



## REPORT & PROCEEDINGS OF PRECONFERENCE WORKSHOPS

25 September 2014, NCHPE 2014, MGIMS Sevagram

### **PCW 1: Innovative Practices in Community-Oriented Health Professions Education**

#### **FACULTY:**

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#### **BRIEF INTRODUCTION TO WORKSHOP:**

Today, health professionals' education is almost entirely confined to the four walls of tertiary level teaching hospitals. Clinical training is based on a narrow spectrum of patients in need of tertiary health care. Contact with patients is restricted to the acute phase of illness.

There is a need for significant reorientation in health professionals' education and to integrate it with the community as well as the primary and secondary health care. Participation in community-based educational activities will not only improve the quality of health professionals' education and make it more relevant to the national needs, but also help in strengthening public health services and help build a linkage between the health care system and medical institutes.

The workshop will provide opportunity to get acquainted with current experiences with community-based medical education in India and a platform to discuss and plan what could be done in participant's own setting to make a beginning.

### **INTENDED OUTCOMES:**

Participants will be able:

- to explain the importance of using the community extensively as a learning environment for the education of health professionals
- to design/ adapt and initiate community-based education for health professionals in their own setting

### **KEY REFERENCES:**

- World Health Organization. Technical Report Series 746: Community-based Education of Health Personnel. Geneva: World Health Organization; 1987.
- Mennin S. and Petroni-Mennin R. (2006), Community-based medical education. *The Clinical Teacher*, 3: 90–96. doi: 10.1111/j.1743-498X.2006.00093.x.
- Worley P. Integrity: the key to quality in community-based medical education? (Part two). *Educ Health (Abingdon)*. 2002;15(2):129-38.
- Walters L, Prideaux D, Worley P, Greenhill J. Demonstrating the value of longitudinal integrated placements to general practice preceptors. *Med Educ*. 2011 May;45(5):455-63. doi: 10.1111/j.1365-2923.2010.03901.x.

### **REPORT**



The workshop started with a welcome note from Dr BS Garg, Secretary, Kasturba Health Society. Dr Garg acknowledged the generous support provided by National Academy of

Medical Sciences in conducting the workshop. This was followed by an introduction session where all participants and resource persons introduced themselves.

Following this, Prof Abraham introduced the topic of Community oriented medical education. He highlighted how the current education of the health professionals becomes irrelevant as it does not prepare them for working in rural areas. He stressed on the need of creating additional settings for health professions education beyond the four walls of tertiary care facilities.

Dr Subodh discussed with the participants rationale and challenges of community-oriented education for health professionals. Emphasizing on the principles of community-oriented education, he told that informed the participants that there is a difference between community-based educational program and a traditional field work. For Community-oriented medical education, there must be identified educational goals and objectives. He discussed how different community-based learning activities could be utilized for imparting competencies.



This presentation was followed by sharing of experiences regarding Community-oriented education at CMC, Vellore; St John's Medical College, Bangalore and MGIMS, Sevagram. Prof Abraham, while presenting his experience of initiating community-based medical education at CMC, Vellore discussed how he tried to make it interdisciplinary where students studying nursing, physiotherapy and nutrition sciences can learn in an integrated manner.

Dr Arvind Kasthuri presented the experience of Community-oriented education at St John's Medical College, Bangalore. He described how Rural Orientation Program (ROP), Urban Orientation Program (UOP) and Community Health Action Program (CHAP) are organized with special emphasis on how this helps students gain understanding and competencies in an incremental basis. He also emphasized on the importance of reflections by the students during the evening hours every day during the camp period.

Dr Chetna Maliye shared experiences of Community-based education at MGIMS, Sevagram. She described how at Sevagram, intense efforts of community mobilization has been done. This helps the students learn the practice of community health and importance of involving the people for health action. She described the five milestones – Orientation camp, Social Service Camp, ROME Camp, Internship and Rural Placement Scheme of MGIMS, Sevagram which have been designed to create a rural bias among the undergraduate students.

After these presentations by faculty members, students and interns of MGIMS, Sevagram shared their perception regarding the community-based medical education at Sevagram. The students described how the camps help them acquire values and a lots of generic skills, e.g. communication skills, leadership skills, team building, empathy etc.

Following this, the resource persons invited questions and comments from participants. During this session, the participants shared their own experiences of community-based education. They also asked questions regarding challenges faced and best practices while implementing a community-based medical education. The participants also asked regarding the experiences of implementing community based education in an integrated multi-professional teaching module.

Dr. Kasthuri discussed how community-based education can be implemented in a competency based framework. With appropriate examples he emphasized the need for being focussed and identifying community-based learning activities for developing defined competencies of the students. He also emphasized on the need for student assessment being built within the curriculum while designing a community-based medical education.

This was followed by group work. The participants were divided in three categories. Each group was asked to think of three competencies, community-based learning activities for developing the competencies in a community-oriented approach, and how to assess the students for acquisition of these competencies. The presentations of the three groups were held in a plenary. The discussion during the group work and plenary was lively and each participant got engaged.

In another group work, participants planned how they will be able to initiate community-oriented education in their own settings.

Based on the guidelines of National Academy of Medical Sciences (NAMS), a pre-test and post-test questionnaire was administered at the beginning and at the end of the workshop. A feedback form for the workshop was collected from the participants at the end of the workshop. Certificates for the workshop were distributed to each participant.

The key take home messages were:

- for teaching health professionals, community as well as a diversity of health care settings at all levels should be used in a balanced manner;
- community-based education should not be confined to teaching only one subject, this must be utilized innovatively for teaching all subjects from preclinical to clinical as well as to develop personal and professional skills of the students;
- Innovative ideas should be utilized for training health professionals from different disciplines in an integrated manner in the community and other health care settings.

### FEEDBACK ANALYSIS: PCW 1

No. of respondents: 17

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

		1	2	3	4	5	Mean	SD
1.	The topic of this workshop was relevant.	0	0	0	5	12	4.70	0.46
2.	The objectives of this workshop were largely achieved.	0	1	1	7	7	4.25	0.85
3.	The faculty were effective in delivering the content.	0	0	2	3	11	4.56	0.72
4.	The interactivity within groups helped in learning better.	0	1	1	7	6	4.2	0.86
5.	The sessions were given appropriate time.	0	1	2	10	3	3.9	0.77
6.	I believe that I will be able to incorporate some of the ideas shared in the workshop in	0	1	0	6	9	4.43	0.81

practice.								
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### ORGANIZATIONAL ASPECTS

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

		1	2	3	4	5	Mean	SD
1.	Venue arrangements	0	0	0	8	9	4.52	0.51
2.	Audio-visual arrangements	0	0	1	5	11	4.58	0.61
3.	Food and catering	0	0	2	7	8	4.35	0.70

#### What was best in the workshop for you?

- Sharing of experience from other institutions +4
- Informal way of starting
- Competent faculty +1
- Hands-on experience
- Competency based curriculum +1
- Group discussion +2
- Interactive session +1
- Everything
- Two-way communication

#### What could be made better in this workshop?

- AV aids
- More time could be allotted +2
- Field visit +2
- Demonstration of handling students
- More examples from nursing +1
- Seating arrangement in groups
- More practical sessions/ group activity +1
- Participants from other disciplines should also have registered. It seemed that it is only for people from community medicine

## What knowledge or skills are you likely to use?

- Competency based curriculum +6
- Different ways of CBME +1
- Coordination and collaboration between different departments
- Application in community-based education in nursing
- Competency assessment of the students +1
- Observation and learning from observation
- Plan CBE in curriculum

## Suggestions for improvement

- Give more time +2
- Include skills of handling topics in community while teaching in community
- Include more examples from nursing and other professionals education +1
- Making groups from the beginning
- More practical sessions & examples
- During registration, specify that other disciplines may also use CBE for teaching students.
- Give more tasks and improve creativity
- Innovative techniques in community



# PCW 2: Engage your learners: Promote active and deep learning in your large classes

## FACULTY:

- 1. Mary Beth Scallen, M.F.A.**  
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- 2. Dr Sucheta P Dandekar, M.Sc., Ph.D.**  
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- 3. Dr Ciraj Ali Mohammed, M.Sc., Ph.D.**  
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## BRIEF INTRODUCTION TO WORKSHOP:

This highly participatory workshop will explore ways to engage large classes of 75+ learners and promote learner command of the content. Participants will experience each methodology as if they are the learners, then discuss the applicability of each technique in specific educational settings. Topics covered will include establishing a safe learning environment, encouraging active learning, promoting peer instruction, facilitating effective group discussion, and implementing exercises that encourage learners to apply critical concepts to real-world situations.



## INTENDED OUTCOMES:

Participants will leave this workshop with a portfolio of effective interactive techniques to activate large lecture classes.

## KEY REFERENCES:

- Chickering AW & Gamson ZF. Seven principles for good practice in undergraduate education. *The Wingspread Journal* 1987; 9 (2): special insert
- Michael J. Where's the evidence that active learning works? *Advan Physiol Educ* 2006; 30: 159-167
- Smith KA. Pedagogies of Engagement: Classroom-Based Practices. *Journal of Engineering Education*. January 2005

## REPORT



Sucheta Dandekar, Ciraj Ali Mohammad, V.B. Shivkumar and Mary Beth Scallen facilitated. Thirty medical educators attended. Participants examined how interactive teaching promotes deep learning, and experienced techniques to implement it in large group settings.

The exploration centered on six objectives of effective interactive educators:

1. Establishing a supportive environment
2. Encouraging learner participation
3. Facilitating effective discussion
4. Promoting peer learning
5. Applying content to real-world situations
6. Assessing learners' comprehension during class

The workshop also addressed the following points of interest:

- What is the essential nature of interactive teaching?
- Why is it important for learners to help direct the learning?



- Exactly how does interactive teaching help students learn?
- What interactive techniques can we use in classrooms with immovable furniture?
- How might new research on brain-based learning strengthen our lesson plans?



For the concluding activity, participants received a list of interactive methods especially designed for classes of 75 students and up. They then planned a 30-minute interactive class session in small groups, and shared their creations in plenary.

## FEEDBACK ANALYSIS: PCW 2

No. of respondents: 23

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

		1	2	3	4	5	Mean	SD
1.	The topic of this workshop was relevant.	0	0	0	3	20	4.86	0.34
2.	The objectives of this workshop were largely achieved.	0	0	1	9	13	4.52	0.59
3.	The faculty were effective in delivering the content.	0	0	0	9	14	4.60	0.49
4.	The interactivity within groups helped in learning better.	0	0	0	7	16	4.69	0.47
5.	The sessions were given appropriate time.	0	0	1	9	13	4.52	0.59
6.	I believe that I will be able to incorporate some of the ideas shared in the workshop in practice.	0	0	1	3	19	4.78	0.51

### ORGANIZATIONAL ASPECTS

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

		1	2	3	4	5	Mean	SD
1.	Venue arrangements	0	0	2	8	13	4.47	0.66
2.	Audio-visual arrangements	0	0	1	8	14	4.56	0.58
3.	Food and catering	2	3	4	8	4	3.42	1.24

### What was best in the workshop for you?

- Devising successful strategies for planning classes & good questioning
- Interactivity +11
- Group activities +3
- Facilitator skills
- Method of taking the workshop

- Hands on training
- Jigsaw technique of interactive learning
- Take home message of making teaching interesting by incorporating interactive sessions in the middle
- Mid-session assessment +2
- Participants engagement
- Role play
- Pace of the topics
- Being able to go through some of the interactive techniques practically during the session

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

- Touch on topics other than interactivity
- Send resource materials in advance
- Expectation of audience prior to attending the workshop
- More time +3
- More handouts

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

- Planning successful strategies for large classes
- Shift focus from recall to reasoning and concept making in class room
- Planning of interactive sessions +10
- Creativity and efforts we need to put
- Jigsaw technique +3
- Mid-session assessment +1
- Attention for 10 min concept
- Role play
- Wait time
- Split attendance

### **Suggestions for improvement**

- It beats me, perhaps dwell upon some more practical aspects
- More time +2
- Idea of open book test/ learning in the session
- How to deal with disinterested students
- Make ppt interesting & interactive
- Demonstration of some of the techniques (out of 13 methods which were mentioned)
- An overview of different interactive techniques
- More group work
- More time for concerns and trouble shooting in classrooms

# PCW3: How to design, implement and assess a competency based curriculum

## FACULTY

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## BRIEF INTRODUCTION TO WORKSHOP:

Making tomorrow's health care professionals not just 'fit to pass exams' but 'fit to practice' has become a major outcome objective of medical faculties around the globe bringing a new dimension to the curriculum planning and its delivery. The traditional curriculum has been perceived to be too 'teacher-centred' than 'end user centred'. Outcome based curriculum is now renamed as 'competency based curriculum' to reflect truly desired and expected outcomes related to health care and education. Medicine is a high stakes education as compared to other professions - equally matched by higher societal expectations.

This workshop will discuss and demonstrate how to convert current objective and time-based curriculum into a 'Competency based curriculum'.

## INTENDED OUTCOMES:

Participants will have the opportunity to write a 'competency based syllabus' on a topic of their choice

## KEY REFERENCES

- Ten Cate O. Nuts and bolts of entrustable professional activities. *Journal of Graduate Medical Education*, March 2013, 157-158.  
<http://www.jgme.org/doi/pdf/10.4300/JGME-D-12-00380.1>
- Kerdijk W, Snoek JW, van Hell, EA, Cohen-Schotanus. The effect of implementing undergraduate competency-based medical education on students. *BMC Medical Education* 2013, 13:76

## REPORT



The workshop started with defining competency and introducing the concept of competency based curriculum. Strategies to design, implement and assess competencies were discussed. Participants were given hands on experience of writing competencies.

The key messages that emerged were:

- Competency based curriculum is required for proper training of our health workers and medical students
- The traditional curriculum can be converted into competency based curriculum by involving faculty from all health professions
- Integration of all health professions is required for true implementation of competency based education
- Knowledge, skills, attitudes, values, professionalism, patient care are all required by competent medical educators

- Level of proficiency or competency can be gradually increased to make achievement of competencies a progressive process



- Scenario writing is important to teach, implement and assess a competency based curriculum.



### FEEDBACK ANALYSIS: PCW 3

No. of respondents: 18

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

		1	2	3	4	5	Mean	SD
1.	The topic of this workshop was relevant.	0	0	0	3	15	4.83	0.38
2.	The objectives of this workshop were largely achieved.	0	0	2	10	6	4.22	0.64
3.	The faculty were effective in delivering the content.	0	0	2	6	10	4.44	0.70
4.	The interactivity within groups helped in learning better.	0	1	1	8	8	4.27	0.82
5.	The sessions were given appropriate time.	0	0	1	9	8	4.38	0.60
6.	I believe that I will be able to incorporate some of the ideas shared in the workshop in practice.	0	0	3	10	5	4.11	0.67

### ORGANIZATIONAL ASPECTS

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

		1	2	3	4	5	Mean	SD
1	Venue arrangements	0	0	0	8	9	4.52	0.51
2	Audio-visual arrangements	0	0	2	7	8	4.35	0.70
3	Food and catering	0	0	4	7	5	4.06	0.77

### What was best in the workshop for you?

- Concept of developing competency based curriculum +3
- Group activity/ interactions +6
- Discussion on practical issues



- Organization +1
- Strategies for implementation
- Faculty +3
- Sense of humour
- Quality of slides

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

- Group activity +4
- Define competencies and work backwards
- More time +2
- More spacious sitting arrangement
- More sharing of ideas

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

- Framework for developing competency based curriculum +2
- Strategies/ different types of interactions
- The grid
- Design of competency based curriculum
- Assessment
- TL methods
- Integration linking the bridge

#### **Suggestions for improvement**

- More time for group activity +1
- Role play could have been made more interesting
- More time +2
- Detailed example from a particular subject so that the change required may be more clear





# PCW 4: Appraisal of faculty performance: How can we do it?

## FACULTY

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## BRIEF INTRODUCTION TO WORKSHOP

The key roles defined for faculty in health professions education include that of a teacher/educator, researcher, scholar, administrator and leader. A defined set of competencies for these roles can guide both faculty performance and importantly, its evaluation or appraisal.

Depending on the context, faculty appraisal must include all relevant stakeholders' point of view, be it students, the system (university, institution, regulator), society and most of all, faculty themselves. A systematic and well conducted appraisal can provide vital information for educational improvement as well as strategic planning.

The most important faculty role is that of a teacher/educator. An appraisal that measures a teacher in a non-threatening manner can motivate faculty and have a long term educational impact. Faculty appraisal can be a powerful tool for institutional and faculty development.

In this workshop, participants will

- i. Define teacher roles and competencies in their own context
- ii. Understand the concept of an evaluation framework for teacher competencies
- iii. Learn to design an evaluation using appropriate tools
- iv. Be able to interpret evaluation data and utilize evaluation results

## INTENDED OUTCOMES:

- Participants who appreciate and value the benefits of teacher appraisal
- Participants who are able to design and implement a teacher appraisal system in their own context.
- Increased use of teacher appraisal for educational improvement and faculty development

## KEY REFERENCES

- Srinivasan M, Li S-T T, Meyers FJ, Pratt DD et al. "Teaching as a Competency": Competencies for Medical Educators. *Acad Med*. 2011;86:1211–1220.
- Haghdoost A A, Shakibi Mohammad R. Medical student and academic staff perceptions of role models: an analytical cross-sectional study. *BMC Medical Education* 2006, 6:9 doi:10.1186/1472-6920-6-9 Available at: <http://www.biomedcentral.com/1472-6920/6/9>
- Shi-HaoW, Jing-Song X, et.al. Effects of a teaching evaluation system: a case study. *Int J Med Educ*. 2011; 2:18-23
- Rosenbaum M E, Ferguson K J, et al. Using a peer evaluation system to assess faculty performance and competence. *Family Medicine* 2005; 37(6): 429-433

## REPORT



A systematic and well conducted appraisal system can provide vital information to achieve academic excellence in any educational institute. So this workshop was designed to apprise the participants about the importance of faculty appraisal and how to design and implement a faculty appraisal programme.

The workshop started with defining the various roles and competencies of a medical teacher. Following that, the participants were apprised of the various steps in designing an appraisal system keeping in mind the stakeholders (for eg administrators, faculty, students etc) and the various roles of the faculty. Use of multiple sources of information, and multiple tools for gathering information was discussed. The participants were introduced to the concept of teaching portfolios. The importance of linking the appraisal to faculty development was highlighted and also, that each medical school needs to have an appraisal system which is appropriate to their context and culture was emphasized.



The workshop was interactive and involved sharing of experiences by the participants and group activity to design a faculty appraisal programme.



1.	Venue arrangements	0	0	0	1	7	4.87	0.35
2.	Audio-visual arrangements	0	0	0	1	7	4.87	0.35
3.	Food and catering	0	0	0	1	6	4.8	0.37

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

- Facilitator skills
- Sharing of experience +1
- Changed my thought process
- Correlation of faculty appraisal with student assessment
- Assessment drives learning, appraisal drives performance
- Interaction among participants +1
- Relevance
- Knowing process of appraisal and its various aspects
- Self-reflection is the key word
- Step-by-step approach
- Place was very good
- Concept of faculty appraisal program

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

- More groups of the participants (four would be optimum, here it was two)
- Follow-up workshop
- More time (full day) +1

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

- Use the knowledge for formative assessment
- Develop faculty appraisal system in my institute +3
- Start some form in my institute (8 steps) +1
- Percolate my knowledge to administrators in my institution
- Give more time to actually develop such program

### **Suggestion for improvement**

- Some handouts

# PCW5: Inter-professional education in health sciences

## FACULTY

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## BRIEF INTRODUCTION TO WORKSHOP

Traditionally, the professional culture of health sciences education had been emphasizing autonomous roles in each of their practices. This has led to compartmentalized and isolated professional practices for the same clients. For the best utilization of resources and time for the best patient care outcomes, it is essential to give special attention to early integration of inter professional education and evaluation of inter professional collaboration in health sciences curriculum, as these experiences may positively influence readiness for and engagement in inter-professional education (IPE) and practice. Shared knowledge and understanding and respect for other's roles require actively learning together. Enabling all members of the team to attend inter-professional education sessions increases the ability to translate knowledge into practice. IPE is recognized by the World Health Organization as a means to address health care workforce shortages.

The widely used definition for IPE from the Centre for the Advancement of Inter professional Education (CAIPE) states that "Inter professional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care... and includes all such learning in academic and work-based settings before and after qualification, adopting an inclusive view of professional (tinyurl.com/caipe.ipl)."

This workshop intends to orient health science professionals about inter-professional education. The participants will be physicians, nurses, Dentists and Allied Health Professionals. The workshop will have



initial presentations by the resource persons (which include a clinician, a nurse, a dentist and a physiotherapist), demonstration of IPE through a scenario, group work on developing scenarios and reporting by group.

### **WHO SHOULD ATTEND?**

Faculty members and post graduate students from all health professions: medical, dental, nursing, physiotherapy, occupational therapy, respiratory therapy (all allied health courses), and social work.

### **INTENDED OUTCOMES:**

At the end of this workshop, participants will

- a. Appreciate the need for IPE
- b. Enhance collaboration between professions in the health sciences education.
- c. Promote collaborative practices among health care professionals.
- d. Enhance patient care and the delivery of health care services.
- e. Create a 'we' feeling among students of health sciences and promote mutual respect.
- f. Promote team spirit in all professions.

### **KEY REFERENCES**

- Framework for Action on Inter professional Education & Collaborative Practice. WHO 2010.
- Inter professional Education Collaborative Expert Panel. (2011). Core competencies for inter professional collaborative practice: Report of an expert panel. Washington, D.C.: Inter professional Education
- Bradshaw MJ & Lowenstein AJ. Integrated Teaching Strategies in Nursing and Related Health Professions.(Fifth Edition), , Jones & Bartlett Publishers, Boston.
- How Inter professional Learning improves care. *Nursing Times* (Vol: 109, No: 21)May 2013
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- Mitchell PH et al: Working across the boundaries of health professions disciplines in education, research, and service: The University of Washington Experience: *Academic Medicine*, Vol. 81, No. 10 / October 2006: 891-896.
- **Lindqvist S et al** (2005) Case-based learning in cross-professional groups - the development of a pre-registration inter professional learning programme. *Journal of Inter professional Care*; 19: 5, 509-520.
- **Mackenzie A et al** (2007) Inter-professional learning in practice: the studentexperience. *British Journal of Occupational Therapy*; 70: 8, 358-361.
- **Wilhelmsson N et al.** Twenty years of inter professional education in Linköping — ground breaking and sustainable. *Journal of Inter professional Care* 2009; 23: 2, 121-33.
- **World Health Organization** (1988) *Learning Together to Work Together for Health*. Geneva: WHO.

## REPORT



The workshop session started with introduction of faculty members and participants. Dr. Anice George moderated the entire workshop session. She gave the introductory remarks on the objectives and need for inter-professional education. Further, as the first speaker she discussed the definition of IPE and elaborated the need for IPE in the context of health professional education.

Dr Selvam Ramachandran discussed on the IPE competencies and skill sets required; further he discussed on the relationship of IPE to enhance learners outcomes to get transformed to effective collaborative practice to enhance patient care. The faculty provided the outline on the framework of IPE competencies and also discussed on the types of IPE activities that can be implemented to optimize learning outcomes.

Dr. Gauri Lele discussed on the various models of IPE programs practised elsewhere. She also presented step by step processes in evolving the integrated clinical learning experiences based on IPE model.

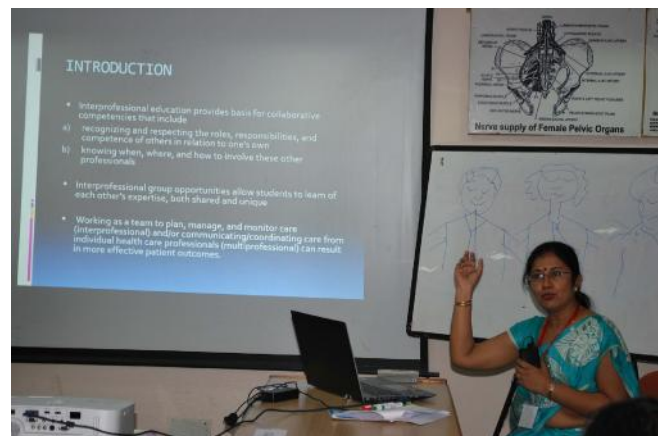




Dr. Poonam Varma discussed on the process of drafting the module of integrated inter-professional education curriculum involving multi-disciplinary health professionals in addressing complex clinical problems thereby providing holistic and efficient patient care. The workshop concluded with the participants involving in group work to identify a clinical situation and to draft the outline of IPE curriculum and activities. Each group presented their group discussion and the discussions were moderated by the faculty members.

The key points which emerged were:

1. IPE would focus more on the process of learning and the content area will be specific to respective health professional disciplines.
2. IPE will not affect the professional boundaries and scope of practice.
3. IPE at the level of health professional student will get transformed to collaborative practice thus enhancing optimal patient outcomes.
4. Inter-professional education and inter-professional collaborative practice are interdependent.



## FEEDBACK ANALYSIS: PCW 5

No. of respondents: 18

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

		1	2	3	4	5	Mean	SD
1.	The topic of this workshop was relevant.	0	0	0	7	11	4.61	0.50
2.	The objectives of this workshop were largely achieved.	0	0	1	8	9	4.44	0.61
3.	The faculty were effective in delivering the content.	0	0	1	5	11	4.58	0.61
4.	The interactivity within groups helped in learning better.	0	0	0	8	10	4.55	0.51
5.	The sessions were given appropriate time.	0	0	0	8	10	4.55	0.51
6.	I believe that I will be able to incorporate some of the ideas shared in the workshop in practice.	0	0	0	10	8	4.44	0.51

### ORGANIZATIONAL ASPECTS

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

		1	2	3	4	5	Mean	SD
1.	Venue arrangements	0	0	1	7	10	4.50	0.61
2.	Audio-visual arrangements	0	0	0	5	13	4.72	0.46
3.	Food and catering	0	0	0	4	13	4.76	0.43

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

- The concept +9
- New and innovative topic
- Sharing of experience
- Group interactivity +3
- Topic of the workshop
- Faculty +1
- Everything

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

- Involve other specialty also as resource persons +3
- More detailed session
- More discussion +2
- More time +2 (One person – full day workshop)
- Presentation
- Group activity
- More practical aspects

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

- Will use the approach for developing skills of students
- Designing/ modifying TL methods
- Inter-professional education models +1
- Team approach +1
- Develop a small scale module
- Management aspect
- Drafting of models
- Communication +1
- Two-way process
- Taking feedback
- Administration +1
- Use of IPE, Develop protocol for IPE +1
- Teach students how to work in team

### **Suggestions for improvement**

- More professionals to be involved +1
- More discussion +1
- Draw conclusions at the end of each topic
- Group activity +3
- More time +2
- Hand outs +2

# PCW 6: Simulation in medical education

## FACULTY:

1. **Dr Avinash N Supe**, MBBS, MS, MHPE, FICS, FCPS, DNBE, PGDME, DHA, FMAS, FIAGES, FAIS  
Dean, LTMMC and Sion Hospital, Mumbai  
Director GSMC FAIMER Regional Institute, Mumbai  
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2. **Dr Vivek A Saoji**, MBBS, MS  
Principal Bharati Vidyapeeth University Medical College Pune  
Email:[drviveksaoji@yahoo.co.in](mailto:drviveksaoji@yahoo.co.in)
3. **Dr R Anand**, MBBS, MD  
Professor and Head, Dept of Pulmonary Medicine  
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4. **Dr Benhur Premendran**, MBBS, MD  
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## BRIEF INTRODUCTION TO WORKSHOP:

Skills' (communication skills, patient/physical examination skills, procedural/operative skills) training and assessment is an important part of medical curricula, however there can be lot of variations in this depending on place of training, supervisor, etc. Moreover some skills may never be learnt or tested and learning/testing on real patients may compromise patient safety.

Introduction of simulation, in skills training will largely be able to bridge this gap. Simulation is being widely used in western world and it is also being accepted as a training/assessment method in our part of world. Simulation can be in the form of simple locally made models and trainers and manikins to high fidelity simulators to virtual reality and computer based simulation and also use of standardizes patients

This workshop will provide an opportunity to participants to reflect on the need and ways of simulation, how to introduce simulation in training and assessment of students, pros and cons of simulation, error management and future of simulation. They will also develop a module for skills training with simulation as a tool.

## WHO SHOULD ATTEND?

All levels of faculty involved in Health Professions Education (medical, dental, nursing, physiotherapy etc.)

## INTENDED OUTCOMES:

- Faculty will be aware of importance of use of simulation in training and assessment
- Faculty will use/prepare a module based on simulation for training/assessment of skills
- Faculty will be able to address this important gap in the curricula and impart training in standardized way

## KEY REFERENCES:

- Weller JM. Simulation in undergraduate medical education: bridging the gap between theory and practice. *Medical Education* 2004; 38: 32–38
- Owen H & Follows V. GREAT simulation debriefing. *Medical Education* 2006; 40: 459–489
- Gardner R, Raemer DB. Simulation in Obstetrics and Gynecology. *Obstet Gynecol Clin N Am* 35 (2008) 97–127
- Ziv A, Wolpe PR, Small SD, Glick S. Simulation-Based Medical Education: An Ethical Imperative. *Acad Med.* 2003;78:783–788.
- Lammers RL. Simulation: The New Teaching Tool. *Annals Emerg Med* 2007; 49 (4)

## REPORT



The workshop on “Simulation in Medical Education” was conducted in the simulation lab between 2.00- 5.30 p.m. The delegates were a mixed blend of pre and paraclinical, clinical and nursing faculty. They were from junior lecturers to professors and heads of the departments and from various medical colleges from India.

Dr Supe started the discussion with: what is simulation, the need for simulation in medical education, the historical background, the conceptual framework, current status and future that is in offing. He also emphasized the fact that it has to an essential part of training of HPE as certain skills otherwise cannot be taught and learnt. The importance of patient safety and patient autonomy was highlighted. For standard and uniform training it is essential to introduce simulation in medical education. The participants actively participated in the discussion

Dr Anand gave a lucid presentation on the various simulations tools: from simple written, box trainers, computer based, to part-task trainers, high fidelity and virtual reality. He cleared the concept of fidelity, introduced the participants to classification of various simulation tools, its utility, pros and cons. His presentation was with lot of pictures, and videos and generated a good interest amongst participants





Dr Saoji talked about application of simulation in medical education. He discussed the application of tools in training and assessment. He mentioned that simulation can be used in training of all the three domains of learning and assessing the higher three levels of Miller's pyramid i.e. shows, shows how and does. He also elaborated on the use of simulation in continuous professional development (CPD).

This was followed by a group tour of the various simulations tools in simulation lab at MGIMS, its applications were demonstrated, and this generated a lot of interest in participants. They handled various models, dummies, manikins, trainers, etc. Dr Benhur coordinated this activity which was much appreciated.

The next activity was to develop a module based on the knowledge they had received earlier either on training or on assessment which could be easily implemented in their home institutes / departments. A template was provided. Each group developed and presented their module to the larger group which was further discussed the group received suggestions. Everyone was involved in this activity. The session ended with summarization of the proceedings of the day, clarifications and question – answers.

The participants were enthusiastic, their initial feedback was encouraging and some of the myths about simulation were busted. They enjoyed the session and learnt from it. The purpose of the workshop seems to have been achieved.

### **FEEDBACK ANALYSIS: PCW 6**

No. of respondents: 14

Please rate the following statements about the workshop 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>	<b>Mean</b>	<b>SD</b>
1.	The topic of this workshop was relevant.	0	0	0	5	9	4.64	0.49
2.	The objectives of this workshop were largely achieved.	0	0	0	8	6	4.42	0.51
3.	The faculty were effective in delivering the content.	0	0	0	6	8	4.57	0.51

4.	The interactivity within groups helped in learning better.	0	0	2	3	9	4.50	0.75
5.	The sessions were given appropriate time.	0	0	2	4	8	4.42	0.75
6.	I believe that I will be able to incorporate some of the ideas shared in the workshop in practice.	0	0	1	6	7	4.42	0.64

### ORGANIZATIONAL ASPECTS

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

		1	2	3	4	5	Mean	SD
1.	Venue arrangements	0	1	2	4	7	4.21	0.97
2.	Audio-visual arrangements	0	0	1	8	5	4.28	0.61
3.	Food and catering	0	0	2	3	9	4.50	0.75

### What was best in the workshop for you?

- Demonstration on models and manikins
- The faculty +2
- Planning a simulation based training & evaluation
- Useful in nursing
- Feedback manikins
- Typology session by Dr. Anand
- Various simulation models
- AV aids
- Good interaction among participants
- Awareness about different simulators/ new knowledge +1
- Interactivity
- Hands-on training +1
- Clarification of concepts

## What could be made better in this workshop?

- Time management
- SimMan – high fidelity simulators or environment
- More time +1
- Better venue
- Information about more low cost simulation

## What knowledge or skills are you likely to use?

- Plan to introduce simulation in teaching +8
- Using heart sound simulator
- Part task trainer simulator
- Use of different simulators with different fidelity level
- There were three didactic lectures in the beginning, could be avoided

## Suggestions for improvement

- AC in the hall
- More time (whole day sessions) +3
- More advanced simulation models +1
- Real experiences/ real practices on the models +2



## **PCW 8: Curriculum Review and Planning: Towards Transformative Health Professions Education**

### **FACULTY:**

- 1. Dr Thomas V Chacko, MBBS, MD**  
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- 2. Dr Nirmala Rege MBBS, MD**  
Convener, GSMC-KEMH-MCI Nodal Centre and Coordinator, ME Unit and Course Co-Director for GSMC-FAIMER Regional Institute  
Prof & HOD Pharmacology & Therapeutics  
Seth GS Medical college, Parel, Mumbai 400012 Maharashtra, India  
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- 3. Dr Animesh Jain, MBBS, MD, DFH, PGD Bioethics and Med Ethics**  
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Associate Professor of Community Medicine,  
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- 4. Dr Anupama Gupta, MBBS, MD**  
Member advisory committee, MCI Regional centre (JNMC, Sawangi, Wardha)  
Professor, Department of Pathology,  
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Email: [anupamagupta@mgims.ac.in](mailto:anupamagupta@mgims.ac.in)

### **BRIEF INTRODUCTION TO WORKSHOP:**

The Lancet Commission recommended third generation reforms in instructional design to engage in a paradigm shift from the current informative to transformative learning so as to produce competent graduates with leadership attributes and become change agents who can work effectively in multi-professional health teams. In order that these outcomes are achieved, academic leaders involved in curriculum planning and review must not only be familiar with the process but also have an understanding of what Transformative Health Professions Education means.

This workshop aims at building your capacity so that you can be the academic leader in your institution / University / National level organisation that can provide leadership for initiating and sustaining the changes needed.

## INTENDED OUTCOMES:

At the end of this 3 ½ hour workshop, participants would be able to:

4. State what is Transformative Health Professions Education
5. Identify the current stage of progression towards Transformative Education in their home institution.
6. Use a matrix to review current curriculum and identify areas that need attention/strengthening to make it transformative
7. Use a curriculum design framework to design a new curriculum component that your Dean has assigned you to develop
8. Reflect on how the new learning can be applied by the participant in her/his department/institution

## KEY REFERENCES

- 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
  - Kern DE et al (Ed). Curriculum Development for Medical education: a six step approach (2009) The Johns Hopkins University Press, Baltimore USA
  - Prideaux D. ABC of Teaching & Learning in Medicine: Curriculum Design. BMJ 2003;326;268-270
- 

## REPORT



A total of 22 participants attended the workshop. The participants, mostly mid and senior level professionals and faculty and a few administrators, came from different parts of India (from North East, North, West, East and South India) as well as from Nepal (2 participants) and Malaysia.

The workshop began with enlisting the participants' expectations and then outlining the conference objectives which were in line with the expectations. There were interactive lecturettes as well as group work where the participants were made to come out with a competency that they felt was missing in curriculum and the ways to address them. The workshop ended with the participants using a curriculum review matrix and then finally presenting their model to strengthen a particular competency.



Most of the participants felt that the workshop simplified the concepts and made them aware of the process of curriculum review and planning. Many of them said, it was a difficult topic which the facilitators tried to simplify and demystify by giving example, through interactive process (allowing clarification of doubts, concerns) and group-work.



## FEEDBACK ANALYSIS: PCW 8

No. of respondents: 22

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

		1	2	3	4	5	Mean	SD
1.	The topic of this workshop was relevant.	0	0	3	8	11	4.36	0.72
2.	The objectives of this workshop were largely achieved.	0	0	4	13	5	4.04	0.65
3.	The faculty were effective in delivering the content.	0	1	1	9	11	4.36	0.78
4.	The interactivity within groups helped in learning better.	0	1	2	8	11	4.31	0.83
5.	The sessions were given appropriate time.	0	2	2	9	9	4.13	0.94
6.	I believe that I will be able to incorporate some of the ideas shared in the workshop in practice.	0	2	2	10	8	4.09	0.92

### ORGANIZATIONAL ASPECTS

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

		1	2	3	4	5	Mean	SD
1.	Venue arrangements	1	0	1	9	11	4.31	0.94
2.	Audio-visual arrangements	0	1	1	7	13	4.45	0.80
3.	Food and catering	1	1	1	9	10	4.18	1.05

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

- Content relatively new
- Process enriching
- Group work with different faculties
- Group interactions +4
- Lectures
- A new idea for curriculum development +1
- Good resource person
- Examples
- Learnt about transformations & team work
- Objectives well taken
- Teaching and learning skills of the faculty
- Planning backwards, delivering forward
- Good teamwork and speakers
- Listening view of many people
- Learn about current changes in curriculum proposed by MCI
- More competence after the workshop
- Important for students, institutes and personal growth as well
- Hands on activity
- Realising the word 'transformation' +1
- Good environment
- Good review
- Framework to design curriculum
- Interactive sessions
- New ideas
- Steps in curriculum development
- Practical tips

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

- More time +6
- More time for groups work
- More examples +1
- More hands on
- The online reading materials could have been suggested by e-mail before the workshop +4
- Lancet resource which was provided on mail was tough to understand
- Some more concrete idea on which to dwell upon
- Group interactions between various disciplines
- More group activity, Make smaller groups for tasks



- Effective resource persons

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

- Use student projects in Pharmacology with team consisting of staff nurses, technicians, pharmacists
- KAS process
- Will plan, process & implement; discussion for knowledge, role play followed by feedback & skills for demonstration
- Leadership qualities
- Student evaluation +1
- Implementing new curriculum overcoming lacunae in the existing curriculum +7
- Kirkpatrick model +1
- Analysis of thoughts
- PBL – team approach
- Able to identify lacunae in the subject curriculum +1
- Team work +2
- Competency based learning
- Define competencies & based on same make changes in TL methods
- Case scenario based lectures

### **Suggestions for improvement**

- Group activity should have more clear objectives and more clues
- More time (whole day workshop) +3
- More concrete idea on which to develop on
- More explanations regarding the topic
- More reshuffling of groups for group activity
- Clarity of subject
- Content itself and its explanations
- Clarify easily
- Sending reading materials 1-2 weeks in advance +4
- TL methods
- More explanations
- More details on electives

# PCW 9: Reflective Practice: Looking back to look forward

## FACULTY:

1. **Dr Medha A. Joshi**, MD ( PGI), MHPE (UIC, Chicago)  
Professor Department of Pharmacology and Head, Medical Education Unit,  
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2. **Dr Henal Shah**, MD (Psychiatry), DPM, MHPE (University of Maastricht, Netherlands)  
Professor(Addl.), Dept. of Psychiatry,  
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3. **Dr Ashwini Appaji**, MD (Anatomy)  
Associate Professor, Dept. of Anatomy  
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## BRIEF INTRODUCTION TO WORKSHOP:

Reflective practices promote self-directed, lifelong learning and deep learning. If this skill is developed among health professionals, it will benefit them in both professional as well as personal life. A reflective practitioner will be a safe, ethical and efficient practitioner. This skill needs to be developed among the professionals and both undergraduate as well as postgraduate students. There is a need to introduce methods of reflections in our curriculum. This workshop intends to bring awareness about reflective practice in health care professionals.

The objectives of the session are as follows:

The participants will be enabled to

- define what reflective practice is and its impact on medical practice
- understand the process of reflection and methods of reflective practices.
- be aware of strategies to reflect on a daily basis based on their experiences.
- to reflect effectively for their own personal and professional development
- Implement reflective practices in undergraduate and postgraduate education.
- Be aware of elements and benefits of developing a reflective portfolio.

## WHO SHOULD ATTEND?

All health care professionals

## INTENDED OUTCOMES:

At the end of the workshop the participants will be:

- Ñ sensitized to the concept of reflective practice
- Ñ able to reflect on their professional experiences on a regular basis.
- Ñ able to introduce the concept of reflection in their institution.

## KEY REFERENCES :

- Sandars J. The use of reflection in medical education: AMEE Guide No. 44. *Med Teacher*2009; 31:685-695.
  - Robertson K. Reflection in professional practice and education. *Australian Family Physician*2005; 34 (9,): 781-783
  - Mamede S., Schmidt HG. The structure of reflective practice in medicine. *Medical Education* 2004; 38: 1302–1308.
- 

## REPORT



The workshop used an interactive format. The concept and uses of reflection and reflective practitioner were discussed. The theories of reflection such as Boud, Kolb, Mezirow and Schon were examined. This was followed by participants critically reflecting using a format provided. This led to the deliberation on barriers and facilitating factors for reflection.



There was an orientation on the facets of metacognition. Using samples of learning contracts, the concept, steps and utility of contracts was analysed. This was followed by examining the written reflection samples of students. Templates for writing and evaluating were also used to study the samples.

Finally portfolios, their utility, the selection of inclusion material and the role of a mentor and effective feedback were appreciated. Once more samples of portfolio were shared. The session ended with questions on the practical application of the material discussed.



## FEEDBACK ANALYSIS: PCW 9

No. of respondents: 8

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

		1	2	3	4	5	Mean	SD
1.	The topic of this workshop was relevant.	0	0	0	1	7	4.87	0.35
2.	The objectives of this workshop were largely achieved.	0	1	0	2	5	4.37	1.06
3.	The faculty were effective in delivering the content.	0	1	0	2	5	4.37	1.06
4.	The interactivity within groups helped in learning better.	0	1	0	3	4	4.25	1.03
5.	The sessions were given appropriate time.	0	1	1	2	4	4.12	1.12
6.	I believe that I will be able to incorporate some of the ideas shared in the workshop in practice.	0	1	0	2	5	4.37	1.06

### ORGANIZATIONAL ASPECTS

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

		1	2	3	4	5	Mean	SD
1.	Venue arrangements	0	0	1	1	6	4.62	0.74
2.	Audio-visual arrangements	0	1	0	3	4	4.25	1.03
3.	Food and catering	0	0	2	1	5	4.37	0.91

## What was best in the workshop for you?

Group work/ interactivity +1

Concept of reflective practices

Resource persons

Hospitality

The topic being multi-dimensional may be used in other aspects of life

Steps of reflection

First time experience of some real reflections from students

## What could be made better in this workshop?

More practical exercise

Examples of how to implement

More time

## What knowledge or skills are you likely to use?

Reflective practices +3

Portfolio use

To understand the reasons of good/ bad performance by the teachers

## Suggestion for improvement

More practical approach +1



# PCW 10: How to get your research papers published

## FACULTY:

1. **Dr Chetna Desai**, MBBS, MD  
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2. **Dr Satendra Singh**, MBBS, MD, FSS  
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Associate Editor, *Research and Humanities in Medical Education*  
Assistant Professor  
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Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha 442102  
Email: [dr.anshu@gmail.com](mailto:dr.anshu@gmail.com)

## BRIEF INTRODUCTION TO WORKSHOP:

Scientific communications are a means to disseminate scholarly work among the scientific community. A paper published in a good quality journal has the potential for wider readership and ignites research ideas and the inferences thereof. The recognition given to publication of research articles by the Medical Council of India for promotions has confronted academia with the “publish or perish” dilemma. . Publications serve to strengthen CVs and sustain careers by bringing in further research grants and recognition from peers and the scientific community.

Unfortunately, a lot of research carried out by the postgraduates and faculty in India remains unpublished. The reasons for this may be related to writer’s block, lack of time, writing out of context, poor choice of journals, inadequate skills in building a manuscript etc. Manuscripts that fail at the publisher’s desk have multiple shortcomings, including improper methodology, failure to elucidate significance effectively, poor writing style and a weak literature review and critique. While the fundamental principles of writing manuscripts for educational research remain the same as for biomedical research, finer differences exist between the two. This workshop aims to sensitize potential authors on the skills of writing good quality papers that will pass the stringent quality tests of reviewers and editorial boards.

## WHO SHOULD ATTEND?

This workshop would benefit anyone who wishes to learn the finer nuances of writing publishable manuscripts. While the workshop will benefit anyone who wishes to write good quality manuscripts, the emphasis would be on writing manuscripts for research and education.

## INTENDED OUTCOMES:

At the end of the workshop, participants will be familiar with the structure of scientific papers, identify common reasons why reviewers and editors reject manuscripts and be able to prevent these potential errors.

## KEY REFERENCES:

- Pierson DJ. *The top 10 reasons why manuscripts are not accepted for publication. Respiratory Care* 2004; 49(10):1246-1252.
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- Sharp D. Formal structure of scientific journals and types of scientific papers. *Treballs de la SCB.* 2001; 51 ; 109-117.
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## REPORT





Publication is a logical step that researchers take after completing their research. It is a means of sharing their “findings” with the scientific community. However most authors face the “writer’s block” and do not meet the demanding standards of reputed journals at one time or other. The preconference workshop on “How to get your research papers published?” aimed at addressing these concerns of the authors, and sensitizing them to the basics of writing a good manuscript that is worthy of publication. This workshop at the NCHPE 2014, was attended by 30 participants.

“Why Publish” set the induction for interactive sessions using the interactive jigsaw technique, participants worked on various components of the IMRAD of an original research paper. Learning happened by identifying the strengths and flaws in the different sections of a flawed original research paper provided to them. The learning was suitably reinforced by the faculty who dealt with the dos and don’ts of writing a manuscript in an in-depth manner. Other pertinent issues like types of publications, publication ethics, plagiarism, choosing the right journal and referencing and citations were also addressed. The open house was an opportunity for participants and faculty to share their experiences and queries regarding the practical issues that plague a potential author like handling reviewer comments, rejections, improving quality of papers, impact factor and other similar parameters that define a good journal/manuscript. The closure saw all participants sharing two “take home messages” each.



## FEEDBACK ANALYSIS: PCW 10

No. of respondents: 19

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

		1	2	3	4	5	Mean	SD
1.	The topic of this workshop was relevant.	0	0	0	7	12	4.63	0.49
2.	The objectives of this workshop were largely achieved.	0	0	0	13	6	4.31	0.47
3.	The faculty were effective in delivering the content.	0	0	0	12	7	4.36	0.49
4.	The interactivity within groups helped in learning better.	0	0	2	11	6	4.21	0.63
5.	The sessions were given appropriate time.	0	0	2	12	5	4.15	0.60
6.	I believe that I will be able to incorporate some of the ideas shared in the workshop in practice.	0	0	1	10	8	4.36	0.59

### ORGANIZATIONAL ASPECTS

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

		1	2	3	4	5	Mean	SD
1.	Venue arrangements	0	0	0	4	15	4.78	0.41
2.	Audio-visual arrangements	0	0	1	4	14	4.68	0.58
3.	Food and catering	0	0	1	5	11	4.31	1.00

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

- Ideas about writing research paper
- Good appropriate presentation
- Interactive session +2
- All of it +1
- Nice explanation
- Knowing how to write introduction and discussion
- Example of a not-so-well-written paper
- Jigsaw +1
- Difficult topic broken into probable digested chunks
- Well versed with certain terms

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

- More examples +1
- More time
- Less of theory
- More group activity
- Different aspects to be touched upon

### **What knowledge or skills are you likely to use from the workshop in your practice?**

- Ethics
- Authorship guidelines
- Be attentive about plagiarism
- Good abstract writing
- Research publication
- Jigsaw method of interaction
- Being systematic in writing a paper
- All dos and don'ts
- Writing and rewriting
- Visit various websites suggested
- Scientific misconduct
- Write a better manuscript
- Fabrication has to be looked for

### **Suggestions for improvement**

- More interactive +1
- Time management
- Include some do-it-yourself activity
- Some point of time, we felt it as lecturing
- More emphasis on indexing and citation of an article
- Examples to drive certain points home
- Research methodology should be discussed as well
- How to access different publications

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