

DR. M. L. DHAWALE MEMORIAL HOMOEOPATHIC INSTITUTE, PALGHAR

STUDENT'S INPUT FORM
FOR CREATING A BETTER LEARNING-LIVING ENVIRONMENT
PG Part I & Part II

Dear Students,

Learning is a constant phenomenon. MLDMHI believes that students and teachers learn together and achieve excellence. The march towards excellence, however, needs adequate infrastructure facilities and a happy environment for living and learning.. Development of these aspects needs constant feedback.

We have devised a form to seek inputs from you all. Please apply yourselves seriously and share your views. The analysis will be shared with you and the changes planned will be discussed. You can thus help us to improve so that we evolve into a desirable Homoeopathic learning destination in the country.

Instructions:

- Please do not disclose your identity anywhere in the form.
- Please give your own opinion without discussing with anyone. Your original opinion is valuable to us.
- Please write freely your views and suggestions.
- All questions should be answered
- Select/circle the appropriate option and write in brief whenever required.
- Grading:
 - 1 = Very much Dissatisfied
 - 2 = Dissatisfied
 - 3 = Neither satisfied nor dissatisfied
 - 4 = Satisfied but can do better
 - 5 = Very much satisfied
 - 0 = Not applicable

Please consider above grading wherever 1/2/3/4/5 has been given as a choice.

I. Preliminary:

About self: Male / Female

PART I / PART II / PART II Senior

Department: Medicine / Psychiatry / Paediatrics / Organon / Materia Medica / Repertory

II. About UG college

Give your satisfaction (1/2/3/4/5) with your under-graduate college: Mark '0' if not applicable.

Sr. No	Category	Grade
1.	Academic facilities	4
2.	Quality of lectures	4
3.	Seminars / Guest faculty lectures	5
4.	OPD	5
5.	IPD	1
6.	Infrastructure – College building	5
7.	Labs, Library etc.	5
8.	Hostel	4
9.	Canteen	5
10.	Other facilities	5

III. Before taking admission to MLDMHI

Sr. No	Question
11.	From where did you get information about the institute? A. A senior student of this institute ✓ B. Teacher of my college ✓ C. Through a seminar ✓ D. Through an advertisement E. Through the web site F. Other : Specify : <u>heard of the institute : childhood.</u>
12.	What was the impression about this institute? <u>First impression was of a place that makes you do a lot of hard work, over-analysis, a closed group / circle / family. healthy debates. Good clinicians are produced.</u>
13.	Three most important points / objectives for which you have taken admission in this institute A. : <u>improving my clinical / diagnostic skills which were grossly lacking in my UR.</u> B. : <u>managing IPD cases with homoeopathy.</u> C. : <u>wanted a MD degree after my name for better publicity.</u>

IV. Academic Section:

Sr. No	Question
Wednesday Academic Sessions. (For Part I & Dept. Session for Part II – Please respond accordingly)	
14.	I am aware / not aware / <u>partially aware</u> of the purpose underlying this teaching plan
15.	I am <u>1/2/3/4/5</u> with the planning of sessions for completing the syllabus. 3
16.	I am <u>1/2/3/4/5</u> with the actual implementation of planning. 3
17.	I am <u>1/2/3/4/5</u> with the time table designed for the academic inputs. 2.
18.	I am <u>1/2/3/4/5</u> with the time I get for preparing/ undertaking readings before the session. 4
19.	I am <u>1/2/3/4/5</u> with the content and manner in which the syllabus is being completed. 3.
20.	Do you feel a need for guest lectures on MLDMHI Campus? a. <u>Yes</u> b. No If Yes, then on which subject(s) / Topic(s): <u>Understanding our hom. schools of thought</u> A. <u>Materia Medica - understanding various approaches to MM.</u> B. <u>Repertory - efficient use of all rubrics in Rep to avoid</u> C. <u>Medicine - Approach to patient and diagnosis / clinical skills.</u> <u>to prevent rigidity of thought in all repertories</u>
21.	I after the session, <u>usually read</u> / don't read / partially read the relevant theory for the topics taken in the session.
22.	For my university exam preparation I need (Please give preference) <ul style="list-style-type: none"> • More lectures on the subject • Assignment on each topics • Regular class tests • Mock viva • Personal doubt solving time with teachers • Guidance on how to write paper • Other – Specify: <u>Honestly, with level of university papers don't want this w.r.t examination. just need more time to study on my own. that will suffice for university exam. maybe</u>

↑ PL. PL. PAPER focus more on other subjects

23.	I am 1/2/3/4/5 with the learning taking place during symposium 3.
24.	I am <u>interested</u> / not interested / not sure in attending paid seminars organized by other institutes

V. Integrated Sessions (IS) (MD Part I to attempt considering the current state where as MD Part II students should respond from their previous experience)

25.	I am 1/2/3/4/5 with the concept of "IS" sessions. 5.
26.	The IS sessions are <u>useful</u> / Not useful / Partially useful. a. Those marking "useful" should specify different areas where you can see its usefulness: <i>Homoeopathy is all about integration of all subjects starting from I BHMS. and the prescription is a sum of all mat</i> b. Those marking "not useful or partially useful" may also specify the reasons:
27.	How frequently should IS sessions should be planned?: [Tick mark] a. Once in a month b. <u>Twice in a month</u> ✓ c. Weekly d. Others, Specify _____
28.	I am 1/2/3/ <u>4</u> /5 with my contributions in the IS sessions 4
29.	I am 1/2/3/ <u>4</u> /5 with the faculty contributions during the IS sessions 3 for few 4 for few
30.	I am 1/2/3/4/5 with the way I use my time for preparing/ undertaking readings for the IS session. 4.
31.	I before the session submit by working / assignment to the faculty for getting input: [Please tick the appropriate option] <ul style="list-style-type: none"> • Most of the time (More than 75%) ✓ • Sometimes (25 to 75%) • Occasionally (Less than 25%)
32.	I am 1/2/ <u>3</u> /4/5 with the corrections and feedbacks given by the faculty on my preparations. If you have marked 1/2/3, then specify reasons for the same and suggestions for improving: <i>3 - The feedbacks given are either too late or sometimes not given and through mail. One on one discussion feedback would be better</i>
33.	I have learnt the maximum through - (Rearrange by allotting hierarchy / order in 1 (minimum) 2 3 4 (maximum) in front of options) 4 • Lectures given by teachers 4 3 • Through assignment given 3 1 • Through group discussion 1 2 • Through case presentation 2 Mark 0 if no learning at all
34.	Give three suggestions for increasing your learning / academic satisfaction. A. : <i>Session assignments to be given on time. maybe the faculty can pre-plan for the entire academic year. so no delay occurs.</i> B. : <i>most of the time the faculty is out of sync, the IS faculty must have a pre-session prep meeting to understand plan</i> C. : <i>Not to hamper the learning of the students who have worked and read. for the students who haven't</i> D. : <i>some faculty members get too agitated when one part of directives is missing and take it out on the session. why can't the session still go on and make most of what we have</i>

E. ~~they~~
 6 faculty members have gone through some training. They can understand difficulties.

of IS

VI. ICR Literature & SCR:

35.	Do you feel ICR literature and Standardized Case record will help in your practise in future? a. <u>Yes</u> b. No
36.	Do you feel the need for sessions on ICR Literature to enhance the knowledge or skills for future practice? a. <u>Yes</u> b. No Which sessions do you need? <u>Symposium volumes</u> / Life and Living / Perceiving / <u>Principles</u> and <u>Practice</u> / <u>Operational Manual</u> / <u>All</u>
37.	I feel that that there is a need for SCR sessions: a. Yes b. <u>No</u> <u>there is need.</u>
38.	Have you been a guide in any SCR session? <u>Yes</u> No
39.	In the SCR sessions most of the time my role is <ul style="list-style-type: none"> • Active participation ✓ • Intermittently active • Passive
40.	I am <u>1/2/3/4/5</u> with the conduct of the SCR sessions. <u>3</u> . If 1/2/3 above, state the nature of dissatisfaction A: <u>No continuity or timely SCR sessions due to lack of residents on floor on on-call days.</u> B: <u>Moving away from directives, same case for many sessions. same discussions again and again. No innovative thinking.</u> If 4/5 above, state the reason for satisfaction A: <u>- supervisor to take more control man student guide</u> B:
41.	I am <u>1/2/3/4/5</u> about my ability to apply the knowledge gained during sessions in day to day patient management in OPD & IPD
42.	I have tried to complete the processing section of SCR of cases I have taken: [Tick the appropriate option] <u>initially it was more than 75%. But due to lack of inputs. Less than 25%; 25 to 50%; 50 to 75%; More than 75% and routineism it is now 25%.</u>
43.	I <u>agree</u> / disagree / partially agree that there should be access to Repertorial software for easy references while arriving at the remedy Which software you would prefer? <ul style="list-style-type: none"> • Hompath <u>(X)</u> <u>very unthorough with random provers.</u> • Cara ✓ • Radar ✓ • ISIS ✓ • Stimulare • Other, Specify: <u>Mac Repertory and reference work.</u>
44.	I am <u>1</u> /2/3/4/5 about the correction and inputs given by the faculty on my working
45.	I am <u>1</u> /2/3/4/5 with the way SCR and its tools are discussed by the faculty during OPD & IPD
46.	I would lose the opportunity to learn if in the initial days of my training I get a smaller version of SCR (Minimum Recording and Processing section [Tick mark appropriate option] <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neither Agree Nor Disagree 4. Agree 5. <u>Strongly Agree</u> ✓

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in order of preference.

47.	According to you which SCR tool(s) maximizes the learning? ^① SFFT. ^② LST. ^③ EET. 4) PS PD 5) Diagnostic net 6) RS PDP.
48.	I would have liked to appear for the SCR examination: Before Part I exam / <u>before Part II</u> / examination / Never

VII. Postings

49.	I am aware / Partially aware / <u>not aware</u> about Posting policy in MLDMHI
50.	I am 1/2/3/4/5 with the Posting Policy
51.	I feel that there is partiality in deciding postings: 1. Strongly disagree 2. <u>Disagree</u> 3. Neither Agree Nor Disagree 4. Strongly agree 5. Agree
52.	Do you feel the changes are needed in revising the Posting Policy? a. <u>Yes</u> b. No If Yes, then give your suggestions for improvising the Posting Policy: Maximum Rotation, No repetition, relevant to dissertation.
53.	Learning in Postings

Overall learning satisfaction in various OPDs: Please tick if were / are posted

Posted	OPD	Grade for learning satisfaction	Reason for the grade
	Allopathic OPD: (Sorry for misreading) P.T.O for allo OPD.		
✓	Medicine OPD	1/2/3/4/5	good discussions and SCR learning
✓	Paediatric OPD	1/2/3/4/5	very good discussions and results.
✓	Orthopedic OPD	①/2/3/4/5	No homoeopathic learning at all.
✓	Surgery OPD	1/2/3/4/5	
	OBGY OPD	1/②/3/4/5	Routinism, No Rational decisions eventual drop out of
General Suggestions for better learning in Allopathic OPD only a sympos	- consultants to be more open to giving pt for homoeopathic mode of treatment. - except for ASN no consultant come on time. - consultants can be more open to discussions (surgery + surgery)		
	Casualty :	1/2/3/4/5	Dr. Parag. (Nothing more to say).
	Homoeopathy OPD:		
once (6 mths) ✓	General OPD	①/2/3/4/5	No SCR discussions, Routinism. No results.
✓	Paediatric OPD	1/2/3/4/5	good discussions + results.
✓	Orthopedic OPD	①/2/3/4/5	No homoeopathy taking place.
✓	Surgery OPD	①/2/3/4/5	No homoeopathy taking place.
✓	OBGY OPD	1/②/3/4/5	No Rational discussions, Routinism. eventual drop out of pt. No SCR disc
✓	Endocrine OPD	1/2/3/4/⑤	excellent SCR discussion. open to different approach. good results.
X	Pulmonary OPD	1/2/3/4/5	want the OPD.

so that all get equal learning opportunities and no repeat

PT

disc

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X	Hypertension OPD	1/2/3/4/5	
X	Dermatology OPD	1/2/3/4/5	
✓	Psychiatry OPD	1/2/3/4/5	Excellent PSPD discussion & MTP and wide range of prescriptions.
X	Child Psychiatry OPD	1/2/3/4/5	
General Suggestions for better learning in Hom. OPD	Consultants to be strict about SCR, like Danisar. so that good discussions take place. No no hazard posting of cases. Needs to be more organized, so that pt can be attended to. MO and consultant don't have time for discussions. pt on Rii for 2 months.		
Peripheral OPD			
X	SHP	1/2/3/4/5	
✓	Manor	1/2/3/4/5	Not many patients come and very difficult to travel.
X	Kelve	1/2/3/4/5	
X	Satpati	1/2/3/4/5	
General Suggestions for better learning in these OPDs	Institute provides vehicles for all. periphery except manor, which is the furthest, in fact it should be provided for that. so that transport becomes easy and students are more focussed and safe at night. A. Parag.		
IPD Posting			
✓	Medicine	1/2/3/4/5	good MO (A. Parag). good no. of Hom. cases. good discussion with A.S.N.
	OBGY	1/2/3/4/5	
✓	Surgery	1/2/3/4/5	No Hom. only motivated in taking pt for surgery in indications.
	Ophthalmology	1/2/3/4/5	
✓	Orthopedic	1/2/3/4/5	No scope for Hom but still pure sir teaches a lot and helps a lot
	ICU	1/2/3/4/5	
	NICU	1/2/3/4/5	
	Paediatric Ward	1/2/3/4/5	
✓	Psychiatry	1/2/3/4/5	good sessions. pure Hom. good reasoning but rigid MOs
General Suggestions for better learning in these IPD Postings	To increase homeopathy in wards. to consider. and protocol guided decisions rather than logic. one only homeopathy posting at senior level. as there is no future benefits of witnessing surgeries and managing HHT/NBM status of patients. students come to learn homeopathy, not allo. Allo OPD		

- ✓ - Medicine OPD - 4 - good diagnosis making. and BID; many
- X - Paeds OPD - N/A
- ✓ - Ortho OPD - 4 - Dr. PVLo teaches and justifies decisions.
- ✓ - Surgery OPD - 2 - casual approach towards pt. more convincing for Sx.
- ✓ - OBGY. OPD - 2 - wasn't interested myself. No consultant come for OPD.

VIII. IPD Training:

54.	I am 1/2/3/4/5 with the patient care in the IPD
55.	I agree / disagree / partially agree that team work enhances knowledge and work sharing in IPD
56.	I agree / disagree / partially agree that absence of any one in the team hampers the work distribution and creates stress
57.	I get / don't get information about leave taken by team member / RMO in advance.
58.	I agree / disagree / can't say that giving responsibility of replacement in case of applying for leave disturbs the interpersonal relationship with my colleagues
59.	I agree / disagree / can't say that I am making valuable contribution in IPD work in patient care
60.	I agree / disagree / can't say that there is a need for soft skill training which can improve the communication with patients & relatives and colleagues.
61.	I am 1/2/3/4/5 with the functioning of support nursing staff
62.	I am 1/2/3/4/5 with learning happening during the IPD rounds of Allopathic consultants
63.	I am 1/2/3/4/5 with learning happening during the IPD rounds of homoeopathic consultants
64.	I agree / partially agree / not agree that there is a need of bedside clinical training as it enhances patient care as well as viva preparation
65.	I am 1/2/3/4/5 with the efficiency of RMO in IPD work
66.	I agree / disagree / can't say that if proper work distribution between PG and RMO is done then there will be a better learning environment
67.	I agree / disagree / can't say that I can learn many IPD skills from well experienced senior students / RMO
68.	I agree / disagree / can't say that learning in the IPD is hampered because of the absence of a Medical Officer <i>casually needs mo as he/she sends HOM pt toward.</i>
69.	I agree / disagree / can't say that one must maintain hierarchy while working in the IPD
70.	I agree / disagree / can't say that I usually avoid learning specific skills from my junior / colleagues if he is good in it.
71.	I agree / disagree / can't say that if Allopathic and Homoeopathic patients are separated then PG students will learn more <i>Strongly Agree.</i>
72.	I agree / disagree / can't say that after completion of 1 year of house post, there will be loss of learning opportunity, if IPD posting is not given.
73.	I agree / disagree / partially agree that monitoring of all IPD patients helps in sharpening the examination skills and interpretations during follow up & its application while giving Homoeopathic treatment
74.	I agree / disagree / can't say that we should give homoeopathic medicine along with standard Rx. as it will eventually help to understand the scope and limitations of homoeopathy in IPD
75.	I agree / partially agree / disagree / can't say that IPD learning can occur only through patients given Homoeopathic treatment. <i>Both have learning opp. But the Ratio</i>

*not to be 30-110
30-110.*

IX. Documentation and Informatics Software:

76.	Do learning proper case documentation helps in developing the clinical skills? Yes / <u>No</u> .
77.	I am 1/2/3/4/5 with my documentation done in IPD
78.	I agree / partially agree / disagree that there should be special training for documentation for clinical perspective and research perspective
79.	I agree / partially agree / disagree that a properly filled case recorded in OPD / IPD will help us during dissertation
80.	I agree / partially agree / disagree that HIMS entry is a clerical job <i>Strongly Agree.</i>
81.	I am fully aware / not aware / partially aware of capabilities of HIMS in my further dissertation work / learning
82.	I am interested / not interested in knowing the use of HIMS for maximum learning

X. Library

83.	I am 1/2/3/4/5 with the infrastructure of the library			
84.	I am 1/2/3/4/5 with the availability of Medical books in the library.			
85.	I am 1/2/3/4/5 with the availability of Homoeopathic books in the library.			
86.	I am 1/2/3/4/5 with the availability of general books in the library.			
87.	I am 1/2/3/4/5 with the availability of journals in the library.			
88.	Name the subject / author which should be added to the Library. 1. <u>Philosophy - apart from. HOM.</u> 2. <u>Other journals / magazines - for understanding world events</u> → TIME → Reader's Digest etc.			
89.	I am 1/2/3/4/5 with the availability of the librarian and book exchange			
90.	On an average how much time do you spend on reading in a week? <u>Medical + Non medical.</u> Less than 7 hrs. / 8 to 16 hrs. (17 to 21 hrs.) More than 22 hours			
91.	Kindly give your preference in order from 1 to 7 for the purpose you use of library. 2 • Self-Study 5 • Reading reference books 4 • Reading regular clinical / Homoeopathic books 3 • Reading journals 1 • Using internet 6 • Discussion on assignment 7 • Other <u>Research.</u> all good Lib do.			
92.	I am 1/2/3/4/5 with the general comfort level in the library for studying <u>Need A/C.</u>			
93.	Please mark 1/2/3/4/5 under specific headings:			
Centre	Area	Rating	Reason for giving this grade Max 2 points	Give Suggestions Max 2 points
Palghar	Learning Environment	1/2/3/4/5	- No very stressful environment. No time to learn.	More time to be given for self study.
	OPD	1/2/3/4/5	- No SCR discussion Roubinism.	- explore, innovat open to new appraon.
	IPD	1/2/3/4/5	- No hom.	↑ no. of HOM admissions.
	Hostel	1/2/3/4/5	- with amount of fees taken its not upto mark.	→ 1 fridge / 1 oven 1 washing machine on floor
	Canteen	1/2/3/4/5	unhygenic. unhealthy food.	- No sugar waiting for MD to get over
	Freedom to peruse your interests	1/2/3/4/5	- overall growth is more important. man one direction.	- healthy mind - healthy body. - less restrictions.
	Other facilities	1/2/3/4/5	- nothing more on campus	- outdoor gym → only volleyball / football court
Dahisar	Learning Environment	1/2/3/4/5	- organized learning	strict new case day
	OPD	1/2/3/4/5	- healthy SCR discussion.	→ give only max 4 cases / week
	IPD	1/2/3/4/5	- No interest in gynae.	↑ Hom in IPD
	Hostel	1/2/3/4/5	- extremely congested. no ventilation.	- More space. - more rooms are available.
	Canteen	1/2/3/4/5	- rippin sov	- fixed canteen.
	Freedom to peruse your	1/2/3/4/5	- staff considers the need.	-

	interests			
	Other facilities	① 2/3/4/5	No other facilities	improve educational aids
Bhopoli	Learning Environment	1/2/3/④/5	No stress/all responsible.	
	OPD	1/2/3/④/5	good case discussions	MO to be less rigid.
	IPD	1/2/③/4/5	No intrusion by staff	↑ Green medicine admis.
	Hostel	1/2/③/4/5	poor beds/facilities	Need to change mattress/bedsheet.
	Canteen	1/②/3/4/5	Repetitive uncooked less qty food.	fully cooked food.
	Freedom to peruse your interests	1/2/3/④/5	- can go walking around Bhopoli	can organize smart meals.
	Other facilities	1/2/③/4/5	- swing is good.	No other recreation

XI. Teachers & Mentors

94.	Do you have any difficulties with any teacher? <u>Yes</u> / No If yes, then mention in brief what kind of difficulties. (You may disclose the name of the teacher) Dr. Sachin - pomality. Dr. Sujit - obstinate / poor judgement. Dr. Bhavik {changeable mood}
95.	I agree / disagree / <u>can't say</u> that teachers usually understand my difficulties. swings
96.	<u>I agree</u> / disagree / can't say that teachers usually follow the concept of adult learning while interacting with us.
97.	Have you ever approached higher authorities (Principal/Vice Principal/HOD) for your difficulties? Yes / <u>No</u> .
98.	Are you satisfied with the solutions given by them? Yes / <u>No</u> .
99.	State the 3 most important qualities of your teacher you are proud of A. : Knowledge + application. B. : Approachability. C. : teacher in all aspects of life.
100.	<u>I agree</u> / disagree / can't say that, I need some mentor (not a physician but someone who will guide and help you on your journey) from the faculty to understand my personal difficulties and guide me to become a better human being
101.	I agree / <u>disagree</u> / can't say that the mentor should not be from the departmental faculty so I can share all issues.
102.	If you need a mentor then what kind of qualities you wish the mentor should have? State minimum three: 1. Approachability. 2. Should have gone through the same. MD training as us. otherwise can't understand. 3. Open, Not rigid. and aware of current generation problems.
103.	I would prefer to select <u>my mentor</u> / the college should appoint one faculty as a mentor
104.	If I was given a choice then I would select one of the following as my mentor A. : Dr. Nikunj - J B. : Dr. Prashant T. C. : Dr. Bhavik. P.
Note: There is a misconception that more the senior faculty he/she is better mentor. One must select a mentor with whom you are comfortable.	

XII. Academic Department:

105.	I agree / Not agree / Can't say that during Part I training, regular interaction with the departmental faculty is essential
106.	I agree / Not agree / Can't say that my department takes proper care of its students
107.	I agree / Not agree / Can't say that my department follows innovative methods for enhancing learning opportunities.
108.	How will you rate your department as compared to other departments? A. Equal B. Less than other department C. Better than other department ✓ D. Can't say

XIII. Synopsis (Part I and Part II):

109.	I am 1/2/3/4/5 with the clarity given by the guide about the topic and the methodology 4
110.	I am 1/2/3/4/5 with the inputs given by my guide during the dissertation 5.
111.	I agree / disagree / partially agree / can't say that there is gradual improvement in my synopsis with subsequent revisions.
112.	I could follow / not follow the time line given by the guide for completing the synopsis
113.	Do you feel there is a need to take inputs from faculty members other than your department? Yes / No
114.	If the answer is yes, then specify the need and area: Research apt for auditing tools / analysis.
115.	What aspect in guiding synopsis needs improvement? →. freedom of choice of topic.

XIV. Dissertation (only Part II)

116.	I am 1/2/3/4/5 with the planning of dissertation done by the department 5
117.	I got clarity about the central theme of my dissertation topic from the guide: at the beginning / during the writing / after completing the dissertation / never.
118.	I am 1/2/3/4/5 with the inputs given by my guide during the dissertation. 4
119.	Did you find a difference in the inputs given by guide and lecturer / reader Yes / No / Sometimes
120.	I agree / disagree / can't say that it created confusion due to difference of input
121.	Did you feel it necessary to take inputs from faculty members other than your department? Yes / No
122.	If the answer is yes, then specify the need and area:
123.	Which aspect of guiding the dissertation needs improvement?

XV. Administration

124.	I am 1/2/3/4/5 with the leave policy for students. 1
125.	I am 1/2/3/4/5 with the fairness with which leaves are sanctioned to all the students. 2
126.	I am 1/2/3/4/5 with the administrative structure of the institute for solving a student's difficulties 2.

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127.	I am <u>1/2/3/4/5</u> by the way office (non-teaching staff) addresses my difficulties.
128.	My overall grading for office staff (non-teaching) functioning is <u>1/2/3/4/5</u>
129.	Give three suggestions for making the office more student friendly. A: To improve self-speaking skills. (esp. Mr. Chinchkar). (Maya Tai) B: it seems like a burden when something is asked from them. (Records). C: Not to be disrespectful.
130.	I am <u>1/2/3/4/5</u> with the help from office staff helping in university related work

XVI. Canteen

131.	I am <u>1/2/3/4/5</u> with the hygiene maintained by the canteen in the cooking area
132.	I am <u>1/2/3/4/5</u> with the hygiene maintained by the canteen in the eating area
133.	I am <u>1/2/3/4/5</u> by the food quality served in the canteen.
134.	I <u>agree/disagree</u> /can't say that the canteen follows the food schedule as decided by the committee
135.	I <u>agree/disagree</u> /can't say that the food served at the canteen is adequately nutritive
136.	I am <u>1/2/3/4/5</u> with the timing of the canteen
137.	I <u>agree/disagree</u> /can't say that if a snack counter with extended timing is started, it will bring more satisfaction
138.	I <u>agree/disagree</u> /can't say that if common kitchen area is given to students to prepare tea / coffee/ hot milk, it will solve canteen timing issue.
139.	I am <u>1/2/3/4/5</u> with the food charges taken by the canteen.
140.	I am <u>1/2/3/4/5</u> with the way canteen committee solves the issue.
141.	I would like to part of canteen committee : Yes / <u>No</u>
142.	I would like to have <u>The same canteen contractor / the same canteen contractor with improvement</u> / New canteen contractor for the next academic year since only 1 year remaining don't care much as most of time eat outside. canteen food is worst.

XVII. Hostel

143.	I am <u>1/2/3/4/5</u> with the hostel facility provided by the institute.
144.	I am <u>1/2/3/4/5</u> with the hygiene mentioned in the hostel.
145.	I <u>agree/disagree</u> / Can't say that housekeeping staff is generally helpful to meet my needs
146.	I am <u>1/2/3/4/5</u> with the electrical fittings provided in the hostel
147.	I am <u>1/2/3/4/5</u> with the storing arrangement to keep my things provided in hostel
148.	I am <u>1/2/3/4/5</u> with the availability of hot water in the hostel
149.	I am <u>1/2/3/4/5</u> with the arrangement of clean drinking water made in hostel
150.	I am <u>1/2/3/4/5</u> with the Wi-Fi arrangement made in the hostel
151.	Other facilities
152.	I am <u>1/2/3/4/5</u> with the equipment in the Gym. <u>Outdated and not maintained.</u>
153.	I am <u>1/2/3/4/5</u> with the timings of the gym <u>no one follows</u>
154.	I use Gym every day / at least 4 days a week / <u>Once a week</u> / Less than this
155.	I am <u>1/2/3/4/5</u> with the extra-curricular activities organized by the institute.
156.	I am <u>1/2/3/4/5</u> with the overall facilities available in the campus.
157.	My physical health has <u>deteriorated</u> / improved / remained the same after joining the institute.
158.	Give three suggestions for improving general facilities. A: I judge 1 washing machine should be kept on each floor. B: common cooking area like the sister's have. C: other half of field to converted to football field like volleyball.

XVIII. Personal Development and Time Management:

159.	I <u>agree</u> disagree / can't say that discussing CSEF helps in knowing more about the self
160.	I am <u>1/2(3)/4/5</u> with my ability to apply the ICR Value system learning in my personal development
161.	I feel that there should be planning of activities which will help in personal development a. <u>Yes</u> b. No If yes, then enlist the activities which can help in personal development: - <u>public speaking sessions.</u>
162.	I feel that presenting the presentations on given topic among colleague helps in personal development <u>Yes.</u>
163.	<u>agree</u> disagree / can't say that I manage my time properly
164.	After finishing college duties I spend maximum time in (write 3 most frequently done things) 1 <u>Reading something apart from medical.</u> 2 <u>updating myself on news / world events.</u> 3 <u>watching movies.</u>

XIX. General

165.	State the three values of MLDMHI which you are proud of. A: <u>Excellent community work in me. society. and brilliant reach to community in interior of palghar district.</u> B: <u>the range of medical services available to rural India.</u> C: <u>My clinical learning by HOM Ph student is at best. but not HOM.</u>
166.	Suggest the three crucial changes you wish to see in MLDMHI for enhancing your learning A: <u>Increasing the time Ph student spend on HOM patient inwards and less time doing clerical work. like entering mesh orders of A110 pt</u> B: <u>having more time for personal study so that what experienced on floor can be read from books.</u> C: <u>Organize the OPD. and discuss all cases completely.</u>

XX. Future Associations:

167.	I am <u>1/2(3)/4/5</u> with the experiences of PG training for my future career.
168.	Do you want to have any association with the institute after completing your PG course? : Yes / No / <u>Can't say</u>
169.	If yes then what kind of association you would want?(answer can be more than one) Medical officer / Part time medical officer / Lecturer / Association in Community work / Association in research work / UG college / Through symposium / Starting study group • Other, specify:
170.	About Survey form: Please tick mark from the options. You can select multiple options: • This form covered issues: <u>almost all</u> / very few / covered but left out important • Number of questions could have been: less / <u>appropriate</u> / more • Options given: <u>adequate</u> / less / more • Time given for completing the form: <u>Appropriate</u> / less / more • I am <u>1/2/3/4/5</u> with the way I have given my views.

Thank you very much for completing the survey
