



**REPORT AND PROCEEDINGS OF THE  
NATIONAL CONFERENCE ON HEALTH PROFESSIONS EDUCATION  
(NCHPE 2014)**



**Mahatma Gandhi Institute of Medical Sciences, Sevagram**

**24-27 September 2014**



**CONFERENCE THEME:**  
***Socially Responsive Health Professions Education:  
Forging partnerships between  
academic institutions and the healthcare delivery system***

***Supported by:***

- Maharashtra University of Health Sciences, Nashik
- Foundation for Advancement of International Medical Education & Research (FAIMER), Philadelphia, USA
- Medical Council of India
- Indian Council of Medical Research
- National Board of Examinations
- National Academy of Medical Sciences
- Council of Scientific and Industrial Research
- SERB, Department of Science and Technology

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## CONFERENCE OBJECTIVES

- To advocate the need to transform health professions education, improve the quality and relevance of health professionals in order to strengthen their impact on health care in India
- To document successful models of partnerships between academic institutions and the healthcare delivery system and share best practices.

## CONFERENCE THEME

### ***Socially Responsive Health Professions Education: Forging partnerships between academic institutions and the healthcare delivery system***

Health is all about people. Health systems are becoming increasingly complex. Demographics, epidemiology of disease, technology, delivery models and economic needs are changing with a rapid pace. Glaring inequities in health persist across the globe. Health systems are socially driven institutions which intend to improve health, complementing the social determinants and social movements in health. These must be designed flexibly enough to evolve around the satisfaction of all stakeholders.

Every health system is characterized by the interactions between one set of people who need services, and another set that have been entrusted to deliver them. Society grants us certain privileges and we have an obligation to serve it wisely. Health professions education will have to adjust to the needs of the communities that they serve and create effective, efficient and culturally appropriate health care systems.

It is evident that the numbers, coverage and quality of health professions have a direct effect on health outcomes. According to the World Health Organization, it is necessary to scale up health professional education to increase the quantity, quality and relevance of the providers of the future. A stronger collaboration between education and health sectors is needed, where reforms in health education are determined by community health needs. Academic institutions need to increase

capacity and reform their curricula in order to improve the quality and social responsiveness of their graduates.

The social responsiveness of medical schools has been under the spotlight and this is an oft-discussed theme. However much remains to be accomplished in this realm. Several issues raise their heads: What is the scope of social responsiveness in academic institutions? What are the measures of social responsiveness? What are the strategies to promote social responsiveness in academic institutions?

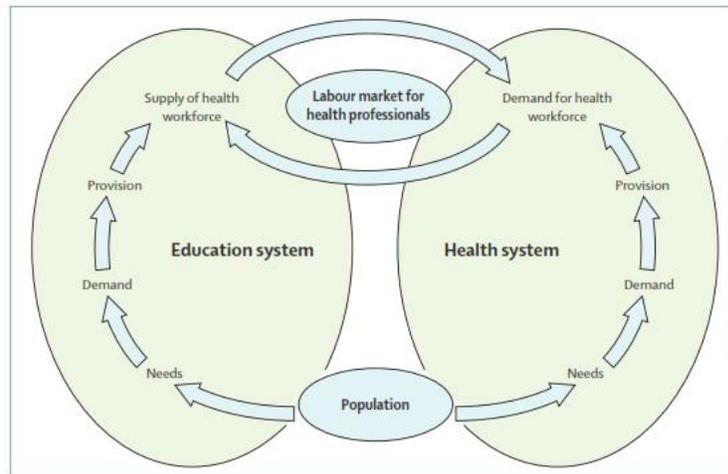
There are three levels where academic institutions can display social responsiveness: at the medical school, at the teaching hospital and at the university. One can display social responsiveness in the way in which student selection is done, the manner in which students are trained, the way they are assessed or certified, the way patient care is provided, the areas where research is focused, the manner in which policy is framed or policy advocacy is done for healthcare. Although academic institutions cannot be expected to provide complete solutions for all of society's health problems, the education of health professionals is a vital piece of the solution.

Academic institutions have several opportunities for better meeting the societal health needs through adaptation of their curriculum, service delivery and research. To realize the goal of high quality health care, it is necessary to develop an enriched educational paradigm that begins with undergraduate health professional education and then encompasses advanced stages. Thus, academic institutions need to adapt and be proactive in the change process to contribute to the shaping of more socially accountable health systems.

There can be several approaches to social responsiveness and each may be appropriate to a particular setting. A lot can be gained through continuing exchange of ideas. The success stories which emerge from various parts of the globe have an underpinning of common themes: clarity of vision, passionate leadership, government funding and support, rigorous research, consultation and collaboration between all stakeholders.

Interdependence is a key element in systems approach. The Lancet Commission developed a framework aimed at understanding the complex interactions between the two systems: education and health (Fig. 1). The demand for health services or educational services is generated by the needs

of people. Academic institutions supply an educated workforce to meet the demand for professionals in the health system.



**Fig. 1: Systems framework<sup>1</sup>**

The Lancet Commission on Education of Health Professionals for the 21<sup>st</sup> century calls for advancing health by recommending *instructional and institutional reforms* to nurture a new generation of health professionals who would be best equipped to address present and future health challenges<sup>1</sup>.

These reforms should be guided by two proposed outcomes: transformative learning and interdependence in education. There is need to move from informative (acquiring knowledge and skills) to formative (socializing students around values) to transformative (developing leadership attributes) learning. Transformative learning essentially involves three fundamental shifts:

- from fact memorization to critical analysis and synthesis of information for decision making;
- from seeking professional credentials to achieving core competencies for effective team work in health systems; and
- from blind adaptation of educational models to creative adaption of global resources and innovations to address local priorities<sup>1</sup>.

According to the Lancet Commission<sup>1</sup>:

*“Instructional reforms should encompass the entire range from admission to graduation, to create a diverse student body with a competency-based curriculum that through the creative use of information technology, prepares students for the realities of team work, to develop flexible career paths that are based on the spirit and duty of new professionalism.*

*Institutional reforms should align national efforts through joint planning especially in education and health sectors, engage all stakeholders in the reform process, extend academic learning into communities, develop global collaborative networks for mutual strengthening and lead in promotion of the culture of critical inquiry and public reasoning”<sup>1</sup>.*

Academic institutions are instruments of societal purpose. However they cannot achieve that purpose without societal support. Anything which frustrates, compromises or distorts the relationship between society and academia will destroy the reciprocity of moral obligations between them. To merit societal support, academic institutions will have to accept greater scrutiny and assume societal accountability. Pursuing equity and justice in the distribution of health care and containing costs in health care access are valid social goals that we must work towards.

Health professions education should become a crucial component in the shared effort to address the daunting health challenges of our times. Rather than being a reluctant participant, academia needs to be the catalyst for change, the hub for stakeholder interactions and a breeding ground for new healthcare workforce. We need to move closer towards a new era of passionate and participatory action to achieve equitable progress in health. We hope the deliberations of this conference will be one step closer in this direction.

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1. Frenk J et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet 2010 Dec 4; 376(9756): 1923-58

## REPORT

The sixth National Conference on Health Professions Education (NCHPE 2014) was organized at MGIMS Sevagram from 24-27 September 2014. Around 300 teachers belonging to different health professions including medicine, dentistry, nursing, physiotherapy and AYUSH specialities participated in these proceedings. Dr Arun Jamkar, Hon'ble Vice Chancellor of the Maharashtra University of Health Sciences was the Chief Guest at the inaugural ceremony. Dr Jamkar emphasized the need for competency based education and the need for medical education to cater to the needs of society. Speaking at the inaugural ceremony, Organizing Secretary, Dr Anshu said that this conference had succeeded in bringing inter-professional collaboration to the forefront. The theme of the conference was "*Socially responsive health professions education: Forging partnerships between academic institutions and the health care delivery system*". Speaking on the conference theme, Organizing Chairperson, Dr BS Garg emphasized the need to make the curricula and training more relevant so that the health professionals produced by medical institutes are competent enough to work in rural areas. He also asked if it was possible to impart training to undergraduates in tertiary care settings without actually exposing them to the community setting.

### **Conference Theme: Need to forge partnerships between academic institutions and the health care delivery system**

Dr Subhash Salunke and Dr Abraham Joseph were the keynote speakers on day 1. They both talked about the disconnect between the health care delivery system and academic institutions and urged the need to build partnerships between them. Dr Subhash Salunke pointed out that we cannot extrapolate health data from small villages and remote areas to the national picture. We not only have to consider these rural areas but also the migrant population in urban slums when we engage in planning for health and education. With commitment and belief, it is possible to bridge the gap between health professionals in academic institutes and the health care givers. Dr Joseph shared his experiences in reforming the medical curriculum at CMC Vellore, and the reasons for success of the model. He said that this is not a new phenomenon and has been around since the Bhole committee made its recommendations. The system has not responded to the recommendations in a desired manner, and while we have a diarrhea of recommendations there is a constipation of action. He said that students need to be taught about the diseases prevalent in the community and there is need to move away from the exam-oriented approach. The points that emerged in the discussion that followed were: presence of loopholes in the present system of rural postings; and the need for all health professions (and not only medical personnel) to be posted in rural areas.

This was followed by an interactive session moderated by Ms Mary Beth Scallen and Dr Anshu using appreciative inquiry. Delegates were asked to share their best experiences of partnerships between health professions education and the health care delivery system. Delegates shared anecdotes,

discussed their experiences and possible solutions to the issues highlighted by the key note speakers. The common themes which emerged during this session were:

- The community is an extraordinary platform which can be used for learning (especially during epidemics and disasters)
- Focus on the end product right from the beginning makes the approach to learning more relevant.
- There is need to teach students all aspects of medicine including professionalism, ethics and socio-political aspects of disease
- There is need for health professionals to speak the language of the community so as to build connections with the people
- Collaboration between different systems of medicine need to be encouraged

**Panel discussion:** A panel discussion on ‘forging partnerships between stakeholders’ was moderated by Dr BS Garg on 26<sup>th</sup> September. Panelists included Dr Kalpana Sunatkari (Taluka Health Officer, Wardha Block), Dr Madhuri Dighekar (PHC Medical Officer, Talegaon), Ms Indu Hulke (Ex-Sarpanch, Pavnar), Mr Vilas Dhabale (President, Kisan Vikas Manch, Anji), Ms Sujata Bhagat (ASHA, Bhidi), Ms Usha Raghataate (ASHA, Salod), Dr Abhishek Raut (Asst Professor, MGIMS). Mr PV Bahulekar acted as interpreter. The MGIMS model of community empowerment was showcased. Speakers said that the community had immense potential which needed to be channelized using medical colleges as catalysts. With commitment from institutes it was possible to build partnerships with the community. Women from self help groups said that with education came economic empowerment which led to improved health indicators. The Kishori Panchayat experience showed that empowering adolescent girls led to improved health of their families.

**Field Trip:** On 27<sup>th</sup> September, conference delegates were taken on a field trip to Kasturba Rural Health Training Centre (KRHTC) Anji and Paunar villages to show them the work done by the Department of Community Medicine. KRHTC Anji is one of the rural health training centers of MGIMS situated around 24 Kms from Sevagram. The overriding objectives of KRHTC Anji are ‘teaching, training, research and health service delivery’. The delegates interacted with the interns, medical officers at KRHTC and understood their role in achieving the objectives of KRHTC. They also had an opportunity to interact with the members of various community based organizations like *Kisan Vikas Manch* and Women’s Self Help Groups. At Paunar, delegates were briefed about the Community Owned Primary Health Care services (*Kiran clinic*) model of MGIMS. They also had an opportunity to interact with frontline health workers (ASHA and anganwadi workers) and understand how MGIMS works in partnership with them to improve health of the community at grass root level by empowering them. Delegates also met Mr Gautam Bajaj at Paunar Ashram who talked to them of Vinoba Bhave’s principles of self-reliance and equity. The delegates who decided to visit Kasturba Hospital were shown the unique features such as: low cost and generic drug policy, geriatric clinics, hospital information system, general OPD etc.

### **Are medical institutes ready for MCI reforms?**

On 26<sup>th</sup> September, Dr Avinash Supe (Dean, Lokmanya Tilak Municipal Medical College, Sion, Mumbai) and Dr Arun Jamkar (Vice Chancellor, Maharashtra University of Medical Sciences-MUHS) conducted an

interactive session where the reforms suggested by the Medical Council of India in its 'Vision 2015' document were highlighted. MCI had the mammoth task of faculty development of around 3 lakh medical teachers in order to implement reforms like: early clinical exposure, foundation course, integrated teaching and skills training. Faculty introspected on the challenges, hurdles, resistance and concerns in implementing these reforms. Delegates shared their success stories and failures. CISP reforms were thought to be doable without too much financial assistance, if institutions displayed will and commitment. It was stated that while students were ready for these reforms, faculty did not display enough commitment due to lack of time from clinical work and failed to take adequate initiatives. Dr Supe said that most reforms in India were expected to have a 'top down' approach, where institutes expected regulatory bodies to enforce changes. However it was important that faculty members initiate innovations in their own departments and institutions without waiting for directives from the top. Teachers need to be role models and transformational leadership was needed. Dr Jamkar talked of how MUHS had started communication skills and basic life support workshops all over Maharashtra. Delegates also displayed concern about how the curriculum was getting overloaded without students getting enough self study time. The need for interdepartmental collaborations, transformational leadership and good role models were suggested as answers to this dilemma.

## **Growth of Health Professions Education in India**

Dr Rita Sood, Professor, Dept of Medicine, AIIMS, New Delhi and President, IAHPE delivered a keynote address on the growth of health professions education in India. The focus of this keynote address was largely on the growth of medical education in the country over the last 25 years.

There has been a massive increase in the number of medical colleges in the country over the last two decades and this growth has been largely driven by that in the private sector. There is an obvious maldistribution of medical colleges vis-a-vis the health manpower needs in different part of the country. Though many curricular initiatives have been undertaken in the country over the last two and a half decades, the implementation at a national level has not been very successful.

The consortium response to reform medical education (1986-1995) using inquiry-driven strategies for innovations in medical education was initiated at AIIMS, New Delhi, in collaboration with Centre for Educational development, University of Illinois, Chicago. The Consortium of four institutes (AIIMS, New Delhi; JIPMER, Pondicherry; CMC, Vellore; & BHU, Varanasi) worked together to conduct health systems research and initiate context evaluation for decision making related to curricular change. Health care needs were identified to reform curricular planning and identify innovations based on outcome. The consortium was expanded and through a series of symposia and workshops, a curricular document was developed for undergraduate MBBS course along with a list of essential skills.

This document was later adopted by an MCI Committee and formed the basis of undergraduate medical regulations 1997. At this point, it was envisaged that to carry out any curricular reforms, faculty

development was an essential prerequisite. This document also necessitated the establishment of medical education units in all medical colleges.

In the early 1990s many centres for medical education were established in many medical colleges in the country. These colleges pioneered and initiated curricular innovations e.g. AIIMS, New Delhi; CMC Vellore; JIPMER, Pondicherry; SJMC, Bangalore; KEM Mumbai; JNMC, Belgaum etc and many health science universities etc.

Another curricular initiative undertaken by MCI in 2010-11 took off and resulted in the document, 'Vision-2015', many of whose recommendations are likely to be implemented soon. However, there is a huge gap between the dynamic quantitative growth and the static quality of education and this issue seems to be getting attention of various stakeholders.

The faculty development movement in the country has gained momentum over the last 7-8 years. The first National Conference on Medical Education (NCME 2007) was organized at AIIMS on the theme of 'Faculty Development'. As an outcome of this conference, a 'community of practice' of medical educators was formed. This 'community of practice' of medical educators later expanded in numbers as well as scope to include the other health professions educators. Regular national conferences have been organized, where health professions educators have been sharing the educational innovations and learning from each other. Through regular organized efforts, an Indian Academy for Health Professions Education was launched in the year 2013.

Though faculty development in medical education was initiated as early as 1976 at JIPMER, Pondicherry and later at MAMC, New Delhi with the development of NTTCs (National Teacher Training Colleges), and then in early 1990s through some medical education units mentioned earlier, it gained momentum over the last 7-8 years with the establishment of three FAIMER regional centers and seventeen MCI Regional Centers. With the faculty development initiatives by the Medical Council of India, there has been increasing awareness and demand for the health professions educators programs among the faculty of medical and other health professions education colleges.

Over the years, faculty development in the country with the advanced training programs have also led to the growth of medical and health professions educational research and scholarship and a significant increase in the number of publications in the field.

Faculty development holds the key to implementation of curricular reforms and with increasing interest in educational innovations, a better future for medical and health professions education in the country is not far.

### **Selection of medical students in India: Do they serve "fitness of purpose"?**

On 27<sup>th</sup> September, a Symposium on medical student selection was organized at the sixth National Conference on Health Professions Education (NCHPE 2014) organized at MGIMS Sevagram. The panelists included Dr Namita Kumar, Postgraduate Dean from UK (moderator of the symposium), Dr Tejinder

Singh from Christian Medical College Ludhiana, Dr BV Adkoli from Delhi , Dr Vivek Saoji from Pune, Dr Amrita Kalantri, a postgraduate student and Dr Amit Sinha, an intern from MGIMS Sevagram.

Panelists discussed the problems faced, lacunae in the present system of undergraduate and post graduate medical student selection. All panelists felt that the existing system failed to meet required needs of all stakeholders. Both medical students, Dr Amrita Kalantri and Dr Amit Sinha made an impassioned plea to make the present system more fair, transparent and reliable. They said they were not judged on their merit or the consistency of their work throughout the course. They said that students coming from diverse backgrounds with differing standards of primary schooling could not be judged by the same examination. They also bemoaned the quality of multiple choice questions asked which encouraged rote learning and led students to join coaching classes to pass the exams.

Dr Tejinder Singh said that a 3 hour single examination based on multiple choice questions was not a genuine assessment of a student's worth, and a more longitudinal assessment was required. He stated that while the USMLE exams have a total testing time of 43 hours per student, the NEET only tests for 3 hours. He emphasized that literature shows that 'past performance throughout the course was the best predictor of future performance'. Dr Adkoli said that the present system did not test aptitude of the students for choosing this career. It was suggested that a mix of methods using a multistep examination, which included scholastic performance along with aptitude and multiple mini interviews was perhaps the answer to the selection.

Dr Namita Kumar talked of the UK experience with selection exams and said that one ought to differentiate between selection and assessment. Selection exams must be framed to evaluate the potential of the candidates to perform in future. The unanimous opinion of the house was that "a single step examination using poorly constructed multiple choice questions, cannot and should not decide the future of medical students' careers in this country". Though the numbers of candidates make it difficult, it was necessary to explore other options to make this selection system more fair and transparent.

### **Need for interprofessional collaboration between different health specialities**

On 27<sup>th</sup> September, a team from JHPIEGO consisting of Dr Bulbul Sood, Dr Suranjeen Prasad Palipamulla, Dr Bhawna Bakshi, Dr Debdatta Parija and Dr Neeta Bhatnagar conducted an interactive session on nursing-midwifery education in India. JHPIEGO's success stories of collaborations between doctors and nursing personnel through five national and ten state nodal centres were shared. The need for capacity building of nursing personnel by conducting training workshops and accreditation of nursing schools was emphasized. Conference delegates lauded the free exchange of thoughts between different health professions, and stressed the need for more such common platforms.

### **Thematic poster session**

104 papers on educational research were submitted to the conference of which 90 had been selected for presentation after rigorous peer review. A unique thematic poster session was conducted, where authors presented their educational projects on teaching-learning innovations, problem based learning, assessment, faculty development, information technology in teaching, programme evaluation, student

affairs and community based medical education. Each group of posters was facilitated by a group of faculty who encouraged participants to share their experiences. Drs Chinmay Shah, Smita Singh and Suresh Chari coordinated the poster session. The official journal of the National Board of Examinations, *Astrocyte*, was bringing out a special edition to publish the abstracts of posters presented at NCHPE 2014.

**FEEDBACK ANALYSIS**  
**26-27 Sep 2014**  
**OVERALL FEEDBACK FORM**

No. of respondents: 123

Please rate the following statements about the conference on a scale of 1 to 5 where 1=Strongly disagree, 2= Disagree, 3= Neither agree nor disagree, 4= Agree and 5= Strongly agree.

		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	The theme of this conference is relevant.	1	1	7	59	54
2.	The objectives of this conference were largely achieved.	0	3	21	60	38
3.	The faculty were effective in delivering the content.	0	2	14	61	46
4.	The interactivity within groups helped in learning better.	0	3	12	50	57
5.	The sessions were given appropriate time.	0	1	10	65	44
6.	I believe that I will be able to incorporate some of the ideas shared in the conference in practice.	1	3	6	67	44
7.	The field visit organized was insightful.	0	2	11	28	50

Please rate the organizational aspect of the conference on a scale of 1 to 5 where 1=Poor, 2= Fair, 3= Good, 4= Very Good, 5= Excellent

		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	Venue arrangement	0	2	15	55	51
2.	Audio-visual arrangement	1	6	18	44	54
3.	Food and catering	1	5	8	50	59
4.	Hospitality	2	1	5	41	74
5.	Communication	2	2	4	41	74

### **What was best in the conference for you?**

- Overall +18
- Timely communication +7
- Hospitality +5
- Punctuality
- Representation from several states and countries
- Student volunteers +11
- Whole planning and organization
  
- Poster session +13
- Field visit +17
- Preconference workshop +22
- Inter-professional education
- Panel discussion +7 (Student selection)
- Plenary session with stakeholders +3
- Topics chosen for sessions +4
- Appreciative enquiry
- Workshop on competencies
- Interactivity within groups +9
- Interactive learning +1 (Jigsaw, inquiry etc)
- Eminent faculty from the field of MET +2
- Session on MCI reforms +3
- CBME +3
- Keynote address
- Time management +2
- Networking +5
- Food +7
- The activity and health care delivery system at MGIMS
- Opportunity to present poster
- The theme of importance
- Faculty presentations +1
- Cultural event
- Content
- Healthy academic environment +2
- Accommodation
- Venue
- Visiting Sevagram +1
- Nice team work
- Free relaxed time
- Timely receipt of certificates

### **What could be made better in this conference?**

- Food for people fasting was inadequate +1
- Some concrete message or guidelines could have been generated from the symposia or plenary session
- Other branches (other than medicos) were quite neglected) +3
- More workshop
- More participation
- More interaction +2
- Topics discussed +1
- More sessions
- Interactive games
- Less full length speeches
- Poster session – the facilitator should have been more interactive while giving feedback
- Poster session – could have been divided in two sessions and kept on both the days of conference
- Arrangement of poster session +8 (there was lots of noise)
- More time for poster session
- Presentation session may be increased
- Time could be shortened
- More broadcasting about the conference to invite more delegates
- More time +1
- More time for interactive/ brainstorming session +3
- Back-up plan for power failure +4
- Air conditioning
- Venue arrangements +4
- At single floor +3
- Poster venue was uncomfortable
- Sufficient time for discussion
- Hospitality
- Food & catering +5
- AV aids +4
- Hand outs
- National level focus more than regional
- Communication about further activities
- Communication about transport +1
- Better transport
- Accommodation +2
- Accommodation at Vidyadeep was very unpleasant
- Food was wasted during field visit
- Avoid large groups

### **What knowledge or skills are you like to use?**

- How to plan a conference/ an event +3
- Volunteer mentoring
- Faculty appraisal +1
- Idea of MCI reforms +1
- Experiential learning
- Networking +2
- Evaluation of curriculum
- More interactions with other team members
- Reflective practices
- Social accountability
- 'Kiran clinic'/ Community owned health program +5
- Interactive teaching technique +2
- Inculcate leadership skills
- Poster presentation
- Poster presentation skill +1
- Implementation of educational projects
- Medical education can help in health education and vice versa +1
- Communication skill +8
- Try to develop competencies in Pharmacology
- Leadership skills and making leaders
- Coordination of health system with HP education
- Making institutes ready for MCI reforms
- CBE +5
- Competency based education +4
- Curriculum planning
- Creating groups in community; e.g. SHGs etc.
- Student selection process +1
- Knowledge from preconference workshop
- Large group interactive teaching +8 (Jigsaw technique)
- Simulation +1
- Working with ASHA
- Team work +2
- Newer teaching techniques
- Workshop ideas
- Effective networking
- Leadership/ advocacy
- Involve other specialties in CBME
- Workshops; I am going to conduct in similar form
- Ideas for promoting student research including community-based research by students
- Kind of medical education research +2
- Recent trends in medical education +3
- Developed newer views of looking into the education reforms attempts
- Nursing education

- Teaching learning methodologies +3
- Plan changes in curriculum delivery
- Scientific writing skills
- Several ideas from poster session
- Implement what I learnt through workshop
- Group building and group dynamics

### **Suggestions for improvement?**

- The session on appreciative enquiry could have been made better
- Better AV aid +3
- Disturbance due to some delegates chatting on the back seats
- Venue arrangement +3
- More communication +1
- Topics discussed +1
- More discussion on basic methods of teaching, assessment
- Number of workshops to be reduced or try to arrange on two days
- Student representation – to be invited from all colleges +2
- LCD display for poster sessions +3
- E-posters/ presentations +10
- Food and catering +5
- Direction for various halls right from entry
- Accommodation arrangements of the delegates +4
- Include oral presentation
- Preconference workshop on innovative practices
- More interaction +1
- Registration fee should be less +2
- Better conference/ workshop kit +1
- Provide more materials related to conference/ workshop
- Hospitality
- Cultural program
- More time
- Better speakers
- Hand outs
- Participation of delegates in various ways +1
- Less repetition from previous NCHPE
- Certain topics like community care may not be relevant as an education related conference
- Venue for posters +1
- Ground rules for response
- Accommodation nearby +1 (for faculty)
- Managing audience during group work
- Awards for poster session
- Field visit in evening
- More sessions
- Timing in Nov – Dec

- Make small groups +1
- More participation
- Content upgradation
- AC hall for posters

### **Quotes**

“There were a number of workshops and difficult to select one out of so many”(In response to what was best for you)

“The volunteers were too keen to help and omnipresent – best part of the conference”(In response to what was best for you)

“I enjoyed being part of this wonderful event. Look forward to more of it.”

“Overwhelmed right now, can’t think much” (In response to suggestion for future)

“You have set the benchmark very high” (In response to suggestion for future)

“Newer sessions & inclusion of stakeholders. Also as per theme, conference was extended to community via field trip. Well done. Keep it up.” (In response to what was best for you)

“Basic facilities were good, but ye dilmaange more.” (In response to what could have been better)

“A lead to certain contentious issues that plague our system – why doctors do not work in rural areas & why should NEET be scrapped.”

“The best practices were demonstrated by means of field visits”

“Volunteers – three cheers.”

“Probably the limitation of accommodation near venue is a challenge. However, no complaints. Very well organized and managed.”

“Role of private medical colleges was shown in poor light in some of the discussions. Next time, private medical colleges role in education should be worth discussing and their difficulties should also be acknowledged.”

“It was inspiring to visit MGIMS and see the work being done there and meet the dedicated faculty members and students.”

“Probably representation of student’s forum of either UG or PG could have taken into account student’s perspectives also.”

“The best thing in the conference was meeting all the FAIMER faculty members, fellows & sharing the existing view with them with respect to medical education in country.”

“Better content of sessions by faculty & chairpersons. Some sessions were going haywire with more verbose persons running away with the sessions. Even 2-3 hour sessions did not give a take-away message – in the end.”

“The sessions were cordial, interactive; a total learning experience.”

“The ability to showcase practice of many health education concepts, especially community-based.”

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## **ACKNOWLEDGEMENTS:**

The organizing committee of NCHPE 2014 gratefully acknowledges the support from the following for providing partial financial assistance for the events:

- Maharashtra University of Health Sciences, Nashik
- Foundation for Advancement of International Medical Education & Research (FAIMER), Philadelphia, USA
- Medical Council of India
- Indian Council of Medical Research
- National Board of Examinations
- National Academy of Medical Sciences
- Council of Scientific and Industrial Research
- SERB, Department of Science and Technology

We would like to thank

- The international and national faculty for conducting scientific sessions
- Faculty at MGIMS, IAHPE and FAIMER for their inputs in designing scientific sessions
- All faculty who reviewed the abstracts
- All delegates for their active participation and
- The administration, staff, students of MGIMS and employees of KHS for their uninhibited support at all times