

Administrative Model for Medical College Students

Mhaske Sunil Natha¹, Prabhat Sunil Mhaske²

Abstract

In India the students comes for education from various places of world. Also in our country- India there is quite different geographical areas of different culture and languages. Our population is so high with different economical backgrounds and social taboos. In all over medical colleges of India this type of student diversity is very common. There is cultural, social, economical, language, demographic differences which plays the important role on medical college students' life as well medical college administration. In medical college students come with different level of knowledge, intelligent and emotional quotient also difference in the family background. Most of the students are from parents of doctor family, businessman to daily wages and farmers. In order to make balance in this problem medical college has to play very crucial role. Medical college administration cannot be biased, should not discriminate according to above parameters including gender discrimination.

Keywords: Administrative Model, Medical College students.

In India the students comes for education from various places of world. Also in our country- India there is quite different geographical areas of different culture and languages. Our population is so high with different economical backgrounds and social taboos.

In all over medical colleges of India this type of student diversity is very common. There is cultural, social, economical, language, demographic differences which plays the important role on medical college students' life as well medical college administration.

In medical college students come with different level of knowledge, intelligent and emotional quotient also difference in the family background. Most of the students are from parents of doctor family, businessman to daily wages and farmers.

In order to make balance in this problem medical college has to play very crucial role. Medical college administration cannot be biased, should not discriminate according to above parameters including gender discrimination.

For this purpose I have made and successfully implemented new model of administration regarding medical college students in Dr. Vithalrao Vikhe Patil Medical College, Ahmednagar, Maharashtra (India) 414111.

The following are the components with their role and function in administrative model:-

1. For very batch of M.B.B.S. and Post graduate students separate male/female teaching staff of professor or associate professor cadre is appointed for boys and girls respectively. i.e. near about 50-75 boys/girls there are one male and one female teacher co-ordinator.
2. Then male/female assistant professor/tutor cadre is appointed under this male/female batch co-ordinators as a assistant batch co-ordinators for every 10 boys and girls respectively.
3. All batch male /female batch co-ordinators and assistant co-ordinators made a WhatsApp group of boys and girls respectively.

The main aim of this WhatsApp group is that

- A. Each and every student is 24 by 7 connected to dean, batch co-ordinator and assistant co-ordinators.
 - B. One can share and wish success and birthdays also participate in painful events.
4. Every Saturday afternoon all the students meets to assistant batch co-ordinators for 30-45

Author's Affiliation: ¹Dean ²Assistant Registrar, Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar, Maharashtra 414111, India

Correspondence and Reprint Requests: Prabhat Sunil Mhaske, Assistant Registrar, Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar, Maharashtra 414111, India
E-mail: sunilmhaske1970@email.com

- min for any problems to which they are facing
5. Every last Saturday of month in afternoon there is meeting of Dean, batch co-ordinators and assi.co-ordinators for same above purpose.
 6. Annually there is "Parent teacher meeting" which will be decided and coved three months before the function so that parents can do their reservation at proper time
 7. In between also whenever any parents or relative of students comes to campus they are advised to meet dean, concerned teachers, batch co-ordinators and Assi. Co-ordinators.
 8. Every visit record is kept by co-ordinators including weekly and monthly as well as annual parent teacher meet. Concerned parent's signature, contact details, discussion topics also kept on separate form in box file.
 9. For every student I have tried to take name, address and contact details of local guardian with visit details.
 10. Every day in dean office five students are called randomly at 4; 30 PM for formal well as informal talk in order to reduce the stress and phobia related to medical profession.

Of course there is most significant role of management, vice-principal, head of departments and all teachers in student's medical life.

By this model following curricular, co-curricular and extracurricular activities are successfully implemented in addition to Medical Council of India and Maharashtra University of Health Sciences, Nasik.

- Integrated teaching meet- this involves participation of each year UG and PG students on one common topic quarterly and certificate of participation is given to them. Also each meeting is judged by three eminent professors as a judges and annually three students are given prizes. e.g.- Diabetes melitus, hypertension, jaundice etc
- Clinical meet- interesting cases are presented by PG students monthly from all departments and certificate of participation is given to them. Also each meeting is judged by three eminent professors as judges and annually three students are given prizes.
- Academic cell- those students are slow learners for those extra classes are conducted after college hours and holidays same is arranged separately for brilliant students.
- Research cell- helps in paper and poster

publication. Monthly there is research meet with presentation of one patent, poster, paper, PhD dissertation by Teaching staff and PG students with one scientist of month is presented by undergraduate student. Certificate of participation is given to them. Also each meeting is judged by three eminent professors as judges and annually three students are given prizes.

- Wall magazine- we have wall magazine for co-curricular and extracurricular activities with any topic concerned of that particular month. Also there is KAVI-SAMELAN, Poetry, essay competition. to help in participation of state, national and international competitions
- Cultural committee for annual social gathering and Ganpati festival arrangement
- Sport committee for indoor and outdoor games, to help in participation of state, national and international competitions
- Nature lover's club- in order to decrease the stress and strain of medical studies every weekend outdoor trip is arranged for bird, animal, tress and jungle observations. This club conducts nature photography competition with attractive prizes annually.
- Compititative exam cell- those who wants to join civil services, USAMBLY, TOFEL special classes and lectures are conducted regularly.
- Spiritual (Holy) club- irrespective of cast and religion all students are delivered holy/ spiritual lectures bimonthly.

Along with this as recommended by Medical Council of India and Maharashtra University of Health Sciences, Nasik all other activities like, NSS, MET, HSETU, Avishkar, Spandan etc activities are regularly conducted.

References

1. John Keay (2011), India: A History, 2nd Ed – Revised and Updated, Grove Press / Harper Collins, ISBN 978-0-8021-4558-1,
2. S. Gopalakrishnan and P. Ganesh Kumar, Community Medicine Teaching and Evaluation: Scope of Betterment, J Clin Diagn Res. 2015 Jan;9(1): JE01–JE05.
3. Epstein RM. Assessment in medical education. N Engl J Med. 2007;356:387–96

Effective Communication in Clinical Practice and Teaching

Pratibha Singh

Abstract

Communication is a spontaneous essential component in human behaviour. Professional communication requires skill and expertise which needs to be learned and practiced. Effective communication builds a strong doctor-patient relationship and is essential in gaining trust and confidence. Key areas for effective communication for physician is discussed here..

Keywords: Communication; Clinical Practice; Doctor-Patient Relation.

Clinical practice requires effective communication by the treating doctor with the patient and family members. Effective communication wins the physician the confidence and respect of patients and their relatives and helps build a healthy doctor-patient relationship. These soft skills can be learned during the graduation and post graduation years and then practiced to perfection.

Communication skills in a teaching Institution is one of the most important skills that physicians in academic and community practice should strive to acquire. Often this skill is not formally taught but is caught by observing seniors. Serious disasters in effective communication between physicians and patients & their relative can lead to disastrous results; often culminating in misbehaviour and hostility towards doctors. News in media regarding misbehaviour of patient's attendants and medical fraternity often results for a trivial cause, culminating in violence against doctors. In medical colleges sometimes we hear stories of unproductive communication among physicians speaking to each other.

One of the common failure in communicating information is due to inaccurate or inattentive listen-

ing. Misunderstandings may result if an individual fails to comprehend what is being said either explicitly or implicitly. This then requires prolonged dialogue and discussion and before resolution is achieved. We all have witnesses, confusion resulting when careful listening is not practised.

So, how does one learn to effectively communicate? First step toward this is by listening effectively, which requires a conscious effort by the listener in order to understand what the speaker is trying to communicate. This active listening needs focussed effort by the listener. If the listener is distracted by thoughts or smart phone which we see commonly today; the message other is trying to give will not reach us completely or might be misunderstood. Patient may perceive it as irritation or may not be able to confide in you and may not give important information which may alter the diagnosis or management. We can put ourselves in patient's shoes and if my treating physician is distracted by phone is not paying attention to what is being said it will definitely irritate me, and I may have the opinion of doctor being discourteous! Focussing one's attention actively and consciously on what is being said by the patient is the first step towards effective communication.

Too much use of technical words or jargons with a person not conversant with those terms is a clear sign of communication failure. Simple language and commonly used words preferably in local language will make the patient and their relatives understand the disease, treatment options and complications should they arise. Use of abbreviations or short forms often leads to confusion for the layman, and hindrance in understanding. Each failure interferes

Author's Affiliation: Professor, Department of Obstetrics and Gynecology, All India Institute of Medical Sciences, Jodhpur, Rajasthan 342005, India.

Correspondence and Reprint Requests: Pratibha Singh, Professor, Department of Obstetrics and Gynecology, All India Institute of Medical Sciences, Jodhpur, Rajasthan 342005, India.

E-mail: drpratibha69@hotmail.com

with effective communication and understanding.

Healthcare team should communicate with patient and their relatives in easy to understand language avoiding abbreviations and technical jargons.

Patient often asks questions related to diseases or treatment involved; It is important to listen the questions carefully, and then answer them appropriately. If the questions are not clear, clarification or repeating the question may be asked for and then appropriately answered. Often patients say, "Doctor did not answer my questions" which brings a bad name to the treating physician. Communication with a sick patient and their relatives requires special skills and involves multiple of issues beyond the mere telling of facts or figures. It is important to focus on patient's expression, speak slowly and in an easy to understand language avoiding too much of technical words which are difficult to understand. Making the patient comfortable and sit while talking to him/her shows respect for the individual and is well perceived by the patient too. Breaking bad news to patients also needs skill in dealing such difficult situation.

Compassionate attitude of the treating doctor brings a lot of satisfaction and trust, and is potentially helpful for preventing misbehaviour.

Medical students often pick up these skills by observing their seniors and teachers; so it is important to become a good role model for them. Nowadays many colleges have included how students communicate with patients in their performance assessment.

Inter-departmental consultations are frequently needed in hospitals. Clinical response in such cases should be restricted to the reasons consultation is asked for and communicated in legible handwritings. With patient data and case records becoming electronic at many places over the world, problem of illegible handwriting is taken care of.

In the teaching colleges or conferences doctors are frequently giving scientific deliberations with a power point presentation. Medical college doctors are taking lectures and clinical classes for their graduates and post-graduate students. It is important to look professional in their appearance and their communication, so that they become

a role model for the young aspiring doctors. If teaching is being done with help of power point presentations it is important to keep slides simple, and not everything is written on slides and one just reads out what is written!. If the slide is full of sentences, and cannot be read from a distance, it fails to convey the message it is desired to do. Keeping it simple with 5-6 sentences per slide and a readable size of letters or font should be practice. Also the pace of speaking should be appropriate for the audience, too fast or too slow may miss the point one wants to convey in his/her scientific deliberations.

In conclusion, effective communication is a skill that needs to be inculcated in every medical student, needs to be constantly worked upon. Active listening, simple language, empathy, avoiding medical abbreviations and jargon, and responses/answers tailored according to patient's understanding and needs are helpful methods for effective communication with patients and their relatives.

Early and conscious learning by the medical student in their graduation and post-graduation by observing and practicing will make them proficient in this required essential skill. This skill is needed throughout their medical career.

References

1. Sleight P. Teaching communication skills: part of medical education. *J Hum Hypertens.* 1995 Jan;9(1):67-9.
2. Yedidia MJ, Gillespie CC, Kachur E, Schwartz MD, Ockene J, Chepaitis AE, et al. Effect of communications training on medical student performance. *JAMA.* 2003;290:1157-65
3. Maguire P, Pitceathly C. Key communication skills and how to acquire them. *BMJ.* 2002;325:697-700
4. Aspegren K. BEME Guide No 2: Teaching and learning communication skills in medicine - A review with quality grading of articles. *Med Teach.* 1999;21:563-70
5. Levinson, WR, Gorawara-Bhat, et. al. A study of patient clues and physician responses in primary care and surgical settings. *JAMA.* 2000;284:1021-7