



**D. Y. Patil Education Society
(Deemed to be University), Kolhapur**

BEST PRACTICES

i) Title of practice: Incorporation of Experiential Learning across programs and courses within and outside the curriculum.

Objectives of the Practice: To provide students experiences to learn skills that underscore cognitive learnings and meet real-life needs

The context: Outcome-based education is the need of the hour with mere qualification not being synonymous with capability to perform in the field. With this introduction of experiential opportunities for students was focussed on over the last few years. The deliberate design and implementation of certain activities for this purpose were undertaken. Some were included in the curriculum over time, others are still practices that have been adhered to.

The Practice: Introduction of training and participation in hands-on skill based activities within the training schedule of students to enable them to experience the real-life situations and working in community, external institutions and industry.

Evidence of success:

Participating in Community Health Camps is part of the training of all medical and nursing undergraduate and postgraduate students. Each student is exposed to average of 5-6 camps each year in the rural community as well as in different urban institutions. Primary healthcare experience is given even to postgraduates to emphasize their role as service providers to the community. Participation in activities of the Unnat Bharat Abhiyann adopted villages, Village Adoption Scheme, NSS community activities are also ensured.

Community Surveys are undertaken by students as part of the RCOMET program for Rural Community Oriented Medical Training and also in collaboration with the Kolhapur Municipal Corporation and District Collector Office during the Floods in July-August 2019 and the COVID Pandemic in June-July 2020.

Training for mental health is done at the Kripamayee Institute of Mental Health and Neurosciences for nursing students where they interact with the staff and inmates of the institution for real-life learning.

Students from MSc and PhD are given hands-on training at the Stem Plus Cryopreservation Pvt Ltd Sangli through an industry MOU. In addition MSc and PhD students have visited institutions like National Centre for Cell Science and Nirav BioSolutions Pvt Ltd in Pune, Ravishankar College of Pharmacy Bhopal, local hospitals including Kolhapur Cancer Centre. Participation in health education efforts in the community is another important aspect of experiential training received by students.

Experiential learning activities have been included in the planning of the BSc Hospitality program with the preparation of a industry-driven curriculum and recommendations for on-the-job learning experiences through industry collaborations.

Assessment through OSCE, 360 degree feedback, Mini-CEx have been introduced to allow students to appreciate work place principles and improve on their performance.

Problems encountered and resources required:

Fitting external activities around the routine timetable and working of laboratories or hospitals requires cooperation and collaboration of different units like Community Health Extension Unit, Public Relations Officers, Heads of Departments and Heads of Institutions as well as the external collaborating agency. This takes time and logistics over and above normal work.

The need to have specific learning outcomes for the external activities is to be conveyed to all participating and organizing faculty and documentation of learning outcomes in these trainings is yet to be designed satisfactorily.

Resources required include transport facilities for students, supportive and encouraging faculty and collaborating agencies.

ii) Title of practice: Hospital Readiness to respond to Collapsed Patient in cardiac arrest.

Objectives of the Practice:To provide training to all students and employees of the hospital in patient and non-patient areas in respond to a collapsed patient by performing immediate Cardio Pulmonary Resuscitation or Basic Cardiac Life Support or Advanced Cardiac Life Support depending on the person and the site of collapse.

The context:It is shown that 90 percent of those outside hospital setting die if they suffer a cardiac arrest while 45 percent survive if immediate CPR is given. Hands-on training under competent trainers will give confidence to laypersons to use their

skills in an emergency. It also makes the person useful to patients in hospital and victims of cardiac arrest in the community.

The Practice: CPR Training is to be given to medical and nursing students, attendants, wardboys and aayabais, technical staff, PRO and clerks. In addition, medical students, interns, nursing students, nurses and doctors were to be trained in Basic Life Support in the event of a cardiac arrest in the Hospital. Residents working in Emergency, Intensive Care Units and Operation Theatres as well as those in the wards were to be trained in Advanced Cardiac Life Support.

Evidence of success: 1912 number of training sessions covered 947 students and 965 employees in the hospital and colleges were successfully conducted

Problems encountered and resources required:

Timetables for training had to be prepared without disturbing the working shifts and patient care in the hospital. Trainers had to convey the essential knowledge and skill in English, Hindi, Marathi depending on the trainees.

Resources required were mannikins for training, space to train small groups, trainers fluent in multiple languages.