

FEEDBACK FROM FACULTY ON- CBME

1. Department

2. Designation

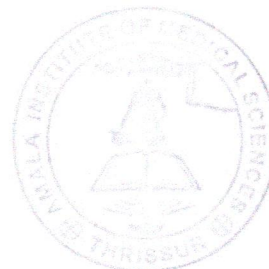
3. Post PG teaching experience

4. Are you satisfied with the way in which CBME curriculum (SGD, SDL, Integration, AETCOM,etc) is rolled out in our institution?

Mark only one oval.

Yes

No



5. If No, what improvements would you suggest?

6. Are you conducting SGD in your department?

Mark only one oval.

Yes

No

7. If No, what type of assistance you would need to conduct SGD in your department?

8. Have you started horizontal and vertical integration programs in your department?

Mark only one oval.

Yes

No



9. If No, what type of assistance would you need to implement integration programs in your Department?

10. Are you satisfied with the present type of assessments conducted in our institution?

Mark only one oval.

Yes

No

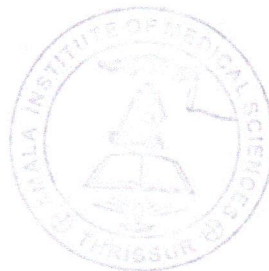
11. If No, what improvements would you suggest?

12. Are you satisfied with the initiatives taken by our institution to roll out CBME curriculum?

Mark only one oval.

Yes

No



13. If No, please mention your suggestions

14. Which curriculum do you think is better?

Mark only one oval.

Traditional

CBME

15. Are you happy with the way students follow CBME curriculum?

Mark only one oval.

Yes

No

16. If No, What changes do you expect from students?

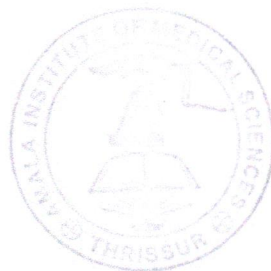


17. Mention any 3 changes CBME curriculum has brought forth in you, as a medical teacher.

18. Any other comments?

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Betsy

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FEEDBACK FROM FACULTY ON- CBME

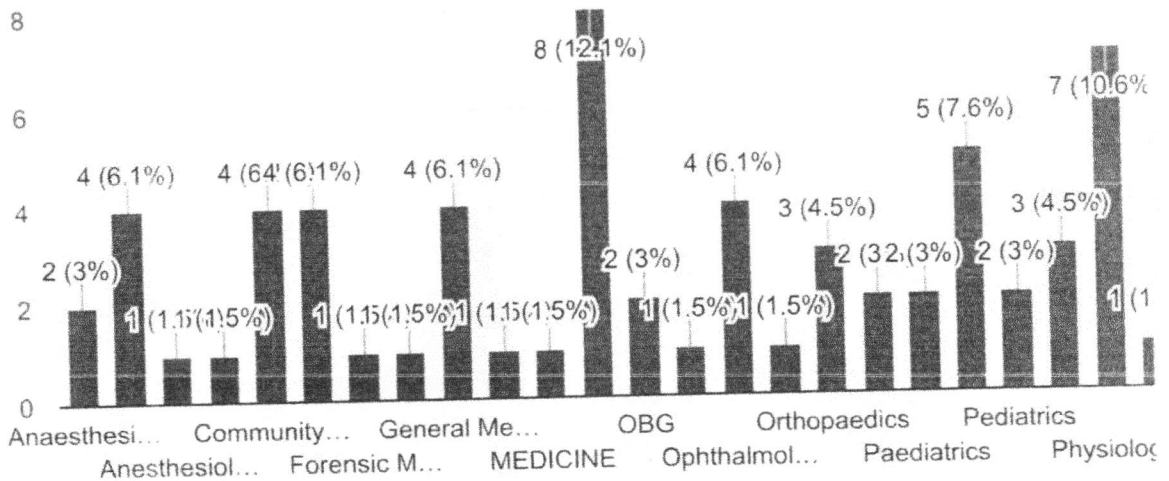
66 responses

Publish analytics

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Department

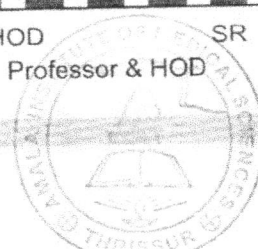
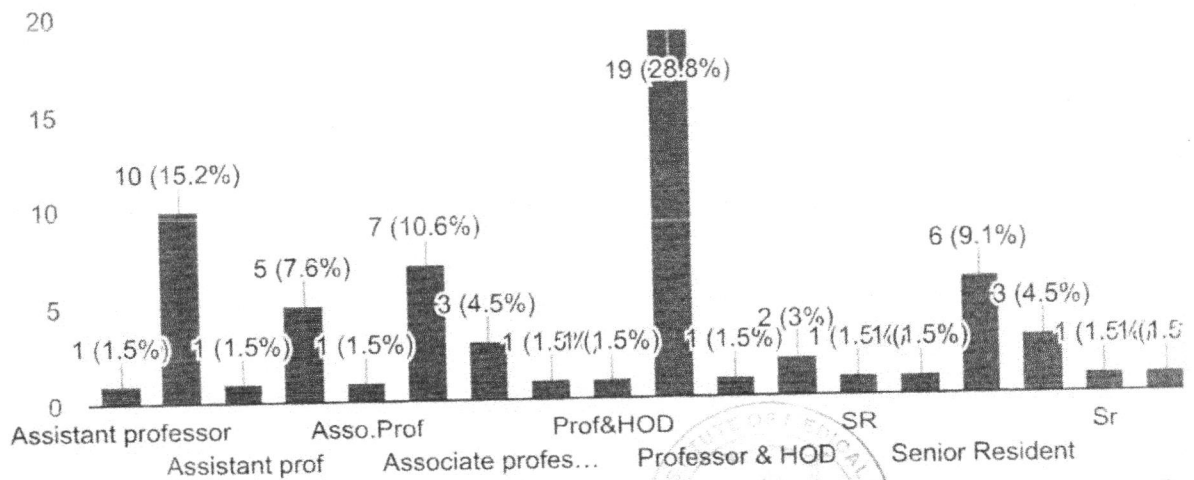
66 responses



Designation

66 responses

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Post PG teaching experience

65 responses

20 years

34 years

2 years 5 months

2 years 3 months

22 years

4 years

22

14years

5 years 7 months

2 yrs 9 mths

13

17.5 yrs

6yrs 5 months

16 years

27 years

20 years

1 year 4months

4 years 1 month

· 1 year, 5 months

12 years

9 years, 2 months

10 yrs

33yrs

23 yrs 9 months

23yrs 9months

· 1 year

14 yrs

23 years

14

7yrs 4 months

26yrs

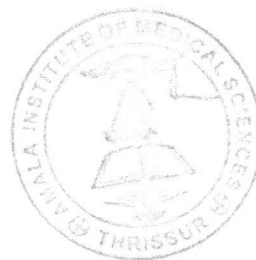
8yrs 6 months

· 14 yr

1 year 10 monthd

21yrs

3 & 1/2 years



4 years 1 month

9 yrs

16 yrs

2 yr

2 years

7 yrs

21 years

11 years

3 years

19 years

22nd year

16

39years

1 year and 8 months

3 years

2

9 years 10 months

6 years

27 years +

24yrs

Twenty four

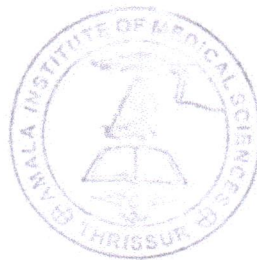
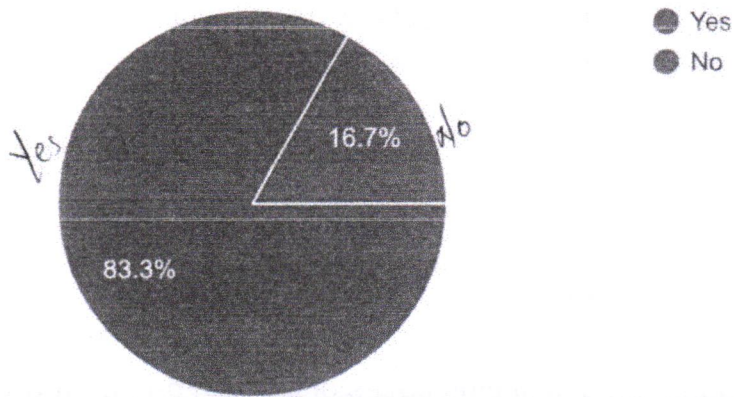
13 years 10 months

19 Years

Are you satisfied with the way in which CBME curriculum (SGD, SDL, Integration, AETCOM, etc) is rolled out in our institution?

 Copy

66 responses



If No, what improvements would you suggest?

13 responses

Staff not adequate to take up CBME curriculum

Bedside teaching not happening at all

Better coordination and a centralised curriculum setting to create an Amala model of curriculum. Will require a lot of ground work; but once set, the continuity of learning can be established.

Department wise partial documentation sake work not helping students. Also the acceptance level is still moderate among faculty.

The developments over the last two weeks with the new subcommittees is a move in the right direction

Extremely difficult to implement.

Lots of documentation work so that practically very little time left for teaching. Also students less interested in seeing cases or coming prepared with the topics allotted.

A total waste .

It would help if faculties are given only the teaching aspect and the rest of the documentation allotted to a separate team which need not be doctors as such.

Structure integration and alignment. Involve HODs in the process. Make sure the information is shared to all teachers.

SGDs should be discussions and not a mini theory session.

SDL should be self learning exercise, where students should be asked to do self study and do a write up and not waste a theory hour for this

No suggestions

Postings during the exam time is a waste as students are not interested in the discussion here but are bothered with exams, especially they are mourning lack of study leave when compared to other colleges

For CBME to be effective and be useful to a student, it should be uniformly implemented in all subjects across the phases

Time shortage to complete all these new changes to new CBME curriculum

But

1. more interdepartmental interactions required

For proper alignment and integrated sessions

2. senior residents should be trained in cisp

3. more faculty training programs required

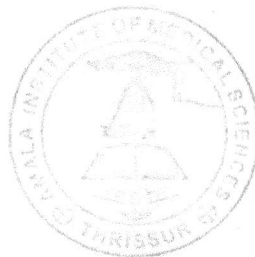
4. All the faculty members should know very well the competencies and the type of session

and tell the students that we are conducting an integrated session and is not happening in every dept

5. More practical sessions are required for students as well and cbme sessions can be conducted after 4pm also which is not happening

It should be carried out in a better way.

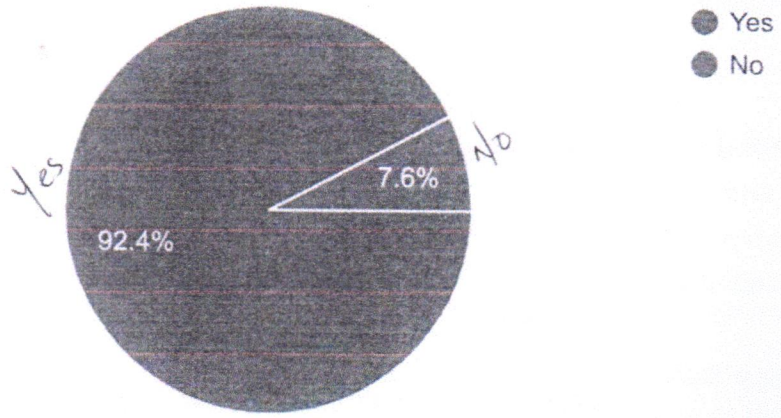
There should be a monitoring cell centrally co-ordinated for the department since the huge quantum of UG, PG schedules to be carried out sincerely with the available staff coupled with patient care and examination duties often becomes practically difficult to be carried out in all the details.. Also the clerical work of uploading and recording on a day to day basis requires adequate extra assistance..



Are you conducting SGD in your department?

 Copy

66 responses



If No, what type of assistance you would need to conduct SGD in your department?

10 responses

We need atleast 4 classrooms with Audiovisual aids to conduct SGD. At present only 2 classes have projector

A specific new post created for scheduling the SGD, picking the topics from the curriculum which is so vast that the teaching faculty are exhausted and get little time for actual training.

No

No assistance needed

Instead of lecture if SGD has to be done there should be infrastructure and manpower

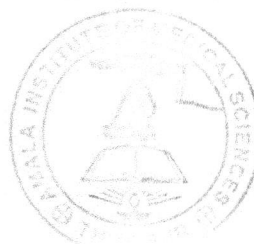
The SGDs are conducted almost as lectures for the whole batch.... It would be better if the whole batch is divided into multiple small groups and sent to different departments in the afternoon session for SGDs

Group discussions are done during SGD hours but with 20 students / group and are currently being named SGDs. For effective SGDs we need audiovisual aids in both our labs with live streaming facility from the lecture hall and tutors should be appointed who will be physically available in the department as required by NMC

More spacious classrooms

But infrastructure improvement is required as in Paediatrics seminar hall is small and congested with no AC and proper ventilation and IT facilities are always not working. Students find it difficult to sit for more than a hour here. Also some groups come in 35 nos and very difficult for teachers for taking a class. Many students stay unattentive and sound system is so poor that last few rows students will not hear anything said in the seminar hall

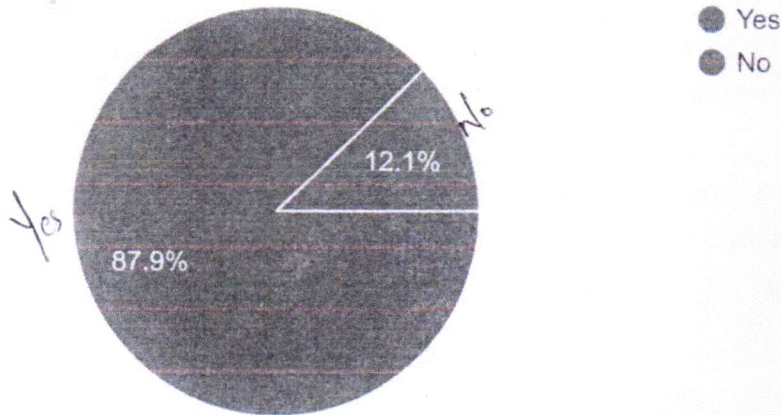
There should be more effort from everyone.



Have you started horizontal and vertical integration programs in your department?



66 responses



If No, what type of assistance would you need to implement integration programs in your Department?

8 responses

Departmental coordination and putting up the timetable

Partial ; call based integration is happening now. Better coordination and centralised monitoring of integration would make it more useful and effective

same as above

Interdepartmental co-operation and deep discussions

Meticulous planning and coordination with other phase 2 depts and clinical depts

Coordination needed with phase 2 subjects and clinical departments. Should be planned prior to the initiation of classes for each batch.

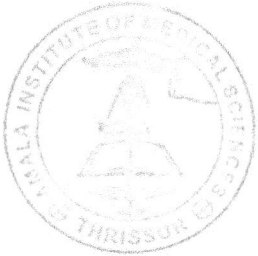
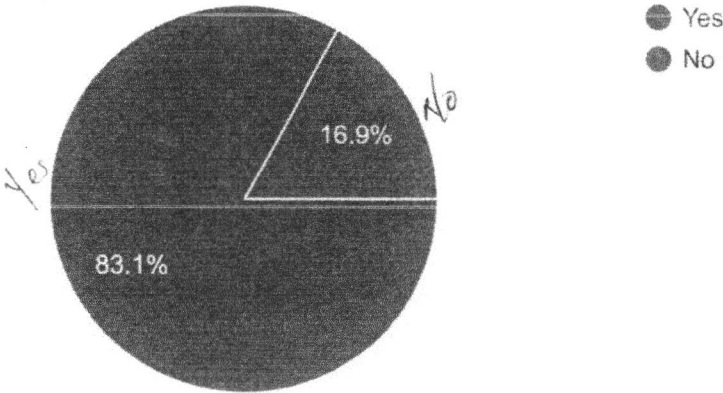
But as mentioned above is required

We have been integrating.

Are you satisfied with the present type of assessments conducted in our institution?

 Copy

65 responses



If No, what improvements would you suggest?

10 responses

- OSCE and OSPE should be promoted

Assessments should be more learner centric and uniform across units. Uniformity is seen in only the university exams. The prelims also are not conducted with the same intensity and structure of university.

All subject exams including med surg obg ent ophthal should not be conducted simultaneously. Students dont learn any of them properly and tend to perform poorly in the theory papers

Practical exam assessment needs to be modified.

Number of assessments is extremely more. Students find it difficult and constantly extending their helplessness and frustration. ALL STUDENTS ARE SAD BECAUSE INSPITE OF WORKING ON ALL SUBJECTS THEY FAIL .

More emphasis on Formative assessment can be given, with chances to improve

More uniformity in policy among departments of the same phase

All faculty should sit together and discuss about how to roll out cbme.
Many faculty members are not aware about all teaching learning methods and assessment methods
So training programs required

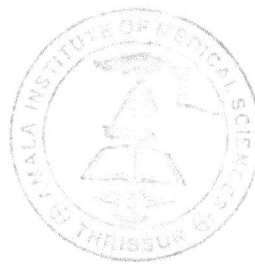
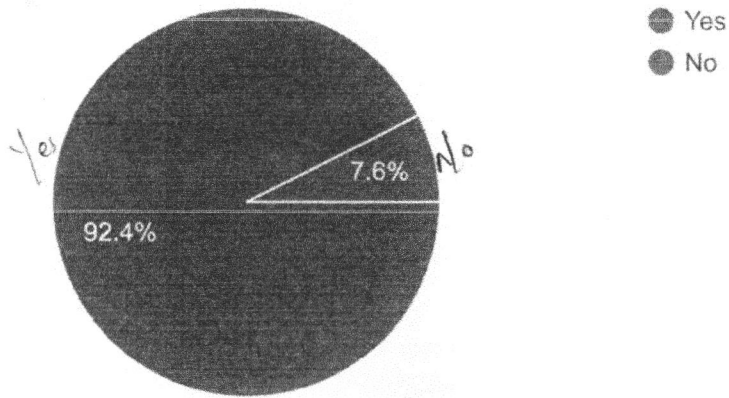
There should be more transparency and question papers should be secret

There is lack of time and faculty to implement the assessment pattern

Are you satisfied with the initiatives taken by our institution to roll out CBME curriculum?

 Copy

66 responses



If No, please mention your suggestions

8 responses

Better monitoring and directions from the curriculum committee would be advised to avoid repetitions and redundancy.

But as told previously it is so very taxing and unrewarding work leaving the faculty less motivated to implement it.

Refer to above responses. Many teachers are unaware of top level discussions.

Still confused regarding what to do and when

Right now CBME is happening at a department level. Not much coordination between departments or across phases. There is bound to be a lot of repetitive teaching because of this, which is a waste of time and resources. Ideally integration, alignment etc should happen at an institutional level and various committees in medical education should take up these activities, so that it is uniformly implemented across all phases and departments.

But more interdepartmental meetings and MEU subcommittee meetings are required. Subcommittees

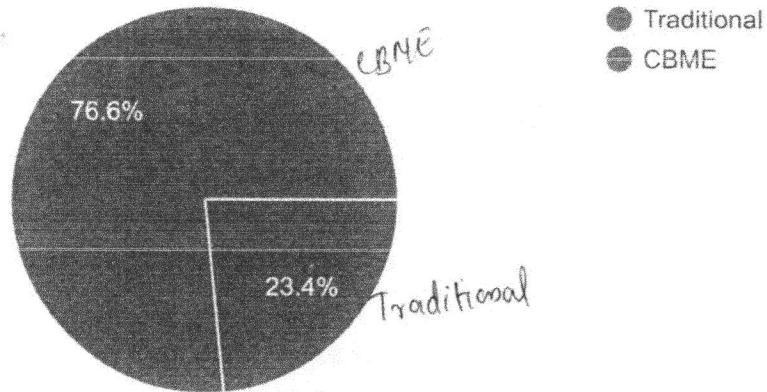
It should be videographed.

MEU should conduct a few half-day programmes to sensitise all faculties about CBME. Even after 4 years of starting the CBME, only half of the faculties are sensitized.

Which curriculum do you think is better?

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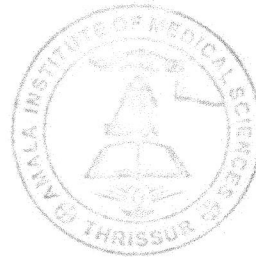
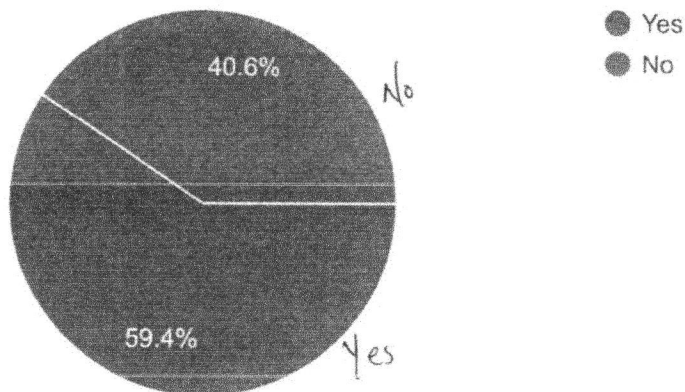
64 responses



Are you happy with the way students follow CBME curriculum?

 Copy

64 responses



If No, What changes do you expect from students?

29 responses

Students are also not aware as to what is expected from, need orientation

Need to spend more time in the wards

More than students; we should first be clear on our implementation plans.
Students need to be told the expected level of competency

In depth knowledge of the subject and clinical exposure is lacking. They only concentrate on finishing their SDL and log books on time

The teaching learning process should be learner driven

Either syllabus should be cut shortened or number of hours to be increased. Strict syllabus to be laid

Please look at the next and comments

Will become better doctor

Work load should be reduced,

They need to be still forced to see patients

Students should be more focused and lack of time is one important factor.

They should be aware of what they are expected to do . Even after 1 to 1 teaching and formative assessment and skill lab training there is not much difference from old curriculum students

They are not interacting much, they have to follow the lectures and interact more in SGD

More interest towards formative learning

Actively learn and participate and not just to get signs from teachers

More sincerity in adapting learner centric approach

Some initiative from their side...they are like kindergarten children now. Need teachers to herd them to the ward.

· better understanding of topics and exercises , better involvement and not merely completing exercises for namesake

They are not getting time to adjust with new implementations

More involvement in the dept activities and regular in submitting requirements such as logbooks and assignments

Students are cooperativel

Active participation of all students individually in the different components should be ensured

But, Some students have a feeling that this curriculum gives more importance to documentation than dealing with patients....this has to be changed

Students shall

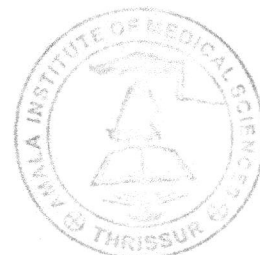
Students are not giving enough importance to clinics. Since the availability digital gadgets, all the information's are available in finger tips, students thinks that learning from teachers is not the need of the hour.

Put in more effort from their side , to substantiate their " competency " level, being a student centric syllabus

Too much paperwork and writing

Concern is writing log book . Not into learning

Students don't have time to do all types of assessments and it's giving them stres as all assessments are taken to account



Mention any 3 changes CBME curriculum has brought forth in you, as a medical teacher.

56 responses

In depth learning, more as a facilitator

Competency based teaching, Clinical clerkship, skills based learning

Good interaction with students

Novel teaching

Objective examination

More student centric

More empathetic

More adventurous

To give more importance to imparting correct examination techniques and skills

Nil

It has cut down on my passion for teaching.

Previously I used to enjoy it, now it has become a huge burden.

1. Thinking up innovative SDLs 2. Learning to make classes compact as phase II time has been reduced by half. 3. Feeling confused

Nothing so far

My classes have become more practical and clinical oriented

I update myself on the new method of teaching that can be implemented

Aetcom module has influenced my opinions about patient care.

More practical oriented. Student friendly

More interactions during lectures. Took more efforts for the students to understand the relevance of microbiology when they practice modern medicine.

1. More exam oriented approach
2. More involvement with students
3. Learnt newer techniques to make learning a more pleasurable experience

Nothing

Clinically significant

Clinical correlation is more important in current curriculum

No

1. More clinically oriented teaching
2. No basic microbiology teaching like classification of different micro organisms.
3. With introduction of MCQs, I am paying more attention to it.

Each topic is taken with clinical significance. Getting more oriented with clinical subjects. Communication and discussions regarding this phase to parallel dept is more. Exploring more effective methods of teaching.

1. More organized teacher
2. Developed Empathy in me
3. More innovative

In Pathology we are following almost the same pattern as recommended in the CBMc

The one change that is required is the SGD. When three different faculty does the discussion there is a difference in the way the discussion goes depending upon the faculty.

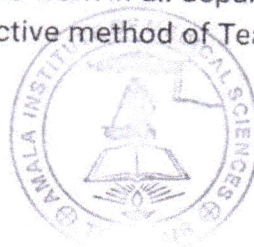
This has to be uniform as teachers differ in their perception of what the student requires.

If the SGD is conducted in a uniform pattern I believe it should be conducted in an online platform simultaneously or at least the same presentation be done after serious discussion between the faculty.

Do we have the time after the tight diagnostic work in all departments?

This is because SGDs constitute a very effective method of Teaching

Nothing particular



Orientation, concentration, enthusiasm

More interactive, more innovative in teaching, knowledge level also has increased

More responsibilities as a teacher

Not much change as there is a lack of time to implement all that CBME needs

- 1) More of clinical oriented teaching
- 2) More interaction with clinical subjects & other departments through horizontal and vertical integration
- 3) Exploring new teaching learning methods

*More systematic

*Precise

*Able to emphasize the importance of first yr subjects in Medicine (by conducting ECE)

Systematic assessment, Structured teaching programs, Scope for feedback based improvement in learning methods.

More aware of SLO,

I am making sure students are following a particular concept

I make sure that the students are getting clinical correlation as much as possible
Students communication skills are also taken care of.

CBME curriculum will bring about change in the attitude of budding doctors, ensures active participation from student side through SGD programs, will impart creative thinking in faculties also through AETCOM sessions by discussing real life scenarios that a Doctor may come across during their medical carrier

1. Made the assessment more objective than subjective
2. As a faculty who takes regular Feedbacks from students , it have helped me to understand them better and improve as a teacher
3. Could envisage, create elaborate system wise modules and implement CBME in my department, could implement lot of ideas which I felt would be useful to our students in future as a clinician or researcher. The department was very welcoming in implementing new ideas and thoughts. Traditional syllabus in Pharmacology

before 2019 was very much outdated and now the present CBME has drastically changed the Pharmacology syllabus by more than 50 %.I strongly believe the effect will be noticed when the 2019 batch becomes house surgeons

Competency based teaching approach, better student interaction, better AETCOM awareness

More interaction with students,teaching rounds,changes in teaching practise....

Focus on self learning by students

DOAP

Aetcom

More experimentation in teaching

More awareness of catering to all the three domains of learning

Emphasis on skill training

More conscious of my role as a facilitator ,assessor and need for documentation of all that I teach.

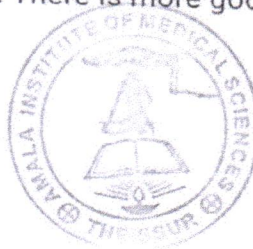
wider reading, searching for more ways to trigger students interest

Clinically oriented teaching is good but not giving any importance to basics of Subjects due to lack of time

More interactive,
Promt me to come up with better teaching ideas,
Increased participation of students.

Yes i have beconme a better teacher
using few more teaching methods
and
my feedback
after exams have improved

Has made me more successful in teaching. There is more good will between teachers of different phases



Able to clinically correlate the theory topic.

Scenario based approach helps to teach and make the students understand in a more better way

Rather than passive,teaching has become more active

It's too early to comment on this

More interaction with students, improvement in our teaching methods, motivation for updation

More interaction, more insight into their mindsets

1. Teacher-student interaction improved
2. Intradepartmental co-ordination

1. Introduced new teaching pattern
2. Started to concentrate case reports and lecture notes are preparing accordingly
3. Improved department documentation as per new curriculum

Learned many teaching methods.

More into learner perspective
In depth analysis

More interaction with students , and with colleagues in clinical departments for ECE
Preparing SLOs to conform to what is given in the competency document
Motivated to attend more conferences / CME on medical education

Interaction with other departments, more reading, patience

More organised,

It's clinical oriented, good to integrate

1. Student centered activities
2. All activities are well documented.
- 3, Team work is essential to implement CBME

Any other comments?

32 responses

No

Nil

We are in the right direction. With a bit more proactive involvement and guidance; Amala can become an example of how CBME needs to be rolled out effectively.

The new CBME curriculum is making the course more complicated. The traditional method was simpler to follow and easier for students to complete their portions and be ready for theory exams. In CBME theory classes n exams are stretched across several months . By the time exams are scheduled they have forgotten the subject.

Need a clerk in the department who is physically present in the department atleast 1hr per day ie atleast 6hrs in a week for the clerical work to be completed in time..wifi also need to be improved to cope up with dissemination of information to all concerned..in addition to phone calls class schedules etc must be provided in a printed manner

CBME should be scrapped

Active discussions in house and with University. As of now the university examination pattern does not do justice to CBME.

CBME curriculum implementation in true sense is difficult with the current staff pattern suggested by NMC

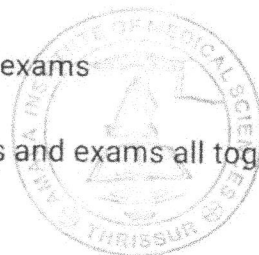
Too much documentation and paper works for teaching as well as university exams

More Clarifications regarding AETCOM, ethics etc

Something has to be done to reduce the number of exams

Provide adequate time for them to study for PCTs

In a week 3 departments are conducting small vivas and exams all together every



day or in a day itself 2 or more exams, it is difficult for the students
Even small exams and vivas should be organized together 3 depth together

More qualified faculty are required. Otherwise teaching will be compromise.
All the teaching patterns in CBME are envisaged for colleges with <40 student
strength.

Lack of time for conducting required SGD, SDL , seminar etc as per CBME

There are too much of records in CBME. It could be reduced if possible.

Thanks for the opportunity to give a feedback

Nil

nil

Blended type of curriculum should be there in the beginning, followed by pure CBME
curriculum

Mentor ship program also should be improved in our Institution

Assessments should be video graphed and no student should be victimized.

Students coming to clinical side should be ensured to have thorough foundation in
basic subjects which is grossly found to be inadequate and repetition of many
basic fundamentals is found to be necessary to have a grasp of clinical subjects

Increase in the total duration of course will help the students for better
understanding the subjects and detailed learning process

Not able to really implement due to time constraints

Better to give more time, atleast 10 months before final internal assessment

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