

7.2 Best practices – Micro Ethics & Total Quality Management

Micro Ethics

1. **Title:** Analytical study of Micro Ethics in Medical Education

2. **Objectives:**

1. To be a leader in science of micro ethics to attain the divine gift of practice of healing amongst students and staff.

2. Bring out inherent capacity in the students and the staff to develop inner vision and in depth perception to reach beyond the known frontiers of Biosciences of medicine to see that sublime art of medicine of the students surpasses the narrow confines of bio-frontiers of the science of medicine.

3. To learn to keep a balance between latest technological tools and clinical medicine to excellent communication skills.

4. To develop social relations with the patients and understand their organic and psychological issues at the same time to include all the above aspects in the form of continuous lectures, demonstrations and practical for the students so that they will understand social, cultural, demographic, economical issues during the MBBS tenure itself.

3. **Context:**

In the recent times several changes have taken place in the society. Materialism in every way of life has now become part of life. The eagerness amongst the present generation to earn more and in a fast way has become a routine practice, not giving any importance to the requirements of the community.

The technological advancements in every discipline and sub-discipline of medical field has reached very high level and in future because of robotic technology, nanotechnological advances, Biotechnological advances, artificial intelligence and advances in sub disciplines of medical sciences, medicine is slowly becoming techno-medicine rather than clinical medicine. This system will lead to lot of dissatisfaction amongst the clientele, their friends, relatives and visitors. rules simultaneous emphasis is not laid to wants of community .

The genomics and genetic medicine are also developing paripassu so that precision medicine may take over existing disciplines, though this is supposed to be predictive, preventive, participatory and personalized. Medicine as a system is being overshadowed by technological advancements. It is difficult to expect it to be participatory and the dissatisfaction amongst the clientele is expected to further increase.

No amount of technological evolution or revolution shall ever be a substitute for the doctor-patient relationship. No amount of technology can ever be a substitute for trust nor should we ever let technology dehumanize medicine.

4. Practice

A. Cultivation of behavior for professional virtues

1. Medical college selects students with the “right” character and attitudes. Those qualities are assessed regularly.

2. Constant efforts are made to effecting character change in the limited time available for medical ethics and professionalism in education is inducted constantly.

3. Students are taught to face challenges in shaping character traits.

4. The foundation of this approach is providing trainees with conceptual tools for seeing, preventing, analyzing, and resolving the ethical dilemmas encountered in clinical medicine.

5. Although an argument can be made that this pragmatic approach is not ideal, it is a workable compromise that may be the best available option in given circumstances, considering existing constraints.

B. Following code of conduct by staff and student

1. A professional compact code of conduct governing the student-faculty-school relationship is regularly widely discussed, developed and applied. Applying equally to both students and faculty, the student-faculty-college compact is not just the usual honor code on academic honesty. It is outlined and practiced including principles, values, responsibilities and expected behaviors; and how they should be developed and what remedial actions can be taken.

2. All teaching staff and students of this institute are committed to professionalism. This is important as it forms a basis to the social contract with society, and in fulfilling the social accountability of medical schools and medical education.

C. Learning and teaching of micro-ethics for staff and students

1. The elaborate descriptions of the mutual obligations of the teacher and student in the Hippocratic tradition of medicine may not apply to modern medical education. Nevertheless, it is important for us in the profession to reflect on the central nature of this commitment for the sustainability of the medical healing traditions. Pledge – “to give respect and gratitude to my teacher”. The institute through micro-ethics teaches the students and staff to practice and experience professional values, follow role models, learn the skills that have significant influence in determining the role as a physician.

D. Conduct of various seminars, programs, courses on medical ethics.

1. Institute follows use of student centric methods for enhancing experiences in the practice of medical ethics.

2. Teaching and evaluation of medical learners: Successful medical ethics and professionalism education efforts are implemented through a sufficient number of faculty with appropriate training who are committed to establishing meaningful, ongoing relationships with learners to act as role models, share their own experiences, and teach, observe, give feedback to, and ultimately evaluate learners.

3. Financial support, recognition, and reward for faculty educators will lead to success which is regularly followed.

E. Methods of assessment including simultaneously checking whether students are following ethical behavior.

1. While carrying out quantitative evaluation, we ensure that there are enough qualified faculty observers to make sufficient number of observations to achieve reliability. The faculty evaluators are skilled at listening, observing, and reading to understand them by qualitative approach.
2. Importance of medical ethics is explained to students through debate competition, paper writing etc.

F. Research in ethics

1. The ethics of medical education is understood better by the ethics of research on human subjects. We provide a theoretical framework for ethical medical education by extending three key concepts from the literature of research ethics—respect for individuals, beneficence, and distributive justice.

G. Establishment of micro ethics centre

1. Microethic centre was established and operating constantly for student character building activity.
2. Teaching staff and students are encouraged to carry out research related to implementation of medical ethics.

Evidence of success -

1. Students approach

Students approach towards the patient care is being improved, and it is timely assessed by the faculty.

Communication is becoming effective in defining the patient problem and reaching correct diagnosis , specifying therapeutic objectives

Informing the patient about the effect of the drug ,dosage schedule, duration of treatment ,probable side effect precautions to be taken and the need for regular follow up .

2. Patients feedback

Patient's positive feedback encouraged the number of OPD visitors.

3. Involvement in research activities

The faculty and students are found to be actively involved in the Research and publication in ethics with practical changes in character building and personal relation among students and staff.

4. Students improvement

As Physician our students have proved to be responsible citizens and understood their accountability toward society which is appreciated.

Protection of patient privacy and confidentiality

Care at the end of life, including patient advance directives, withholding and withdrawing life-sustaining interventions, care for the dying, and determination of death

Maternal–fetal medicine, including reproductive technologies and termination of pregnancy Pediatric and neonatal medicine care found to be improved .

Access to health care, including health care disparities, the health care system, and the allocation of scarce resources .

Students have become aware of

1. Conflict of interest and of obligation in education

2. Clinical practice, and research with human subjects, including institutional review boards

3. Work within the medical team, including inter professional interactions

4. Dialogue created healthy work environment between staff and students .

5. Concerns about colleagues, including impairment, incompetence, and mistakes

6. Attention between education and best care for patients, the hidden curriculum, moral distress and Self-awareness, including professional identity and self-care Management of challenging patients/family members.

Student have developed knowledge in ethics related to

- Organ transplantation
- PCPNDT act
- MTP act
- Gender sensitivity
- Research publication and articles in books
- Communication skills.

Problem Encountered and Resources Required

1. Ethical behaviors is part of personality development few students need to be thought about the importance of and using following their principles at all times.

2. Though ragging is strictly stopped, students of senior batch internees and post graduate students need to assist first year students is understanding new subjects and getting used to new atmosphere having suddenly gone out of parental guidance

3. Though communication with colleagues, seniors, juniors, patients relatives, teachers and friends has improved. He / she should learning communication. There is requirement of demonstrating ability to communicate adequately, sensitively, effectively and respectfully with patients.

They should be able apply good knowledge for the patient and community The student should be able to recognize and function effectively responsibly and appropriately health care team leaders. They should be able to educate, monitor other members of the team and work in the collaborative and collective fashion.

They should learn to participate appropriately and effectively that will advanced quality health care.

The only resource required is that all teachers should enthusiastically sincerely and honestly demonstrate need of acquiring above qualities to all students through out the student and internship careers.

1. Title: “Excellence in Medical Education through Total Quality Management”

2. Objectives

1. To develop Physical, Psychological, Academic, Professional, Social & Spiritual dimensions of the students.
2. To develop a method so that the institution contributes towards attainable, affordable and accessible Medical education.
3. To effectively apply principles of TQM in Medical Education.

Underlying Principles:

1. To develop a methodology to produce quality education first time itself.
2. All the employees to develop a focus on students.
3. To develop a strategic approach for improvement.
4. To make improvement as a continuous process.
5. To encourage all employees including students to develop mutual respect and team work.

3. The Context

India is facing many problems like

1. Population explosion, rising poverty, scarcity of water
2. Global warming, pollution.
3. Severe accidents, lifestyle diseases, emerging and reemerging diseases, Covid -19 pandemic.
4. Biodiversity, Terrorism.
5. Communal riots, corruption, poor employability, rural to urban migration, increased density in cities.

These problems are affecting everyone and have become a part of everyone's lives.

Intended Outcomes:

1. To make Students understand concepts in learning.
2. To inculcate the habit of Creative & critical thinking for patient care particularly on human values along with evidence based medicine.
3. To make students realize that Medical Education is a Public service.

Medical profession is dealing with the lives of the people. Even the slightest error or act of omission or commission is not acceptable. So students shall be trained to avoid minimal error.

Presently world is seeing many materialistic things, the younger generation is attracted towards materialism hence there is a necessary to teach spiritual dimension.

All over world several psychological issues and other problems have created severe stress amongst the students so there is a requirement to teach & train the students in distressing.

There is therefore a necessity that medical education should be based on TQM that focuses on transformation of the attitude. It is wise to quote from Zig Zagler, "Ones attitude, not ones aptitude will determine ones altitude."

4. The Practice

System in Dr. Vikhe Patil institute of Medical Sciences has been designed to evolve a complete personality not focusing alone on professional development but also on physical, spiritual, psychological and social dimensions.

During the course of MBBS, depending on the interest of the students in any particular specialty, they are made to work in those respective departments. This will improve their vocational skills. This is implemented by a comprehensive framework of integrated learning, evidence based learning, experimental learning and patient centric learning.

Various value based courses are being implemented in the institution. Students are trained in research methodology, scientific based evidence medicine.

Responsibility towards the rural development, cultural and social habits of the dependent population, environmental studies, recent advances in medicine and allied subjects and latest technological knowhow.

Accountability: The accountability of the student and monitoring are ensured at various levels. Basically following commitments are established to monitor the students at highest levels:

1. IQAC.
2. Academic Audit Committee.
3. Advisory committee of Medical Education.

TQM Framework:

1. Innovation.
2. Creativity.

3. Initiative.
4. Excellence.

Feedback mechanism: Our institute has different feedback mechanisms to ensure maintenance of quality, informal and formal feedbacks.

Informal feedback is observed in the form of

1. Discipline in students.
2. Dress code.
3. Behavior of students in college.

Formal feedback is observed by

1. Academic performance.
2. Yearly Feedback of students, faculty, alumni & employer.

Total Quality Management includes

1. Administrative management.
2. Financial Management.
3. Human resource management.
4. Material Management.
5. Teachers training.
6. Students training.

1. Administrative management

Includes overall management of constructions maintains environmental hygiene landscaping, roads, electrifications and hygienic water supply.

2. Financial Management

Utilization of funds for education purposes, training purposes, Professional development, maintenance of various services. Regular financial audit so that they are utilizes to correct purpose.

3. Human resource management

The systems have been adopted in these institutions so that teaching staff with good experience and research exposure and appropriate qualification are selected. They are simultaneously encouraged to publish research, present papers in various national and international conferences, publish papers in various accepted indexed journals.

4. Material Management

System is so devised that major equipment and minor equipment including consumables, spares, etc. are provided for biomedical engineering department. It maintains all the essential equipment in working condition so that the students do not suffer for want of any training. Civil engineers are responsible to maintain all the classrooms, labs, seminar rooms so that the classes go unhindered. Electrical engineers are responsible to see that all electrical equipment's are in order at all times and there is no break at any time. The computer mechanic is responsible to maintain all ICT-related equipment in perfect conditions and to see that internet and Wi-Fi are functional at all times.

5. Teachers training

In training of teachers, how to take classes, how to frame questions, MCQs and to understand the behavior of the students and system of evaluation of the papers they are trained regularly in medical education, technology. Teachers are encouraged to undergo basic and advanced courses in medical education technology.

6. Students training

Students training includes both didactic and practical training related to professional subjects. In addition, they are taught human approach courses, to juniors, seniors, teaching staff, patients, relatives, and friends. As human behavioral skills and personality help a lot in deciding the success of the individual, more over when students become a doctor.

In this way, quality management of the whole campus in every field will help the students develop interest in studying enthusiastically.

5. Evidence of Success

It is observed that success in this TQM is confirmed by

1. Students actively take part in curricular activities.
2. The stress which has been shown in 1st year has completely diminished progressively by the time they reach final year.
3. During internship period on completing MBBS, their roles as explained by MCI are evaluated & the following points are confirmed.
 - a) They developed attributes as a clinician to understand and provide preventive, promotive, curative, palliative & holistic care with compassion.
 - b) They have been able to demonstrate normal & abnormal human structure, function & development.
 - c) They are able to demonstrate knowledge of national & regional health care policies.
 - d) The students were able to elicit & record from the patient's history clearly & also to do the physical examination, maintain accurate record & diagnose the patient, further management.

4. As a leader & member of health care team, students are able to
 - a) Work effectively with colleague respecting their roles & responsibilities.
 - b) They have been able to recognize & function as a Health care team leader.
 - c) The students are able to recognize & advocate health promotion.

5. As a communicator
 - a) They are able to communicate adequately & effectively with patients & families.
 - b) They are able to understand patient's preferences, values and believes.

6. It can be seen that students are committed to continuous development of skills and knowledge as a lifelong learner. This is confirmed by various alumni visiting the hospital, attending various seminars, CMEs, Conferences to understand the recent advancements and the techniques.
 - b) Students are able to develop research question.
 - c) Students are able to clinically evaluate the various medical literature through journals, text books & electronic means.

d) Students are able to identify appropriate career pathway.

7. The students have proven to be efficient professional who are committed to excellence & have developed ethical attitude & understand responsibility & accountability.

a) Student is able to demonstrate selflessness.

b) Able to respect professional boundaries.

c) Able to manage professional conflicts.

d) Abides by prescribed ethical & legal code of conducts.

e) Demonstrate a commitment to the growth of medical profession.

6. Problems Encountered

1. Teaching faculty should take more interest in publication of new original articles in prestigious journals indexed in Scopus or PubMed.
2. It appear more students are not coming forward in carrying out various projects. Faculty should therefore motivate the students of various semesters to take up more ICMR & university projects.
3. Now a day's public in rural areas & urban slums irrespective of the socioeconomic status are expecting to be examined by the doctors who are specialized in that subject. This has almost become a part of life.
4. Now all teaching faculty should put efforts to train various students at various levels to appear in post graduate examinations to acquire MD /MS /DNB /Diploma /DM /MCH /Fellowships in specialties related to medicine, surgery & allied subjects including Pre & Para clinical subjects as they desire.
5. It is observed most of the students are not taking interest in games to be physically fit & they are likely to increase their weight & develop lifestyle related diseases in future. In order to Control this trend, students should be encouraged to participate in various outdoor games & take part in aerobic & strengthening exercises This will help them to keep fit & healthy.