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## MESSAGE FROM THE PRESIDENT

### Academy of Health Professions Educators, India

Dear all,

It is my pleasure to write this presidential message on behalf of the Academy of Health Professions Educators (AHPE). This organization, launched to further quality and relevance of health professions education, has completed six years this year. I am proud that many of its founder members have contributed to the innovations in health professions education and participated in policy making decisions that are evident in the changes observed in the curricula of various health professions in India.



This year, the Ministry of Health and Family Welfare has approved the new curriculum framed by the Medical Council of India (MCI). As you all aware, this is a competency-based undergraduate curriculum for the Indian Medical Graduate. Many of you must have undergone training for the same in Basic and Advanced Courses held by MCI Nodal and Regional Centres. However, there is always a gap between training received in a protected environment conceptualizing activities that may happen in the future, and implementing what is learnt during in real life. All of us are approaching the situation with some anxiety, apprehension and loads of expectations from administrators, students and the society. At the same time, various opportunities have opened up, and I witness the creativity of faculty members, as is evident through the discussions among various professional groups, conferences and workshops organized by various institutions.

The other development that has taken place is that the National Medical Commission (NMC) Bill has been passed by both the houses of Parliament.

*“The role of AHPE is very crucial. It should serve as a link between the regulatory body and the stakeholders, so that the changes that the regulatory body aspires to infuse in medical education can be facilitated. “*

Though it aims at providing a medical education system that guarantees availability of high quality medical professionals in adequate numbers to meet there are certain points, like accreditation of medical institutions, uniformity in assessment of students at national level, and regulation of course fees in private colleges, that need further deliberations.

Though both the above developments are related to medical education, other disciplines of health professions are also making changes in their curricula to keep updated and abreast with the global developments in education.

I feel that in such a scenario, the role of a professional body like AHPE is very crucial. Such organizations should serve as a link between the regulatory body and the stakeholders, so that the changes that the regulatory body aspires to infuse in medical education can be facilitated. It should constantly encourage and initiate dialogue with the stakeholders understanding their problems and challenges, provide them the necessary support when required, solve their queries using expertise in the field, and communicate the same to the regulators so that necessary modifications can be done. It should promote collaborations among and outside health professions that have both, local and global dimensions. Together, we can transform health professions education to build tomorrow's better world.

I am happy that AHPE is taking baby steps in that direction. This year some important topics in the new curriculum like disability competencies, self-directed learning, assessment in competency based learning, early clinical exposure etc. have been discussed through webinars, wherein direct one to one exchange of sharing was possible. AHPE also accepted a collaborative venture with Sri Balaji Vidyapeeth, which has planned a National faculty development programme for curriculum reforms. AHPE always provides a window to the world of health professions education through its annual National Conference of the Health Professions Educators (NCHPE).

This year NCHPE 2019 will be organized by KLE Academy of Higher Education and Research (KAHER) University's, Jawaharlal Nehru Medical college at Belagavi from 21- 23 November 2019. The theme is “Competency Based Medical Education: Transformative Learning: From Theory to Practice”. The sessions of this conference, as in the past, will be interactive and will provide an opportunity for the participants to advance their knowledge, share their viewpoints and present their research projects in the field of health professions education. I request you all to join in. I assure you that this conference will add value to your endeavours to enhance the quality of health professions education in your institution.

Finally, I want to express my gratitude to our Executive Committee members for the time they contribute to AHPE. Their services to the organization are voluntary but they are committed to the cause. The diversity of perspectives that they bring to the activities helps AHPE meet its objectives and remain updated with emerging innovations in health professions education.

Thank you.

**Nirmala Rege**

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### **AHPE WEBINARS TO BEGIN THIS YEAR**

The Academy of Health Professions Education (AHPE) believes that one of its mandates is to support faculty with handholding during this phase of transition from traditional to competency based education. The Continuing Professional Development (CPD) unit of the Academy of Health Professions Educators (AHPE) will offer the free webinar lecture series for health professions educators. The webinars shall be coordinated by the CPD Coordinator/Team, nominated by the Executive Committee (EC), AHPE. Dr AM Ciraj is Coordinator of this CPD activity, while Dr Sanjay Bedi will provide technical support for hosting these activities.

These lectures will cover a broad range of contents related to health professions education (but not limited to) including curriculum design, teaching-learning, assessment and academic leadership. AHPE Webinars shall be hosted from 8 to 9 pm on the third Saturday of every month. The webinars shall be of 60-90 minutes duration including the time for discussion/clarifications if any.

The Executive Committee (EC) of AHPE on receiving the expression of interest from the concerned faculty, shall formally invite the speaker for presenting a short summary and brief outline of the webinar (using the template provided) to the Coordinator of CPD, AHPE within 2 weeks of expression of interest. If it is an invited speaker, the same shall be submitted to EC by the 3<sup>rd</sup> week. The details for expression of interest are available at <http://ahpe.in/ahpe-webinars-expression-of-interest/>

The coordinator of CPD, shall submit the duly completed template to the EC for ratification. EC shall also suggest modifications if any. On approval from the EC, the Coordinator of CPD, shall circulate the invitation on all forums (Google groups, websites etc.). The speakers will not receive any remuneration for the webinars conducted. An e-certificate on behalf of AHPE can be made available if necessary.

*AHPE Webinars will be free for AHPE members.*

*Topics of relevance during the transition phase from traditional to competency-based curriculum will be included in this series of webinars conducted by experts in health professions education.*

## EARLY CLINICAL EXPOSURE: CONCERNS AND CHALLENGES



### DR MUNIRA A HIRKANI

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*“The goals of ECE are to provide social relevance and a context for application of the basic science teaching. The outcomes are: gain in medical knowledge, achieving few basic clinical skills, and internalizing a wide range of attitudes.”*

Early Clinical Exposure (ECE) is a teaching-learning methodology, which fosters exposure of medical students to patients as early as in the first year of medical college. The goals of ECE are to provide social relevance and a context for application of the basic science teaching. The outcomes are: gain in medical knowledge, achieving few basic clinical skills, and internalizing a wide range of attitudes.

The learning experiences offered in the preclinical phase play an important role in laying a strong foundation for learning clinical subjects. The objectives of the preclinical phase are not only to cater to the framed subject-wise outcomes, but also to keep the students motivated and make learning relevant to patient care. Patient interaction in supervised settings will facilitate students to learn from patients in a holistic manner. Students will get an opportunity to understand disease as perceived by patients and its financial, social, physical and psychological impact on them. Early involvement in the healthcare environment also validates students' decision to opt for medicine as a career.

There have been a few concerns expressed by faculty regarding the concept, implementation and assessment of ECE. We are addressing a few of these concerns in a pointwise fashion here:

- *Students are already burdened with the curriculum of subjects of Phase 1. Now with the additional load of clinical teaching, less time and importance will be devoted to the basic science subjects. “If a student is forced to learn clinical topics as part of core competencies he will forget the basic mechanisms that are actually core of the subject”.*

Early clinical exposure is a teaching-learning strategy that involves introduction of clinical content to enhance the relevance and understanding of the basic science subjects. It is **not** meant for learning of

*ECE supplements and enriches the regular teaching and learning of various concepts and clinical skills. ECE should be used, but not limited to achieving the higher learning objectives in the cognitive domain. It will be an excellent tool to develop the attitude of professionalism and effective communication skills.*

the diagnosis and disease management, but rather understanding how the altered anatomy, physiology and biochemistry lead to the various manifestations of the disease. Students motivated as a result of these experiences would be more likely to learn with a deeper approach and adopt self-directed learning strategies to achieve their learning targets.

**EXAMPLE:** Observation of a patient of chronic obstructive pulmonary disease (COPD) during ECE should be followed up with discussion on understanding the reason of slow deep breaths, so that the concept of airway resistance, lung compliance and work of breathing are reinforced. So, to conclude, ECE involves teaching the basic science concepts planned around the clinical content/ case and not teaching the clinical content. If a student understands the basic mechanism and regulations and its importance, he will appreciate the importance of the subjects learnt in preclinical phase.

- *When planning the ECE sessions which domain of learning should be addressed?*

ECE supplements and enriches the regular teaching and learning of various concepts and clinical skills. ECE should be used, but not limited to achieving the higher learning objectives in the cognitive domain. It will be an excellent tool to develop the attitude of professionalism and effective communication skills. During the first-year clinical exposure should be ideally limited to observation of the doctor-patient interaction and demonstration of some important clinical signs.

**EXAMPLE:** The objectives of exposing the students to a patient of anemia should be to explain the derangement of functions due to decreased haemoglobin count and the altered hematological investigations expected, along with demonstration of pallor. The objectives however should be extended to include the realization of the social and financial impact of the disease and its treatment.

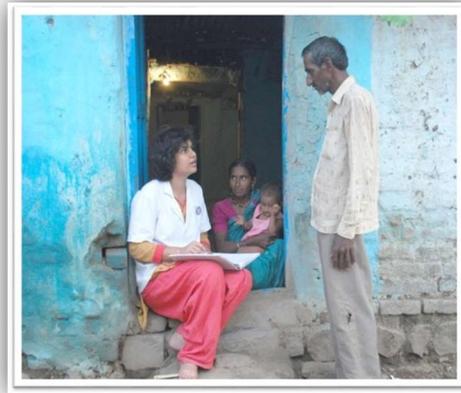
- *Which phase faculty will be responsible to conduct ECE sessions?*

ECE is an activity which will require teamwork. The preclinical faculty will be able to decide best, the topics for ECE, frame its objectives and schedule it in their programme. Keeping in mind the purpose of ECE as envisaged by the Medical Council of India (MCI), the preclinical faculty would be the best to conduct these sessions and facilitate the discussion. However, participation of the clinical faculty, although not a must would not be amiss depending on the type of sessions planned.

**EXAMPLE:** Visit planned to the Blood bank or dialysis unit can be conducted by the faculty involved with the working of these units on a day-to-day basis. ECE sessions for anemia, jaundice, hypertension

or diabetes mellitus in OPDs or wards, can be conducted by preclinical faculty themselves.

It always helps to collaborate and discuss with faculty of other phases during planning, and partner with them for the smooth implementation of the sessions. ECE sessions planned in community settings, e.g. for malnutrition, will require greater support of Community Medicine specialists for its planning, implementation and conduct.



*The large number of students in many of the colleges at present does pose a challenge to the conduct of ECE. But the large number of clinical cases available at most hospitals will provide the solution and so will judicious use of technology.*

- *It will be so difficult to organize the ECE sessions for the 100 or more students to the Hospitals. The same patient may not be available the next time an ECE session is planned. The number of faculty are also insufficient. How can we manage?*

The large number of students in many of the colleges at present does pose a challenge to the conduct of ECE. But the large number of clinical cases available at most hospitals will provide the solution and so will judicious use of technology. What can be done is that some ECE sessions can be planned in the classroom settings, to help correlate basic science subjects. Videos of real or simulated patients, report of laboratory investigations, photographs and other relevant clinical material can be used.

**EXAMPLE:** For endocrine disorders like gigantism, acromegaly, hyperthyroidism etc. the doctor-patient interaction can be video recorded with permission for teaching purpose. These videos will ensure that all students are exposed to similar content and will also make the sessions more manageable in terms of faculty requirement. Though it is still advisable to discuss in smaller groups to maintain interactivity.

The ECE conducted in the classroom seems to be the least resource-intensive and feasible, but bringing them into the authentic hospital

*Reflections written down by the students and reviewed by the faculty will help assess the objectives of ECE planned. The attitudes, the learnings (both knowledge and skills) can be documented in the log book. A record of students' participation in various activities and discussion during ECE should be maintained.*

environment will go a long way to inculcate attitudes and motivate students.

It may not be possible or necessary to have the same patient for all the students undergoing ECE sessions in the hospital setting. Planning these sessions on similar cases to achieve the objectives will do the trick.

**EXAMPLE:** For ECE to hemiplegia or Parkinson's disease, even if different patients are examined by different batches of students, the objectives (e.g. to discuss the impact of the locomotor disability on their life, its financial implication and providing explanation of basis of symptoms and signs) can still be achieved.

- *How to assess the objectives of Early Clinical Exposure?*

Formative assessment plays an important role in the assessment of ECE. Reflections written down by the students and reviewed by the faculty will help assess the objectives of ECE planned. The attitudes, the learnings (both knowledge and skills) can be documented in the log book. A record of students' participation in various activities and discussion during ECE should be maintained.

Summative assessment can include modified essay questions, clinical vignette-based short answer questions requiring students to demonstrate understanding of alteration in normal anatomy, physiology and biochemistry and its clinical expression.

**EXAMPLE:** A healthy male aged 45 years, visits an ophthalmologist complaining of double vision since last three months along with drooping of eyes. The symptoms are more pronounced in the evening. He has no other associated symptoms and is not taking any other treatment. His physical, neurological and ophthalmic examination are normal. On blood investigations, acetylcholine receptor antibodies are detected.

- Explain the altered physiology leading to the above condition.

"Many ideas grow better when transplanted into another mind than the one where they sprang up." So keep sharing best practices with each other.

Further reading: Curriculum Implementation Support Programme: Module-2, Early Clinical Exposure. Published by the Medical Council of India.

<https://www.mciindia.org/CMS/information-desk/for-colleges/ug-curriculum>

Website:  
<http://ahpe.in/>

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## XI NATIONAL CONFERENCE ON HEALTH PROFESSIONS EDUCATION (NCHPE 2019)

Organized by

**KLE Academy of Higher Education and Research (KAHER) University's,  
Jawaharlal Nehru Medical College, Belagavi  
21-23 November 2019**

Welcome to NCHPE 2019!

KLE Academy of Higher Education and Research (KAHER) University's, Jawaharlal Nehru Medical College, Belagavi, welcomes you to NCHPE 2019, an Annual National Conference of the Health Professions Educators.

NCHPE 2019 with its theme of "CBME Transformative learning; From theory to practice" will be an innovative and highly engaging conference with brain storming and interactive sessions on current and important issues. The delegates will get an opportunity to interact with the learned faculty of national and international repute.

KAHER comprises of eight health professions institutions in a sprawling 100-acre self-contained campus. KAHER has been accredited with 'A' grade by NAAC for the 2nd cycle, graded 'A' by MHRD and ranked 3rd best clean campus in India. Jawaharlal Nehru Medical College is one of the pioneer Institutions of India and is recognized for its excellence in medical education. The Department of Medical Education is one of the oldest departments to be established in India and has been recognized by MCI as 'Regional Training Centre' and one of the only ten nodal centers in India for faculty development.

Visit <http://nchpe19.in/> to register for the conference and preconference workshops.

For details on how to become an AHPE member, please visit: <http://ahpe.in/membership/>

AHPE members may send reports about educational activities organized or announcements related to upcoming events in health professions education for publication in the News Bulletin to [ahpe.secretariat@gmail.com](mailto:ahpe.secretariat@gmail.com)