vehicles parked in front and very congested. Needs parking space
- Hostel gyms need more functional equipment
- Hard water: need for more effective RO systems to be installed which can take care of increased quantities of hard water
- Install separate electricity meters in each room. Those who are using electrical appliances should be charged instead of those who haven't been using them. If possible, electricity should be free like in other college hostels
- Television charges of Rs 1000 per six months are far too high. Can easily be reduced.
- Cleanliness of hostels needs care. Especially cats roaming around in mess
- Carry out regular inspections of hostels to stop addictions

### **Other student related issues and policy decisions**

- Time to pay fees is within college hours. One has to miss classes to pay fees. Provide time beyond college timings to pay fees
- Staff in the student's section behaves in a very rude, insulting and humiliating manner with students. This needs immediate correction. Office staff must learn to be polite to students.
- Greater transparency is needed in what happens to the fees we pay. We need to be told where the money paid for goes. E.g. swimming pool, gathering etc
- Collect money from students only after an infrastructure is built. E.g. students of one batch paid for the construction of a swimming pool, but until they are here, the pool will not be built.
- Establish one single committee which will look into all student related grievances. Don't establish new committees depending upon each new issue.
- Apply same rules for all students.

#### **Infrastructure:**

- Need a larger lecture hall with air conditioning and audiovisual aids
- All lecture halls need air conditioning and audiovisual aids. Pharmacology lecture hall is in specially bad shape.
- Develop special rooms with movable furniture where group discussions can be carried out in small groups
- Separate common rooms with locker facility should be available in the college for boys and girls
- Toilets for students are not proper (in front of library and in front of reading room) and need renovation. Need separate toilets for students
- More water coolers need to be installed throughout the college campus.
- Need a good auditorium for college activities. Our gathering is frequently disrupted due to rain when the open air auditorium is used
- Students need cooperative stores within campus: which will sell stationery, textbooks, routine general items and khadi.
- Need access to photocopying machines even outside library.
- There is need to develop a sports complex with trainers: include indoor badminton court, more table tennis tables, swimming pool somewhere near the hostel. Some of the present sports facilities have to be shared with school students which is inconvenient.
- Develop a dance and music room with trainers to encourage these skills
- Provision for better parking spaces
- Need proper and easy access to sports equipment

#### **Campus beautification, cleanliness etc**

- The college entrance is usually missed by patients as there is no prominent gate or sign. There needs to be a prominent gate and well lit sign board which informs patients and public about the existence of the college. This is needed both at Dean Office Gate and the Hospital Gate.

- The outer walls of the campus look shabby and do not showcase our inheritance. Students suggested creating a mural with glimpses of Gandhiji's life history all along the outer boundary wall.
- Need more street lights on campus

#### **Reputation of college**

- While MGIMS is well known in Maharashtra, not many common people know about it in North India. This needs more publicity
- There is need to create a more interactive and user-friendly college website which will provide information to common man with a FAQ (frequently asked questions) section and a contact us section which will answer questions about admissions etc.

#### **Patient facilities**

- OPDs are too crowded. Needs to be more spacious
- OPDs need to be placed closer to each other to avoid inconvenience to patients
- Wards are poorly ventilated and full. Need bigger, more spacious wards. Increase number of beds
- HIS can be used better. Provide e-health card to all patients, information from which can be accessed even outside the hospital
- All doctors, students and staff should wear name badges and aprons
- More paramedical staff needed
- Start super-speciality facilities like cardiology and neurosurgery