Dharmsinh Desai University Regulations

-: Notification:-

Dharmsinh Desai University, Nadiad - 387001, India, is established as per Dharmsinh Desai university act 2005 and notified on 11th April 2005. Under section 32 of Dharmsinh Desai university act 2005 the Board of governors in its meeting held on 29th March 2013, resolved to approve the draft regulations. This Regulations will come in to force with effect from 29th March 2013.

(Prof. M. R Bhavsar)

In charge Registrar

No. DDU/regulations/ 11 /2013

Date: 29/03/2013

To,

1) **All the Members of Board of Governors**
2) **Campus Director**
3) **All Deans/Principals**
4) **Coordinator IQAC**
5) **Research and Development Cell**
6) **Controller of Examination**
7) **Account Section**

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

DHARAMSINH DESAI UNIVERSITY NADIAD, GUJARAT, INDIA

The Regulations Framed Under Section 32 OF Dharamsinh Desai University Act 2005

Definitions:

Act means Dharamsinh Desai University Act 2005,
DDU means Dharamsinh Desai University, Nadiad, Gujarat, India
Institute means: Institutes established by the DDU including Faculty
Head of the Institute means Deans and other heads of Institutes etc,
Employees means: officers (Other than Vice Chancellor) including teachers and the other employees

The Regulation 1: summoning and holding meetings of the authorities and committees, councils, boards etc., of the University (Under Section 32(2)(I) of the DDU Act;)

Subject to the provisions of the DDU Act, the following procedure is to be followed for summoning and holding meetings, quorum and the conduct of business of the meeting:

1.The Board of Governors

The provisions regarding nomination of members, manner of appointment of members, the re-nominations of members, method of submitting the resignations by the members, etc, are already provided under section10 to 13 of the Act.

In addition to the said provisions of the Act, the following regulations in this regard shall also be followed: -

a. Notice: - The Registrar shall issue a notice of the meeting 14 clear days before the date of the meeting of the Board of Governors. The Registrar shall also send agenda of the meeting to the members at least 7 clear days prior to the

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001
24/05/2013 Prof. M. R. Bhavsar I/C Registrar Dharmsinh Desai University Nadiad-387001 (India)

date of the meeting. In case of any emergency, the item which is not included in the agenda may be taken up for consideration with the approval of the Chairman.

b. Provided that, in case of emergency meeting, notice of such meeting shall be 48 hours.

c. Preside-over: As provided under the Act, the President will chair the meetings of the Board of Governors. However, in absence of President or if he is unable to attend the meeting, the Vice-Chancellor and in absence of both, one of the members of the of the Board of Governors, as to be decided in the meeting will preside over.

d. Minutes: Only the decisions of the meeting of the Board of Governors shall be recorded in the form of resolution and shall not contain the deliberation and the discussion. As far as possible, the resolution shall be passed unanimously. However, a decent specially requested, if any, by the member shall be recorded and shall be incorporated in the minutes below the resolution. The minutes of the meetings shall be circulated after the approval of the chairman to the members ordinarily within 14 working days. The members will send their observations on the draft minutes, if any. Normally, such observations will be sent within 7 days of the date of circulation of the minutes. The observations received if any will be circulated in the next meeting when the item for confirmation of minutes of the previous meeting is taken into consideration.

e. The action taken on the minutes: Based on the resolution passed, the Registrar, after the approval of the Minutes by the Chair person, will ensure that the decisions taken are immediately implemented and appropriate notifications in this respect are issued. The Registrar will also ensure that a note on action taken on the resolutions of the previous meeting is submitted in its next meeting.

NAAC ACCREDITED
ISO 9001 : 2008 QUALITY ASSURED FIRM Certificate No. 5673 QMS 001

f. Quorum: - Not less than one third of the members shall constitute a quorum. In absence of quorum, the meeting shall be ADJOURNED and in case of adjourned meeting, no quorum shall be required

g. All questions shall be decided by the majority of votes of the members present. However, the Chairman, in case of equality of votes will have a 2nd or casting vote.

h. The Board will meet at least twice in a year and at other times when convened by the Vice Chancellor with the approval of the President.

2, Academic Council:

a. Meetings: The Academic Council shall meet ordinarily twice in a year and at other times when convened by the Chairman.

b. Notice: The Registrar shall issue a notice of the meeting 10 clear days before the date of the meeting of the Academic Council. The Registrar shall also send agenda of the meeting to the members of Academic Council at least 5 clear days prior to the date of the meeting. In case of any emergency, the item which is not included in the agenda may be taken up for consideration with the approval of the Chairman. Provided that, in case of emergency, notice of such meeting shall be 48 hours.

c. Preside-over: - Normally, the meetings of the Academic Council shall be presided over by the Vice Chancellor as provided under the Act. If the Vice Chancellor is unable to attend the meeting, then, the Academic Council may decide any member from those present in the meeting to preside over the meeting.

d. Minutes: Only the decisions of the meeting of the Academic Council shall be recorded in the form of resolution and shall not contain the deliberation and the discussion. As far as possible, the resolution shall be passed unanimously. However, if the decent is specially requested for, by the member, the same will be recorded and shall be incorporated in the minutes below the

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2015 Certificate No. 5673 QMS 001

resolution. The minutes of the meetings shall be circulated after the approval of the chairman to the members ordinarily within 10 working days. The members of the Academic Council will have their observations on the draft minutes if any, normally within 7 days of the date of circulation of the minutes. The observations received, if any, will be circulated to the next meeting of Academic Council when the item of confirmation of the minutes of previous meeting is discussed.

e. Quorum: - Not less than one third the members of the Academic Council shall constitute the quorum for a meeting of the Academic Council. All questions shall be decided by the majority of votes of the members present. The Chairman in case of equality of votes shall have a 2nd or casting vote. When a meeting is adjourned for want of the quorum then the adjourned meeting shall be called after an interval as to be decided by the Chairman and in such adjourned meeting, no quorum shall be required.

3.The procedure for meeting of the Committee, Council and other bodies other than the Board of Governors, Academic Council.

a. Meetings: The meeting of such committee, council, board, etc. shall meet as and when required and as decided by the Chairman of the respective committee, council or board. However, the committees and Boards constituted under the Regulations as authorities of the University under section 8 (d) of the Act shall meet at least twice in a year.

b. Notice:- The member secretary shall issue a notice of the meeting at least 10 clear days before the date of the meeting and send the agenda at least 5 days prior to the date of the meeting. Provided however, in case of emergency, the period of notice of the meeting shall be waived by the Chairman.

c. Term:- The term of the office of the non-official member shall be for 3 years. The decision in the meeting of such board, committee, council shall be by majority of votes and the Chairman shall have 2nd or casting vote in case of

NAAC ACCREDITED
ISOQAR QUALITY ASSURED EFPM ISO 9001 : 2015 Certificate No. 5870QMS 001

equality. In absence of the regular Chairman the members present in the meeting shall decide one of the members to preside over the meeting.

d. Quorum: One third of the members of the committee, council or the board etc. shall constitute the quorum for the transaction of the business. In case of a meeting adjourned for want of the quorum, the Chairman shall call adjourned meeting and the quorum shall not be required.

e. Minutes: The decision of the board, committee, council etc. shall be recorded in the form of resolution only and shall not contain deliberation and discussion. However, on any issue a decent specially requested for, by the member shall be recorded. The minutes of the meeting shall be circulated to the members within 7 working days from the date of the meeting by the member secretary.

4, Supplementary provision for all authorities and committee council:

a Unless and otherwise specifically provided under the DDU Act, the term of the nominated members shall be three years. Such members may resign by writing under his signature to the Registrar and the Nominating authority shall take decision on the resignation.

b. If the member other than ex-officio remains absent without prior permission of the Chairman for 3 consecutive ordinary meetings will automatically be ceased to be the member and a communication in this respect shall be issued to member concerned. In his place other member will be appointed from the same category from where the member has resigned. Such nominated member will continue as member only for a remaining period of original member in whose place he or she has been nominated.

c. In any emergency, where the action is required to be taken on urgent basis and where the approval of the concerned authority, committee, council, etc. is required, then the proposed decision in form of resolutions may be circulated to

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5875 QMS 001

all members of the concerned authority or committee, council or board and on the signatures of the majority members, the said resolution shall be implemented forthwith.

Regulation 2: President (Under section 32(2) (ii) of the DDU Act;

The President of the University in addition to the powers given under the DDU Act 2005, shall also preside over the convocation of the University when present'

Regulation: 3 The Board of Governor: (Under Section 32(2)(iii) of the DDU Act

The constitution, powers and functions of the Board of Governors are already provided under sections 10 to 13 of the DDU Act, the Board of Governor, however, subject to the provisions of the said Act, shall also control and administer the properties of the University, the University Fund and to keep and maintain proper accounts of the same.

Without prejudice to the above provision, the Board shall also perform following functions and exercise powers:

1. to administer the funds placed at the disposal of the University for academic and administrative purposes.
2. to manage and regulate the finance, accounts and investments of the University.
3. to deliberate and take decisions on all the matters pertaining to the growth and development of the University and to fulfill the objects, vision and mission of the University.
4. to call for reports, returns and other information from the officers and other authorities of the University.
5. To approve the creation and abolition of faculties, Departments and Programmes of study on the recommendations of the Academic Council.
6. To accept on behalf of the University trusts, bequests, donations and transfer of any movable or immovable property of the University.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

7. To institute and confer Degrees, diploma, certificates honorary degrees or any other academic distinctions in the manner as prescribed.
8. To withdraw or cancel any degree, diploma or certificate conferred to any person in the manner as prescribed,
9. To make arrangements for continuing, distant or on-line education programmes.
10. To acquire, hold, lease or sell any of the properties of the University and approve to enter into a deal in this respect.
11. To approve collaboration and co-operation with other recognized Universities, Research Institutions, Industries, Government and Non - Government organizations within or outside Country to fulfill the objects of the University objectives.
12. to take all such other actions or to exercise powers of the University as provided under Section 6 of the DDU Act and as may be required to comply with the objects, of the University as provided under section 4 of the DDU Act,

The other provisions such as the term of nominated members, number of meetings, requirement of quorum and procedure for submitting the resignation by nominated members are already provided under section 13 of the DDU Act.

Regulation 4 : The Academic Council: (under Section 32(2)(iii) of the DDU Act:

The constitution, powers and functions and other related provisions are already provided under section 14 and 15 of the DDU Act, however, subject to the provisions of the Act, the Academic Council of the University shall, in addition to the provisions of section 15 of the DDU Act shall also have the following powers and functions:

i. To approve the innovative teaching and examination scheme, syllabus and all Academic related matters including the modification, addition, deletion,

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008

etc. in it, on its own initiatives or on the recommendations of the Board of Studies;

ii. To consider the matter of general Academic interest either on its own initiative or on reference from the concerned Academic Department, Institution of the University and the Board of Governors and to take appropriate actions thereon;

iii. To prescribe syllabus, curricula and methodology of teaching including electronic, online and distance learning and provide for flexibility in the delivery system of education, either on its own initiative or on the recommendations of the Board of Studies, Departments, etc.;

iv. To advise on all academic matters and feasibility of new academic Programmes, etc. to the Board of Governors;

v. To foster and promote research and innovation in different disciplines of the University;

vi. To recommend to the Board of Governors such Regulations as are consistent with the provisions of the Act; regarding the academic functioning of the University including discipline of students;

vii. To exercise such other powers and perform such other duties as may be conferred or assigned upon it by the other Regulations or by the Board of Governors.

Provided however that while approving the syllabus, teaching scheme, etc. the council will ensure that the programme learning outcome along with course learning outcome are taken care of.

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Regulation 5: Finance Committee –(under Section 32 (2) (iii) of the DDU Act.)

The constitution, powers, and functions of the Finance Committee are already provided under sections 16 and 17 of the DDU Act, and accordingly the same will be constituted and shall perform functions and exercise powers.

Regulation 6: Creation of other authorities of the University- (Under section 8(d) and Section 32(2) (iii) of DDU Act;)

In addition to the authorities of the University as described under section 9 of the said Act, the following other authorities are also constituted under this Regulation in exercise of powers provided under sub-section (d) of section 9 of the Act.

1) Board of studies,
2) Planning and Development Board
3) Committee for equivalence of examination
4) Examination committee for declaration of result
5) The committee for appointment of paper setters and examiners
6) The examination reforms committee
7) Library committee
8) The Board of research
9) The Internal Quality Assurance Cell

1) Board of studies

There shall be Board of Studies in each of the subject or a group of courses or subjects under different programmes. The creation of the Board of Studies depends upon the requirement of the academic programme will be decided by the Board of Governors on the recommendations of the Academic Council.

A. Constitution: - The constitution of the Board of Studies will be as under:-

i. Head of Department/head of the course-- Chairman

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

ii. All Professor and if the post of Professors is not there, then all Associate Professors of the concerned Subject or a course;

iii. Subject to the provision as provided under (ii) above, not more than two Associate Professors or equivalent and two Assistant Professors or equivalent from each course/subject to be nominated by the Vice Chancellor by rotation.

iv. Not more than 3 outside experts in the concerned field to be nominated by the Vice Chancellor including those belonging to the concerned profession or industries;

B. Powers and functions of the Board of Studies:- The powers and functions of the Board of Studies are as under:-

i. To recommend courses of studies, teaching and examination scheme in their respective subject or subjects including amendments from time to time to the Academic Council.

ii. Prepare panel of paper setter and examiner for the semester end examinations,

iii. To advise on all matters relating to their respective course/subject or courses/subjects referred to them by the Academic Council.

iv. To recommend books and reading material for the subject concerned.

v. To Review the quality of question papers of the semester end examination.

vi. To bring and recommend innovative syllabus, practices and methods of teaching from time to time;

Provided, however, that while recommending the syllabus of a course or a subject, the objectives and the Course Learning Outcome (CLO) shall also be incorporated.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Whenever need arises, the Joint meeting of the Board of Studies can be arranged by the Dean/Head of the concerned faculty Institutions for a particular issue or issues of the Faculty.

2)Planning and Development Committee

A. There shall be a Planning and Development Committee consisting of the following members: -

i. The Vice Chancellor, Chairman
ii. All Deans/heads of Institutions;
iii. Two experts having experience in Institute building or in preparing perspective/ developmental plan, etc. preferably in the field of higher educational Institutions, to be nominated by the Vice Chancellor,
iv. One member of the Academic Council to be nominated by the Vice Chancellor,
v. The Registrar,
vi. The Chief Finance or Accounts Officer who shall also be the Secretary of the Committee, If he is not there then the Registrar will work as member secretary.

B. In case of need, other persons may also be invited by the Vice Chancellor whether from inside the University or outside the University.

C. Powers and functions of the Planning and Development Committee:-

i. To prepare a road map of development of the activities (perspective plan/strategic plan) including infrastructure required or strengthen in thedepartment/faculty/institution/ University and recommend to the Board of Governors. Such Plan may be at least for next 5 years or more.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

ii. To examine and recommend to the Board of Governors, the proposal for commencing new academic programme under the University.

iii. To monitor the implementation of the developmental/persdpective/strgtegic plan approved by the Board of Governors.

iv. To explore the possibility of raising of fund for the proposed developmental activities of the University.

v. To exercise all other powers and perform functions as are assigned by the Board of Governors or by the Vice Chancellor.

2) Committee for equivalence of examination

A. There shall be a committee to consider the equivalence of different examinations of other Universities/Board within or outside the Nation. The constitution of the committee will be as follows:-

i. The Vice Chancellor,

ii. Dean/Director/Head of the Institution concerned,

iii. One member nominated by the Academic Council,

iv. One expert in the concerned area from within or outside the University.

B. Normally, while considering the equivalence of the examination of other universities or Board within or outside India, following basic norms are to be examined:

i. the eligibility criteria prescribed for admission in the programme by the other universities or Board from where the student comes,

ii. duration of the programme of other university/Board from where the student comes,

iii. wherever the credits are attached the number of credits prescribed for the programme,

iv. whether the university or the board is recognised one.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

v. teaching and examination scheme and syllabus of the University/Board from where student comes;

C Other norms for considering equivalence of examination

i. The degree or diploma or certificate of all recognised statutory Universities or deemed to be universities within India shall be considered as equivalence of corresponding degree of DD University for the purpose of admission to higher level in the University subject to the condition that the duration of the course, number of credits and the minimum eligibility criteria for admission to the respective programme for respective degree programmes is similar to that of the DD University.

ii. The Academic Council on the recommendations of Equivalence Committee may prepare a general list of examinations which are to be considered equivalent to the corresponding examinations of DD University.

iii. If any examination is not listed in the list of Equivalence of examinations approved by the Academic Council or is not covered under (ii) above in any individual case, then such case will be referred to the Equivalence Committee as referred to above and based on the advice of the Committee, the Provisional Eligibility Certificate may be issued. However, such case will be submitted to Academic Council for rectification.

iv. Once such examination is rectified then the same shall be added in the list of the examinations considered as Equivalence.

v. The committee shall have powers to ask whatever information and document it thinks necessary to arrive at a recommendation in the matter of equivalence of any examination of any other University or body.

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 9673 QMS 001

vi. Notwithstanding anything contained at the time of admission, if any candidate comes with the request of admission from other University or Board from within and outside India and the equivalence of the qualifying examination cleared is not listed in the list of equivalence of the examination approved by the Academic Council, then such case will be referred to the Dean/Director/Head of the Institute concerned who will take help of the person whom he deems fit and make recommendations to the Vice Chancellor for admitting the student on provisional basis if he is otherwise eligible for admission on merit. However, the admission will be provisional and the same is to be got approved by the Equivalence Committee and then by the Academic Council. This process is to be completed within 6 months from the date of provisional admission. It shall be made clear to the student that the admission is provisional and he is issued only provisional eligibility certificate.

3) The Board of Research:

1. There shall be a Board of research which shall consists of the following members: -
   A. Vice Chancellor, Chairman
   B. All Deans/ Heads of Institutions;
   C. Three Heads of Departments who are Ph,D, and also recognised Ph,D, Guide;
   D. Up to three teachers other than B and C above who are Ph.D and continued conducting research or guiding research in the University to be nominated by the Vice Chancellor.
   E. Two eminent scientists from prominent research organizations Vice Chancellor.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

F. One member of the Academic Council to be nominated by the Vice Chancellor,

G. Up to three members from the research and development wing of the Industries concerned

H. Director of research or in his absence the officer in-charge of coordinating the research activities in the university shall be the member secretary.

2. Subject to the provisions of the Act and the Regulations, the Board of Research shall exercise the following powers and perform following functions:-

A. Generally to exercise the control and general regulation over the research policy and shall be responsible for the maintenance of the standard and implementation of the research activities including the Doctorate programme and policy keeping in mind the objects of the University.

B. To take all measures to create ambience, atmosphere and culture for quality, socially relevant, applied and interdisciplinary research.

C. Formulate the policy of Research (Road map) for the development of research in the University,

D. To promote seriousness and interest for quality research and the skill of innovation and create intellectual capital amongst teachers and students.

E. To ensure integrity, quality and ethics in research.

F. To integrate teaching and research through transformation and instructional research to identify the generation of intellectual capital and new knowledge.

G. To encourage creativity amongst the students and teachers through Idea Lab.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

3. Board of Research shall meet at least twice in a calendar year. However, more meetings can be held with the permission of the Chair.
4. The other norms about summoning the meeting, etc. will be as provided under the regulation.

4) Different Examination committees and Library Committee:

So far as the Examination committee for declaration of result, the Committee for appointment of paper setters and examiners, Examination reforms committee for considering of the cases of the unfair means used by the students in the examinations and the Library committee, the Vice Chancellor will approve the constitution and powers and functions of such committees.

Regulation: 7: The admission of students to the university and their enrolment etc. (Under section 6 (xxv) of the DDU Act.).

(1) Every candidate seeking admission as a student of this University for different programmes/courses shall have to pass the qualifying examinations prescribed for the respective programmes/courses by the University including such other test of fitness if prescribed for a particular programme or course.

(2) No student seeking admission to this University shall normally be admitted to any Programme of this university after expiry of one month from the date of commencement of the semester.

Provided that, if the Vice Chancellor upon the recommendation of the dean concerned, is satisfied that there was sufficient reason for delay on the part of the student seeking admission aforesaid, he may admit the student to the programme, notwithstanding anything contained even after the expiry of 1 month if he has a reason to believe that the student would be able to meet with the academic requirement prescribed for the semester.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008

(3). The student who is admitted at the first time to any programme run by this University shall also apply after admission for the enrolment in the prescribed form with prescribed fee, to the University through Faculty/Institute concerned.

(4) No student from other University or a Board of Secondary or Higher Secondary of outside Gujarat or any examining body seeking admission to any programme of this University shall be admitted without eligibility certificate.Such student shall apply in the prescribed format to the Registrar of this University for a certificate of eligibility and shall submit the required documents including migration certificate or transfer certificate from the University or the Board or any examining body he intends to leave and shall at the same time pay fees prescribed from time to time.

Notwithstanding anything contained above, so far as it relates to the certificate programme or a short term programme, the same may not be required.

Provided however, that The Registrar may issue a provisional certificate of eligibility, if he is satisfied that the applicant is prima - facie eligible for admission to this University. Such certificate shall entitle a student for admission to this University on his own risk and on condition that he obtains a final certificate of eligibility before the closure of the first semester in which the student is provisionally admitted in a programme/courses of the University.

(5) The issuance of eligibility certificate does not give guarantee for admission to the respective programme/courses. The same will be on merits.

(6) If the Vice Chancellor is satisfied that the student admitted in a programme/course is not in a position to provide provisional eligibility certificate before admission for no fault of his own he may allow the student to attend the classes for the number of days which the Vice Chancellor determines and on production of the provisional eligibility certificate direct that the said eligibility certificate shall have retrospective effect from the date on which the student commenced to attend the programme concerned, so that

NAAC ACCREDITED
ISO QUALITY ASSURED FIRM

the days on which such student kept attendance before the issuance of the certificate can be taken into account.

(7): If the Vice Chancellor is satisfied for the delay on the part of the student to apply for final eligibility certificate was not due to fault of his own, he may condone such delay and grant reasonable extension for which the Vice Chancellor will be the sole judge for the production of final eligibility certificate.

Forms of Provisional Eligibility Certificate and Final Eligibility Certificate are enclosed herewith as Annexure - A and B.

NAAC ACCREDITED

ISOQAR
QUALITY ASSURED FIRM
ISO 9001 : 2008
Certificate No. 5673 QMS 001

Annexure-A Format

Dharamsinh Desai UNIVERSITY

No._____ Fee Receipt No._____

Date:_____

PROVISIONAL ELIGIBILITY CERTIFICATE This is to certify that there is no objection if Mr. / Mrs. / Ms. _____ is provisionally admitted in _____ Faculty/Institute under this University for the Programme of _____ for the year _____ on his own risk and cost subject to condition that the student will submit the final eligibility certificate before the end of the first term / semester.

Date:_____ Registrar

Note:

1. The issuance of eligibility certificate does not guarantee admission.
2. If the student fails to submit final eligibility certificate before the end of the first term / semester, his provisional eligibility certificate becomes automatically cancelled and the fees of any kind if paid shall be forfeited.
3. For getting final eligibility certificate, the student shall submit original migration certificate from the University or board or any examining body from where he is migrated in addition to the original mark sheet and certificate of passing the qualifying examinations based on which the eligibility certificate is to be issued.

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Annexure-B Format

Dharamsinh Desai UNIVERSITY

FINAL CERTIFICATE OF ELIGIBILITY

Certified that

_____

_____ having passed the _____ Examination of the _____ University / Board / Institution, in the year _____ after completing the prescribed is eligible for admission to the _____ Class in this University.

Date: Registrar

_____

(8)If the student admitted in any programme wishes to cancel the admission and submit the application for a migration certificate then the same can be issued by the University on the certificate given by the concerned Dean/ Head of the Institute or programme that no dues are pending along with the details, if any, and no punitive action is taken and on payment of prescribed fees , the Registrar will issue a migration certificate in the format which is attached herewith as Annexure-C.

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Annexure-C

Dharamsinh Desai UNIVERSITY

MIGRATION CERTIFICATE

No.___

Mr./ Ms. _____ (bearing Roll No.: _____) who was studying in the Institute of _____ under this University is hereby informed that this University has No Objection to his/ her joining any other university/ institute.

Place: Ahmedabad

Date:_____ Registrar

_____

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Regulation : 8 : Conduct of examination (under section 32(2)(ix) of DDU Act:

A. Normally the schedule of semester end examination should be declared one month before the date of commencement of the examination. The student is required to make payment of examination fees and the grade sheet fees to the university. However, it is not required to get the examination form filled in by the students for every semester end examination who have registered himself for the first time to appear in the respective semester end examination. . The Dean/ head of the institute will submit a list of such eligible students entitled to appear in the semester end examinations to the examination section of the university one month prior to the commencement of examination. However, the students who have to appear in a subject or subjects of the previous semester examinations due to different reasons or have got fail in a subject or subjects have to fill in the examination forms one month before the date of commencement of such examinations. The examination section will also ensure that along with the regular examinations at the end of the semester the arrangement of such students shall also be made.

B. Normally the examination fees once paid shall not be refunded except in the circumstances and to the extent mentioned below:

a) Where a candidate expires prior to the examination, the entire fee shall be refunded.

b) Where a candidate suddenly becomes ill and prevented for appearing in the examinations and sends an application for refund supported by medical certificate so as to reach the Registrar within three days after the commencement of the examination, one half of the fees shall be refunded.

c) The refund claimed on any other ground shall be placed before the Viced Chancellor whose decision will be final.

NAAC ACCREDITED
ISO 9001 : 2008 Certificate No. 5673 QMS 001
QUALITY ASSURED FIRM

C. Wherever the external person is appointed as a paper setter or examiner or both or as a convener for any examination or to assess project work or to conduct viva which is a part of examination will be paid the appropriate remuneration to be decided by the Board of Governor from time to time.

D. When the Academic Council decides to incorporate major changes in the syllabus and teaching and examination scheme, the students who are repeaters will be permitted to appear in two more examinations in succeeding years according to old course. Non - appearance in the examination shall be considered as an attempt. However, such of the students who do not opt to appear in the examinations with old course or who do not pass such examinations with old course in two attempts shall appear subsequently at the examinations under new course and syllabus, subject to the conditions laid down by the Dean/Head of the Institute.

E. No student who has passed an examination of this or any recognised University shall be permitted to appear at the same examination of this University with the same courses or subjects.

F. Malpractices/unfair means used during the examinations:-

a. Before, during or after the examinations, both in continuous evaluation and the semester end examinations, if it is found that the student is or has been guilty of misconduct including misbehavior, committing acts of indiscipline, disobeying instructions of Examination officials, committing breach of any of the rules laid down for the proper conduct of the Examinations etc. OR copying or having attempted to copy or using or attempting to use other unfair means at the examination - shall be liable for punishment.

b. In case of involving in any of such misconduct during examination, the answer book or the sheet of the student concerned where he used to write

NAAC ACCREDITED
ISO 9001 : 2008

be taken into custody with all the incriminating material/evidence caught from the students and then obtain written statement duly signed by the student, invigilator and the senior invigilator/supervisor or the officer in-charge for conducting the examination.

c. After completing this process, the new answer book will be issued to the student and will be allowed to continue to write his answers for the remaining part of examination and after the examination of that subject or course is over, immediately the matter shall be reported to the Registrar with all relevant documents on the same day.

d. The candidate reported as above will be allowed to appear in subsequent examinations of that session. However, in case the same candidate is again found guilty of indulging in misconduct or malpractice during any of the subsequent examinations of that session, the same procedure will be followed. However, if he is found guilty in both the events, the punitive action will be followed accordingly.

e. The cases of any-personification, violence or intimidation involving outsiders in the examination shall immediately be reported to the Senior Supervisor or the Officer in Charge and action as per the concern law including filing a police complaint will be taken.

f. Examiner, who detects or suspects case of copying while assessing answer book during conduct of examination under the components of continuous evaluation shall immediately report such case to the Registrar.

g. The Registrar will make a full report about each case to the Examination Reforms Committee, dealing with the cases of the students using unfair means in the examinations.

h. The Examination Reforms Committee appointed by the Vice Chancellor to deal with such cases will make appropriate recommendations. This Committee will determine its own procedure of inquiry in each case and

NAAC ACCREDITED
ISO 9001 : 2008 Certificate No. 5673 QMS 001

after necessary investigation, inquiry and observing principles of natural justice will submit a detailed report to the Dean/ Head of the Institutions, along with recommended punishment. The concerned Dan/Head of the Institution will issue necessary written order of punishment. The order of punishment, which amounts to debarring the student for the period of more than one academic year will be issued with the approval of the Vice Chancellor.

i. The punishment in each case would depend upon the circumstances of that case. The Examination Reforms Committee may follow general guidelines to be decided by the committee itself for specifying punishments for different types of unfair means and as far as possible, the Examination Reforms Committee should follow these guidelines. However, in peculiar cases, which cannot be covered under the guidelines can be dealt with judiciously but firmly and make appropriate punitive action to preserve the integrity of the system of Examinations.

j. The Dean/head of the institute or the head of the program shall have power to exclude any student from the examination either it is a part of continuous evaluation or it is a part of semester end examination on being satisfied that he is suffering from an infectious or contagious disease. Whenever such student is excluded from appearing in examination, the fees paid by him shall be refunded.

k. The Vice Chancellor may allow the student to appear in the examination provisionally under the following circumstances:

i). In case of any disciplinary action pending against the student

ii). When the student has fallen short of minimum requirement of attendance and he has requested to condone the absence to the competent authority at the end of the semester and the said request is under consideration.

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM

iii)' Provided that in case the final conclusion on the above item is not even arrived at due to genuine reasons even at the time of declaration of result then the result of the student concerned may be withheld with the approval of the Vice Chancellor.

(iv)'Provided that in case, before declaration of the result, the punitive action is decided and it amounts not to allow students to appear in the examination concerned then the appearance in examination will be automatically considered void. Similar will be the action in case of not granting the request for condoning absence.

. F. Declaration of result

a).' The approval will be given to the concerned result by the concerned committee constituted for the purpose. The university shall strive to declare the result within fifteen working days from the date of completion of the semester end examinations and shall in any case declare the result latest within 30 working days thereof. Provided however, that in case, university is not in a position to follow the limit of declaration of result as stated above due to genuine reasons and circumstances beyond its control, it shall, as soon as possible submit a report to the Vice Chancellor incorporating the detailed reasons.

Provided further that so far as the result of the components under the continuous evaluation is concerned the same shall be submitted to the examination section fifteen days before the date of commencement of the semester end examination.

The examination section will declare the result combining the result of continues evaluation and also the semester end examination as per the performance of the student with indicating the grade the student has obtained.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

b) Along with the declaration of the result, the student will also be given the grade sheet subject-wise and course-wise. The result shall also be uploaded on the website of the university to enable the parents to see such result.

c) As soon as, the result is declared, a date will be fixed to show the answer books of the semester end examination to the student based on demand through application form in prescribed Performa in presence of responsible person of the faculty/Institute and if it is found that there is a mistake in totaling or the answer is unassessed or the marks given in the answer book are not carried forward to the front page of the answer book, then the concerned examiner will give the statement about the mistake occurred and the same will be submitted to the examination section duly signed by the Dean/ head of the institute or the department or the program. The examination section will again verify the mistake and will declare the result after correcting the mistake in its true position.

d) If the student has failed to inspect the answer book on the scheduled date due to genuine reason and he wants to have re-checking of his marks in his answer book then he shall apply in the prescribed Performa with request to the Controller of examination with requisite fee and the examination section will verify the answer book in terms of totaling, unassessed answer or carry forwarding the marks on the front page. If the mistake is found then after getting the statement of the examiner concerned about the mistake done, the result will be amended in its true position. Provided that in both the above case, while amending the marks if there is no change in overall grade or result, then with the approval of the Registrar, such corrections may be done. But, if the overall grade or result is

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

changed, then before declaring the revised result, the approval of the Vice Chancellor shall be obtained.

e) No student shall be eligible for any of the scholarships, medals or price to be awarded on the basis of the academic performance on merit if he has failed or is condoned in any of the course or subject of the programme.

f) In any case where it is found that the result of the examination has been affected by an error, malpractice, fraud, improper conduct or other matter of whatsoever nature, the Vice Chancellor on recommendation of the Examination Result declaration Committee as duly constituted shall have power to amend such result in such manner as shall be in accordance with true position and to make such declarations as the examination committee shall consider necessary in that behalf provided that no such result shall be amended after the expiry of 6 months from the date of publication of such result.

g) In any case where the result of an examination has been ascertained and published and it is found that such result has been affected by any malpractice, fraud or any other improper conduct whereby an examinee has benefited and that such examinee has in the opinion of the Examination Reform Committee that the student was a part directly or indirectly of such malpractice, fraud or improper conduct, the Vice Chancellor shall have power on the recommendation of the Examination Reforms Committee at any time to amend the result in true position. Notwithstanding anything contained above the certificate or the degree is issued, or price or

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

scholarship are awarded, the same will be withdrawn by the Board of Governor.

Regulation 9: Preparation of the Budget and maintenance of accounts:(under section 25 (2) and section 32(2)(xiv) of DDU Act:

In addition to the provisions provided under sections 24 and 25 of the DDU Act following financial procedure shall be observed:-

(A) Every year before 4 months of the completion of the existing financial year, the University will initiate the process of preparing the budget estimate for the next financial year in the following manner:-

i. Every Dean/Head of the concerned Institute/faculty, after consultation with the heads and the teachers shall send their budget estimates for the next financial year before 15th of November in the prescribed format circulated by the accounts section. The format will be as per Annexure-A.

ii. As soon as, the budget estimates from the Dean/ Heads of the Institutes are received, the same will be scrutinized and complied by the accounts section of the University before 30th of November.

iii. After the scrutiny of the said budget by the accounts section, the Vice Chancellor or his representative will discuss individually with the Dean/ Head of the Institution concerned. This process will be completed before 31st of December of every year.

iv. Based on the discussion, whatever final budget estimates are prepared and as approved by the Vice Chancellor shall be compiled and a comprehensive document containing all the Faculty/Institutes including the University administration and the same will be submitted to the Finance Committee before 31st of January every ye

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

v. The budget estimate duly considered by the Finance Committee will be submitted to the Board of Governors before the 28th of February every year.

vi. On approval of the budget estimate, the final allocation of the budget will be conveyed to the Faculty/Institute concerned well before 31st March so that they can plan out their strategy of implementation of different activities.

vii. The budget estimate in the prescribed format will be prepared Faculty/ Institute-wise and within the Faculty/Institute department or programme wise;

viii. The general administration of the University will be considered like a separate Institute.

ix. Once the Institute-wise budget is considered, the overall summary of the Budget at a glance will be prepared which will give the complete picture of the budget estimate of the University at a glance including all the Institutes and the University.

(B) Monitoring of the expenditure against the budget provision.

At the interval of every 6 months, the monitoring or review of the budget will be done by a budget monitoring committee of the following members and depending on the observations of the committee, the concerned Faculty/ Institute will be conveyed appropriate instructions and guidance, if required.

(C) While going through this monitoring, the account section shall submit a statement under different heads about the budget provision made and the actual expenditure incurred till the date of review.

Constitution of the committee:-

The Vice -Chancellor or his representative.

The Registrar,

The Accounting Officer,

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM Certificate No. 5673 QMS 001

The Dean/ Head of the Institute concerned.

D. Maintenance of accounts:-

i. All accounts will be maintained Faculty-wise/ Institute-wise and head-wise. Normally, the annual accounts will be maintained under the same heads and format in which the budget estimates are prepared to facilitate to have comparison of the expenditure incurred against the budget provisions under the individual head which will also provide scope to see performance level of the planning in terms of execution of the different activities in the concerned Faculty/ institute.

The annual accounts will be prepared in the following manner:-

ii. As soon as the financial year is over, the preparation of the final accounts at the account section will be initiated and completed latest by 30th of April every year. After finalization of the accounts, the same will be audited first by the internal auditor and then by the statutory Chartered Accountant or a firm of Chartered Accountant appointed for the purpose The annual accounts along with the balance-sheet and audit report will be submitted to the Finance Committee latest by 31st of May and the same then will be submitted to the Board of Governors immediately thereafter along with the Audit report and the recommendations of the Finance Committee.

iii. The accounts of the University shall be audited not less than once per year by an statutory external Chartered Accountant or a firm of Chartered Accountant as defined in the Chartered Accountant Act, 1949 who shall be appointed by the Board of Governors.

iv. The accounts of the University shall also be audited by internal auditor to ensure regular concurrent and pre-audit before payment of bills and books of all accounts including the physical verification of the cash.

.....

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Regulation 10: General administration of academic programs under section 32(2) (v) of the DDU Act)

The academic rules and regulations for each program offered by the university are provided as an Annexure-I

Regulation 11: The commencement of new programmes of study (under section 32(2) (v) of the DDU Act)

Whenever the University wants to start the new programme/course leading to degree, diploma or certificate then the procedure to commence the new program/course of study shall be followed as under:

A. The detailed proposal along with the duration of the program, intake of students, admission criteria, financial implications year-wise including infrastruc ture, faculty and administrative staff required, teaching and examination scheme, syllabus, passing standard, the survey made about the human resources required in the concerned field and other details about the governance of academic delivery will be submitted by the department/institute concerned to the Registrar of the University. The Registrar will submit the proposal to Development committee to examine the proposal on all above aspects in general and particularly in terms of requirement of human resources in the society in concerned field, the status of such program being run under different institutes and universities in India, their placement record, the financial viability and other aspects related to it and make recommendations as to whether this new program is worth considering to commence.

B. Once the recommendations are received in positive to start the programme, from the above brain storming by the Development committee then the same proposal will be submitted to the academic council for consideration. The recommendations of the academic council will go to the Board of Governor. Once the Board of Governors approves the proposal then the notification will

NAAC ACCREDITED
ISO 9001 : 2008 Certificate No. 5673 QMS 001
QUALITY ASSURED FIRM

be issued about the approval of the programme and the same will be placed on the website of the University. At least 2 months before the commencement of the new academic year, the process of admission will be initiated. In the process, the eligibility criteria for admission and the mode of admission shall also be included.

C. It is advisable that before the above process is initiated, the brain storming exercise should also be done with eminent experts in the concerned field to establish proper academkic justification to start the programme/course. A;ternatively, such experts may be invited in the Development Committee.

The Regulation 12: The procedure for award of degree, diploma, certificate, etc. (under section 32(2)(viii)

When the students complete the programme and become eligible for award of any degree, diploma or certificate then the procedure to be followed for awarding such degree, diploma shall be followed as under:-

a) The faculty/head of the institution or the department will give certificate in the prescribed proforma that the students concerned as per the list attached have successfully completed their academic requirements for award of degree, diploma or certificate concerned and the same should be submitted to the Registrar of the University.

b) Once such a list is received by the Registrar of the University, the Registrar will verify the list with the enrolment number of the students and such other verification of the record of the examination and the same will be submitted to the academic council for making appropriate recommendations to the Board of Governors.

c) Once the Board approves the list of awardees for degree, diploma or certificate, the final list of such degree, diploma or certificate will be notified under the notification and the student concerned will be informed that they have become

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008

eligible for the award of such degree, diploma and the same will be conferred in the convocation to be held.

d) For awarding such degree and diploma, the convocation will be held by the University and the intimation for such convocation will be sent to the students concerned who are going to get the degree or diploma, at least thirty days before the date of convocation. Along with such intimation the students will also be given form where they will express their desire as to whether they want the degree/diploma in presentia or absentia.

c) Based on such intimation received the list of students who are going to get degree in presentia will be prepared. The procedure for convocation with regard to the award of degrees, diploma including the procession and also the sequence of events on dais, sitting arrangement for the convocation, sequence in the procession etc. will be decided by the Vice Chancellor from time to time.

d) There can be more than one convocation in a year depending upon the requirement but the annual convocation will be one. The others will be considered as supplementary convocation. where the Chief Guest may or may not be invited. The President will preside over the convocation or in his absence the Vice Chancellor will preside over the convocation.

e) The certificate for short term programme other than the programmes leading to degree or diploma will be awarded in a separate function in the faculty/ Institute concerned.

f) The students who have opted for degree/diploma in absentia will be given certificate through post at their registered address or personally to the student after verification of the identity and the receipt of the payment of convocation fee.

Regulation 13: Creation of new department, courses and abolition or reconstruction of existing institute or department, if any (under section 32(2)(v)OF DDU ac

NAAC ACCREDITED

ISO QAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Subject to the provisions of the Act and the Regulations, the Board of Governors on the recommendations of the Academic Council may establish new Institutes/departments or bifurcate existing department/institute depending upon the situation and circumstance and also the size in terms of discipline, number of students and number of teachers from time to time.

Provided however, that when the new departments or new institutes are to be created as a part of developmental activities, the proposal should come through the Planning and Development Committee and also the Finance Committee.

If the new courses or programme is to be commenced, under the new department or institution, the entire project should indicate 2 parts

i. The academic component,
ii. Financial implication.

The financial implications will be in 3 parts

i. Creation of post, teaching and non-teaching staff,
ii. Infrastructure to be developed,
iii. The recurring operational cost.

Recurring cost will include all the heads other than the salary viz: contingency, consumable, travel, depreciation of building, depreciation of equipment, depreciation of furniture, depreciation of computer and all such other expenditure which are not covered

==

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Regulation 14: The conditions of awarding of fellowship, scholarship, stipend, medals and prices (under section 32(2)(xx)) of the DDU Act

A. The conditions for awarding fellowship, scholarship, stipend, medals and prices, etc. if any, will be decided by the Board of Governors on the recommendations of the Academic Council. So far as the medals and prices are concerned, there will be 2 categories namely

   i. The first category of medals and prices for which the donations are received from the donors. In such cases the conditions of awarding the medals and prices will be decided by the donors. However, the approval of such conditions will be endorsed by the Board of Governors on the recommendations of the Academic Council. Normally the conditions given by the donors will be acceptable, provided, it does not lead to the discriminatory approach with regard to creed, caste or such other conditions which are contrary to the provisions of the Act as mentioned under section 5 of the DDU Act, 2005.

   ii. The 2nd category of award of such medals and prices will be the category under which the University will award the medals or prices from its own fund. In such category, the conditions will be decided by the Board of Governors on the recommendations of the Academic Council.

B. In case of dispute or doubt in interpretation of conditions about the merit of the student with regard to eligibility for the award of medal or price, the decision of the Vice-Chancellor shall be final. However, the Vice Chancellor may take advise of a committee or any other official as it may deems fit.

C. The medals will be awarded in the convocation and the prices will be announced in the convocation by the Registrar but the cheque of the price will be sent to the students on their registered address.

D. So far as the fellowship, scholarship, stipend, etc. are concerned, the same will be awarded to concerned students on the basis of the norms and conditions

NAAC ACCREDITED
ISO 9001 : 2008 Certificate No. 5675 QMS 001

prescribed by the Board of Governors on the recommendations of the Academic Council from time to time.

Regulation 15: Discipline and conduct rules of the students of the University (under section 6(xxvii) read with 32(2) (vi) (xxii))

The general conduct and discipline of the students admitted in different programmes of the University will be as under :-

(1) All the students admitted under different institutions of the University will have to observe and abide by the discipline rules as prescribed under these regulations. He / she will submit to the Head of the Institution, the declaration in the Performa attached herewith as Enclosure -1.

The student will also be required to give an undertaking in the Performa attached herewith as Enclosure – 2 to be filled up and signed by the student and his parent/ guardian to the effect that he/ she aware of the approach of the University Grants Commission which is based on the Supreme Court directions towards ragging and the punishment to which he/ she shall be liable, if found guilty of ragging.

(2) Discipline to be observed in or outside the institute or the University:

(i) Every student must carry his/ her Identity Card which shall be produced when demanded;

(ii) It is mandatory for the students to attend the classes, sessions, prayer, co-curricular activities etc. on all working days from the start to the end of the semester. Absence due to illness or unavoidable circumstances shall be considered only if the application is supported with medical certificate and leave application form from the parent is submitted to the Head of the Faculty/Institution.

(iii) Students are expected to behave in a responsible manner and abstain from chatting amongst themselves while the class is in progress;

(iv) Students are expected to be polite individually or in groups and show respect to the faculty/ staff of the Faculty/ institute/ University:

NAAC ACCREDITED
IQAC QUALITY ASSURED FIRM
ISO 9001 : 2008
Certificate No. 5673 QMS 001

(v) Any indiscipline or misbehavior in class or in the campus or even outside the campus would warrant disciplinary action against the student(s);

(vi) Any action of any individual, group or a wing, which amounts to interference in the regular administration of the institute or University is prohibited. Disciplinary actions will be initiated against such student(s);

(vii) Causing disfiguration or damage to the property of the University or belongings of staff members or students is prohibited.

(viii) No student shall indulge in any activity that might be illegal or may lead to disorderliness;

(ix) No student shall be in possession of liquor, drugs or any intoxicating materials, nor would consume such things.

(x) Smoking cigarettes/ chewing pan or tobacco or gutka is strictly prohibited.

(xi) Indecent behavior in any form will not be tolerated.

(xii) Use of mobile phone is strictly prohibited in the classrooms, laboratories or any academic areas,

(xiii) Activities like video shooting, photography, playing musical instruments and listening to radio, tape recorder, etc. are prohibited on the Campus except with the permission of the Dean/Head of the Institution.

(xiv) The students are expected to be in the class rooms/ Laboratory or any place of study on time prior to the commencement of study.

(xv) Use of helmets is compulsory for everyone who rides a two-wheeler to and from the campus;

(xvi) Students should follow a decent dress code when they come to the University.

(xvii) Any kind of ragging in the class, campus or even outside the campus is strictly prohibited

(xviii) Similarly, any kind of misuse of Internet, intranet or computer software, mobile etc. is strictly prohibited.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

(xix) Disobeying any instructions of any kind issued by the Dean/ Head of the Department or Head of the Institution will be considered as an in- disciplinary action on the part of the student.

(xx) The items which are not covered above and which the Dean/ Head of Institution considers as indiscipline, the appropriate action will be dealt with, under these regulations.

(3) The discipline to be observed in the hostels of the University or the hostels recognized by the University:

(i) The students are expected to conduct themselves in a manner, which will not cause offence, inconvenience to other members at the campus.

(ii) The students must observe complete discipline inside the hostel premises and see that no wasteful improper and destructive use is made of amenities such as water, electricity, furniture, etc. The students shall be responsible for any damage done in the building or any other articles in the hostel, and will be required to pay the damages as decided by the management

(iii) Each student will see that his / her action does not lead to breach of privacy or cause inconvenience to other residents of the hostel.

(iv) The student will observe decent behavior in such a way that it will not cause disturbance of any kind to his / her fellow residents.

(v) Students shall be in the Campus / Hostel premises by the designated time as decided by the competent authority.

(vi) No waste paper or rubbish would be thrown around / in the hostel. When the student(s) goes out of the room, he / she should see that the lights are also switched off.

(vii) A student shall only occupy the room when seat is allotted to him/ her in the hostel and shall not change the same.

(viii) Hostel student shall not stay overnight out of the hostel without the permission of official designated by the Dean/Head of the Institution. Permission

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

for such requirement should be sought in writing. indicating the address with the telephone number at which the student will be spending night.

(ix) Boys and Girls can interact with each other in the designated areas as decided by the Competent Authority. Under no circumstances, the boys and girls will enter the rooms of each other.

(x) Ragging in the hostel and on the campus is strictly prohibited. Any student indulging in this will be liable to be expelled not only from the hostel but also from the institute / university. Student will also be dealt with in this regards under the relevant criminal law,

(xi) Gambling, possession and usage of alcoholic drink and narcotics anywhere within the hostel premises is strictly prohibited. This is in accordance with the legal requirements of the state, and breach of this clause under state laws will be dealt with according to law.

(xii) No celebrations or social gatherings shall be held in the hostel premises without the prior permission of the Dean/ Head of the Institution.

(xiii) All complaints about the staff working in the hostel shall be made to the warden or person in charge of the hostel and under no circumstances the students will abuse or assault the staff.

(xiv) No visitor will be invited to take part in meeting or a function in the Hostel without prior permission of Dean/ Head of the Institution.

(xv) No other person(s) will be allowed to enter the premises of the hostel without the permission of hostel in charge. except the local guardian and the parents during the prescribed time.

(xvi) No student will be permitted to enter after the roll call unless He/she produces a written permission obtained from the hostel in-charge, which will be on the basis of the request made either by the local guardian or parent.

(xvii) Even during prescribed time for visit, the concerned visitors have to make entry in the register kept for the same.

NAAC ACCREDITED
ISO 9001 : 2008 Certificate No. 5673.QMS 001

(xviii) Hostel accommodation will be made available to a student only for the stipulated actual duration of the programme. Students must vacate their rooms at the end of each academic year and hand over the rooms to the hostel in charge.

(xix) The student will be required to sign the receipt of the items of furniture and fixtures to be used by them. They will be responsible for furniture and fixtures or the property of the rooms. While leaving the room at the end of the semester, every student shall handover the charge of the furniture and other material available in the room to the hostel in charge.

(xx) Students desiring to reserve their seats for the next semester must submit their applications for re-admission in prescribed form to the hostel in charge before they leave for the vacation.

(xxi) If the student locks the room with private lock and leave for vacation, the hostel in charge shall have right to open the lock and take possession of the room.

(xxii) The final year students should vacate the hostel within 7 days from the date of completion of the final examination failing which he / she has to pay an amount per day per room as decided by the University from time to time.

(xxiii) Security of students' belongings is their own responsibility. The students have to make sure that they lock the rooms properly before they leave room or hostel. Any theft should immediately be reported to the hostel in charge and Dean/Head of Institution.

(xxiv) The officials of University / Institutes have right to inspect any hostel room at any time.

(xxv) No guest will be allowed to stay overnight in the hostel rooms.

(xxvi) All types of payments like light bill, or other charges, if any, will be paid at the hostel office.

(xxvii) All the visitors including parents/guardian shall record their details of visits in the register kept on the reception counter.

(xxviii) Food will not be served in the hostel unless a student is sick and unable to move out of the room.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

(xxix) The student at the time of admission will get name of the local guardian approved by her parents in the prescribed Performa.

(xxx) All cases of sickness must be reported immediately to the hostel in-charge/Faculty/ institute authority. This is a joint responsibility of the sick student and his/ her roommate and those in the adjoining rooms. Emergencies or accidents should also be immediately reported to the hostel in-charge and Dean/Head of Institution.

(xxxi) The University has right to change the allocation of rooms or get the rooms vacated anytime if situation demands.

(xxxii) The visiting hours of the guardian of the student will be determined and during that period only the local guardian can meet the student in the designated areas only.

(xxxiii) The University reserves right to change any or all the provisions of the Regulations without prior notice.

(4) Procedure to be followed for imposing penalties:

For disobeying any disciplinary rules, the competent authority will take disciplinary action against the student concerned. There shall be separate procedure for imposing minor penalty and major penalty. The following in- disciplinary action on the part of the student shall be subjected to the major penalties:

1. Damaging the property of the University/ Institutions (moveable or immoveable)
2. Involving in violence on and outside the campus including instigating the violence.
3. Involving himself / herself in criminal act like using alcoholic beverages, drugs, gambling on or outside the campus including instigating the other students for such action.
4. Ragging in and outside the campus.
5. Any act which deteriorates the over all atmosphere on the campus or the institute.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

6. Theft of University property or the property of the other students, staff or any other person on the campus.

7. Any other act which the Dean/Head of the Institution feels as gross misconduct, which are not covered under the above categories.

(5) Procedure for imposing major penalties:

For imposing the major penalty, the following procedure will be followed:

1. As soon as the information about such in-disciplinary action is brought to the notice of the Dean/Head of the Institution concerned, the Dean/Head of the Institution will suspend the student concerned from attending the classes /practical or any other academic activities.
2. He will at his discretion constitute the fact-finding committee from within the people working in the Faculty/institute and the fact finding committee will submit the report at the earliest but within a week's time after inquiring the details by inviting student(s), parent(s) and will record the statements. They will examine the other witnesses and record their statement. The committee will also examine the circumstantial evidences.

   On the basis of the report of the fact finding committee, if the Head of the Institution concern feels that the charges levelled against the student fall under the major penalty and these are prima-facie proved then the report of the committee will be submitted to the Vice Chancellor who will appoint committee at the University level and after further investigation by the university level committee, if it feels that the student is /are involved in disciplinary action which amounts to gross misconduct then they will make recommendations for the major penalty to be imposed and will be submitted to Vice Chancellor and on the decision of the Vice Chancellor, a show cause notice shall be issued to the student concerned and after the reply received from the student concerned, the final decision about imposing the penalty will be taken by the Vice Chancellor.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5173 Q1 21

(6) The major penalty includes following:

(1) In case of criminal act or moral turpitude, the initiation of police action against the student(s).

(2) Prohibiting the student concerned from appearing in the course or courses in Semester End Examinations.

(3) Detention of the student(s) for a semester or more.

(4) Rustication from the University or from its institutions for a period of one year or more.

(5) Permanent rustication from the Institute or the University.

(6) Any other major penalty, which the Vice Chancellor feels appropriate to impose.

(7) If the individuals committing or abetting 'ragging' are not identified, collective punishment could be executed to act as a deterrent punishment and to ensure collective pressure on potential 'raggers'.

In case the student is involved in any kind of ragging and is punished for the same, the mention of the same will be incorporated in his / her migration certificate.

(7) The minor penalty includes following:

For any other in-disciplinary action other than the covered above, the Dean/ Head of the Institution will be competent to take action against the student concerned and impose minor penalty after hearing the student concerned and also the other persons, which the Head of the Institutions feels appropriate or the person designated by the Head of the Institute.

(8) The nature of minor penalties which can be imposed:

(1) Warning.

(2) Giving special academic or other assignments for which the Dean/Head of the Institutions will be competent to decide.

(3) Imposing fine.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

(4) Putting the student on conduct prohibition for the period, which the Dean/ Head of the Institution feels appropriate.

(5) Prohibiting to the student to appear in examination limited to two subjects.

(6) Suspending student for attending classes for a period not more than one week.

(7) Any other minor penalty the Head of the Institute feels appropriate.

Notwithstanding anything contained in these regulations, the above provisions will not be made applicable to the students who have used unfair means in the Examinations for which separate provisions are provided in different Regulations.

Regulation 16: The manner of executive contract /MOU/Agreement for co-operation and collaboration with other Universities and Institutes of higher learning (under section 32(2)(xv) of DDU Act 2005).

A. The university in the interest of the academic delivery system, creation of the academic ambience and atmosphere and to give full exposure to the different development of Science, Technology and also in the other fields and conducting relevant research, the university may have different kind of MOUs or agreement with other institutes of higher learning, universities, industries and other institutes of research which have similar or partial object on the line with objects of the Dharmsinh Desai University. Such kind of MOU/agreement for collaboration and co-operation will be with the approval of the Vice Chancellor. However, whenever such kind of co-operation and collaboration is undertaken with any such institute and there is financial implication on the part of the University then, such kind of MOUs with regard to such collaboration and co-operation will be proceeded through Finance Committee and also with the approval of the Board of Governor.

B. Such co-operation and collaboration may also be for the purpose of internship, training, joint research, joint conferences, extension activities, on line education

NAAC ACCREDITED
ISO 9001 : 2008 QUALITY ASSURED FIRM Certificate No. 3873 QMS 001

through virtual class room, continuing education programs, utilizing the academic infrastructure of other institutes, laboratories, etc.

C. Such collaboration and co-operation may also be with other universities or institutes outside India subject to the norms as prescribed by the University Grant Commission and the concerned department of the Government of India.

D. Such collaboration and co-operation will solely for the purpose of enhancement of knowledge and give exposure to the students and the teachers and will not be in any case to give any kind of financial benefit to any other company or institute. Whenever, such kind of collaboration and co-operation is dealt with the industry or similar kind of organization for the purpose of consultancy, then cost involved in the terms of utilizing the infrastructure of the university and the institute in terms of laboratory, electricity, library, equipment and such other things will have to be taken into consideration while deciding consultancy charges besides the cost for intellectual property utilized by the teachers and the scientists concerned and also the cost of administration and management charges to be determined to be paid to the university.

E. If in such consultancy, the teachers are involved then the teachers will be given their share from the consultancy charges received from such industry in an appropriate portion of such income as to be decided by the Board of Governor. If any pattern is to be evolved through such consultancy, then appropriate terms may be decided including sharing of profit if the pattern is commercialized.

F. In addition to the consultancy, the different institutes of the university may conduct different kind of training program for outside agencies concerned and also for industries. When such training program is conducted, a Memorandum Of Understanding will be entered into, where following matters shall be imbibed:

G. The training charges are to be paid by the external agencies or industries for each of such training program. While deciding such cost, the following aspects are to be taken into consideration:

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

i. The infrastructure to be used i.e. building or laboratory, classroom, seminar hall or auditorium, furniture, computer, audio-video aids, etc.

ii. The cost of remuneration to be paid to trainer.

iii. The management charges to be decided by the Vice Chancellor from time to time depending upon the nature of training.

iv. The over-head charges which will include electricity consumption, clerical assistance, telephone charges, maintenance cost of different infrastructure, etc.

v. The components of reasonable surplus which shall be decided by the Vice Chancellor.

H. The above charges are for the training programs which are arranged on the campus of the university. However, if the training is to be given on the site of the outside agencies or industries then the entire structure of the cost will be decided on merit of the individual case by the Vice Chancellor.

I. Such MOU/Agreement will be signed by the Registrar of the University if such MOU/agreement relates to the entire University or if it relates to the Faculty/Institute concerned then the Dean of the Faculty/institution concerned will sign such document. Such signature will be signed with the approval of the Vice Chancellor.

Regulation 17: The powers and duties of the Vice Chancellor and other officers etc. of the University (Under section 32(2)(xix) of the DDU Act)

1.The Vice Chancellor:

(a) The procedure of appointment, powers and functions, term of appointment etc. of Vice Chancellor are already provided under section 18, and 19 of the DDU Act,

A. In addition to above the following procedure and norms shall also be followed before or after the appointment is made.

NAAC ACCREDITED
ISO/IEC QUALITY ASSURED FIRM
ISO 9001 : 2008 Certificate No. 3673 QMS 001

i. At least 3 months before the date of expiry of the term of Vice Chancellor, the Registrar will submit the proposal to the President for constituting the committee as envisaged under section 18(a) of DDU Act for the purpose of initiating the process of appointing a new Vice Chancellor.

ii. The Board of Governors shall approve the appointment one month before the expiry of the term of existing person and announce the appointment of the Vice Chancellor.

If the office of the Vice Chancellor proceeds on long leave, the President shall appoint an acting Vice Chancellor from amongst the deans.

D. The terms and conditions and the emoluments of the Vice Chancellor shall be decided by the President of the University depending upon the credential of the person to be appointed as Vice Chancellor.

E. Functions and powers of the Vice Chancellor: In addition to the powers and functions as provided under section 19(2) of the said Act, the Vice Chancellor will also exercise the following powers:-

i. The Vice Chancellor shall be the chairman of the Academic Councils and such committees/councils where it is decided to have Vice Chancellor as Chairman and shall convene the meetings of such bodies..

F. He/she may delegate his power to any officer of the University or committee/ council in writing except the powers which are already assigned under the Act,

G. The person to be considered for Vice Chancellor must be Ph.D and has worked as Professor for at least 10 years.

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Regulation 18: The manner of appointment and conditions of the appointment of the Registrar (under section 26(1)(c) of the Act read with section 32 (2) (x) of the DDU Act) :-

A. The manner of appointment and condition of service of the Registrar

i. The post may be filled in either by direct selection or by obtaining services of qualified person on deputation from any organizations or in case of eminent person by invitation by the Vice Chancellor of the University.

ii. If the post is advertised, the applications of eligible candidates shall be placed before the Vice Chancellor,

iii. The selection committee shall normally consist of :-

a. The Vice Chancellor – Chairman;

b. Two experts in the field of higher education to be nominated by the Vice Chancellor;

c. One member of Board of Governors to be nominated by the Vice Chancellor,

B. The qualification, pay-scale and other emoluments attached to the post shall be as decided by the Vice Chancellor depending upon the credential of the selected candidate.

C. The other conditions of services will be decided by the Vice Chancellor of the University from time to time.

D. Powers and functions of Registrar shall be as prescribed under section 20 (2) of the DDU Act Act. However, subject to the provision of the DDU Act, the Registrar shall also perform following functions:

a) he shall be responsible for the custody of records, common seal of the University.

b) he shall also be responsible for the safety and upkeep of movable and immovable properties of the University.

NAAC ACCREDITED
ISOOAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

c) he shall be the custodian of the "master passwords" of the University's computerized systems.

d) he shall submit statutory returns to concerned authorities as required by law.

e) he shall attest and execute all documents on behalf of the University.

f) he shall be responsible for conduct of all legal matters and proceedings on behalf of the University.

g) he shall place before the Board of Governors and other authorities of the University; all such information as may be necessary for transaction of its business.

h) he shall be responsible to the Vice Chancellor for the proper discharge of his/her functions and maintenance of discipline in the University.

i) he shall, subject to the control of the Vice Chancellor, be responsible for the overall administration and services of the University and conduct of the examinations, and make all other arrangements necessary thereof.

j) he shall exercise such other powers and perform such other duties as may be assigned to him or as may be delegated to him by the Vice Chancellor, Board of Governors.

Regulation 19: The manner of appointment and terms and conditions of appointment of other officers, teachers and their powers and functions (under section 32(2) (x) of the DDU Act).

A. Controller of examination

(i) The controller of examination is declared as officer of the University as per the provision of section 9(d) of the DDU Act. He will be appointed by the Vice Chancellor on the recommendations of the Selection Committee. The Selection Committee will consist of the following members:-

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM

1. Vice Chancellor
2. Registrar
3. Two experts to be appointed by the Vice Chancellor
4. One member from the Board of Governors to be nominated by the Vice Chancellor.

(ii) The controller of examination will normally be a fulltime salaried officer of the university and his salary, other allowances and other terms and conditions will be as decided by the Vice Chancellor.

(iii) The powers and functions of the controller of examination will be as decided by the Board or as assigned by the Vice Chancellor.

B. Deans/Directors/Head of the Institutions

The Deans/Directors/Head of the Institutions shall be a full-time salaried officer of the University and their salary will be at-least at the level of Professor or Principal. Their qualifications and other requirement also will be on par with the qualifications as prescribed by the University Grants Commission. The manner of appointment and the constitution of the selection committee shall be as prescribed by the UGC for the post of Professor.

The powers and functions of the Dean/Director/Head will be as under:-

i. He/she shall be the Chief Academic and Executive Officer of the Faculty/ Institution. He shall be responsible to supervise, monitor and co-ordinate all the Academic and Administrative affairs of the Faculty/institution.

ii. In particular, and without prejudice to the generality of the forgoing functions, he shall exercise the following powers and perform the following duties: -

a. To admit students under the Institution.

b. To maintain discipline among the students and the staff.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

c. To frame innovative system of academic delivery based on the objects and vision of the University.

d. To introduce the innovative practice in continuous evaluation.

e. To see that all the provisions made in the vision and objects of the University are faithfully complied with.

f. He shall also look after and maintain all the infrastructure of the Institution.

g. To collect fees and other charges as decided by the University for different programmes being run under the Faculty/Institution.

h. To submit information to the University relating to the Faculty/ Institution.

i. To frame time tables and arrange for the programmes of the work in each semester.

j. To discharge other functions and exercise such other powers as may be assigned by the Board of Governors, or the Vice Chancellor of the University.

Regulation 20: Procedure for the appointment, terms and conditions of faculty (teachers) in different Faculty/institutions of the University (under section 32(2)(x) of the DDU Act).

A. The category of the faculty (teachers) will be as under:-

i. Professor

ii. Associate Professor

iii. Assistant Professor

iv. Other categories of teachers who are involved in imparting teaching, conducting research, etc. like the Adjunct Professor, Visiting Professor/Lecturer or Research Scholars etc.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001:2008 Certificate No. 5573.QMS.01

B. Qualifications:-

Normally, the qualifications for the above category of teachers except category (iv) will be as prescribed by the University Grants Commission.

C. Salary:-

The salary and other emoluments for these categories will normally be as prescribed by the State Government for their aided Universities and Colleges from time to time. Provided however, this will not apply to the teachers who are appointed on adhoc or temporary basis.

D. Other conditions of service:-

The career advancement scheme, the performance appraisal, probation period, leave Rules, etc. will be normally as prescribed by the State Government for grant in aid colleges or university.

E. The work-load of the teachers will also be as prescribed by the University Grants Commission or concerned National Statutory Bodies from time to time.

F. The policies regarding Code of Conduct, Disciplin and Appeal Rules and the other relevant conditions of service will be as decided by the Board of Governors, normally on the lines of the State Government and the same will be published as the manual and the said manual will be approved by the Board of Governors.

G. The procedure of appointment of teachers:-

i. Creation of the post:- the creation of the post for the respective programmes will be decided as per the norms prescribed by the University Grants Commission or concerned national statutory bodies in terms of the workload and also in terms of students – teacher ratio.

ii. The posts will be advertised in one newspaper and also on the website of the University and other Social Media if required. The applications received will be scrutinized by the Dean/Director/Head of the concerned Institution and will decide the applicant to be called for the interview. If

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM Certificate No. 5673 QMS 001

the number of candidates are more then, the cut-off for calling the candidates will be as per the norms prescribed by the University Grants Commission in its notification published applying the 7th commission pay-scale in 2018.

iii. Notwithstanding anything contained above, particularly for the position of Professor and Associate Professor for outstanding candidate, the appointment can be made by invitation on the basis of the bio-data received which will be decided by the Vice Chancellor.

iv. The candidature of the candidate may also be considered in absentia if the Vice Chancellor feels that a candidate is not in a position to remain before the selection committee.

H. Procedure for selection

1. Selection committee for the post of Professor and Associate Professor will be:-

   i. The Vice Chancellor,
   ii. Three experts in the concerned field
   iii. Dean/Head of the Institution concerned
   iv. Head of the Department concerned if he is enjoying the post of Professor,

   The Vice Chancellor will chair the meeting.

2. Selection committee for the post of Assistant Professor and other categories of the teachers:-

   i. The Vice Chancellor or his representative -Chairman
   ii. Two experts in the concerned field
   iii. Dean/Head of the Institution concerned
   iv. Head of the Department concerned;

3. So far as the posts of Professor and Associate Professor are concerned, out of the 3 experts, at-least 2 should remain present and for the post of Assistant Professor, out of the 2 experts, at-least 1 should remain present.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

. Notwithstanding anything contained above, the Vice Chancellor may make temporary appointment till the time the regular appointment as per the procedure narrated above is made. However, the candidate who is appointed on temporary basis will meet with the minimum requirement prescribed for the post.

5. The terms and conditions of the other employees of the University (under section 32(2)(x) of the Act):-

A. Depending upon the work load and requirements, different position of the other employees shall be created which will be under following 2 categories:-

(i) Ministerial staff who will assist in managing the administrative affairs of the Faculty/Institution and the University

(ii) Technical staff which will comprise of Laboratory Assistant, Computer Assistant, Computer Operator, Library Assistant and such other positions. The designation of the administrative positions will be decided by the Board of Governors depending upon the requirement.

B. The terms and conditions, qualifications, salary, manner of appointment, etc. for the other employees will be decided by the Vice Chancellor. Under the other employees also, there will be 2 kind of appointments. First on probation and then on completion of probation period satisfactorily, the person will be appointed on permanent basis. The other categories will be the temporary, adhoc or contractual appointment which also can be the tenure appointment. However, such appointment also will be done on the recommendations of the committee to be constituted by the Vice Chancellor.

C. The Board of Governors will frame the appropriate manual of governing various conditions of service of officer, teachers and other employees of the University.

D. Notwithstanding anything contained above, qualifications or other requirement etc. in exceptional cases where there is an acute need of people in certain

NAAC ACCREDITED
ISO 9001 : 2008 Certificate No. 5673 QMS 001

discipline or disciplines, the Vice Chancellor may make relaxation in the above requirements as he deems fit and make such appointments.

Regulation 21: Procedure of conferment of the honorary degrees (under section 32(2)(viii) of DDU Act):-

The Board of Governors of the University will decide the name of award of Honorary degree to the outstanding personality who has/have contributed a lot ion the concerned field through which a breakthrough is brought in the concerned field in the society. Before awarding such degree, the Board of Governors will constitute a committee of very eminent people who will verify the contribution of the person proposed to be given Honorary degree and based on the recommendations of this committee of experts and the Academic Council, the Board of Governors will take final decision by at least 2/3rd majority of the members present.

Regulation 22: The provisions regarding exemption from the payment of tuition fees and awarding scholarship, etc. (under section 32(2)(xi) of the DDU Act):-

The Board of Governors may frame norms for giving exemption from the payment of tuition fees, partially or fully and awarding of scholarship and fellowship to the deserving and genuine students. However, in exceptional cases where after the admission, if the unforeseen circumstances are developed in the family of a student, the Vice Chancellor of the University may take appropriate decision to grant full or partial relief in the payment of tuition fees and other charges.

Regulation 23: The Manual for conditions of services, code of conduct etc. of the officers (except Vice Chancellor) teachers, and other employees of the University will be as under:

1. Mode of appointment:
   The provisions for selection procedure, constitution of the selection committees of the teachers, officers and other employees are already prescribed in the forgoing relevant Regulations.

NAAC ACCREDITED
ISO 9001:2015 QUALITY ASSURED FIRM Certificate No. 5013 QMS 001

2. Performance appraisal:

(i) The performance of every teacher appointed on regular basis or on temporary or on adhoc basis will be constantly assessed and a report from the dean of the faculty/Head of the institution will be submitted to the university in the prescribed proforma every year.

However, the first appointment on regular basis in teacher's category will be on probation for a period of two years and their performance will be assessed after an interval of every six months and after considering all the four reports and on the basis of such reports, the Vice Chancellor will decide whether to complete the probation period and continue or to extend the probation or to terminate the services. However, if there are any adverse remarks in any six monthly report shall be informed to the teacher concerned in writing to give scope to improve the deficiency/ies pointed out.

3. Other employees:

(i) The performance of other employees will also be assessed on the same line of teachers in terms of period of assessment.

(ii) In addition to the above, particularly in the category of teachers, the appointment of adjunct professor or visiting faculty will be considered. The appointment of visiting faculty will be decided by the Vice Chancellor. Similarly, for the appointment of adjunct professor, the Vice Chancellor will take the final decision. Normally, the adjunct professor will be appointed on the basis of the guidelines prescribed by the University Grants Commission.

(iii) The rate of remuneration for the visiting faculty shall be decided by the Vice Chancellor from time to time. Provided however, that the visiting faculty will be invited only after the scrutiny of the workload of the regular/adhoc/temporary teachers in the faculty/ institute as to whether they take the mandatory workload or not, and after taking this requisite

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

(iv) workload by all the teachers under thefaculty/ institute, if there is any deficiency then only the visiting faculty will be invited to cover the syllabus of a course. In addition to above, the Vice Chancellor shall also invite distinguished persons in the concerned field to deliver special lecture.

4. Resignation and Termination:

The teacher and other employees who are appointed on regular basis want to resign will give 3 months notice or in lieu of notice, the total salary of three months or the salary for the period of short-fall in the notice period. The person who is on probation will give one month notice or in lieu of notice the salary of the short-fall period. Similarly, the appointing authority in the university will also give 3 months notice or in lieu of notice, the salary of three months or the salary of shortfall of notice period shall be paid to permanent employees to terminate his/her services. Provided however, the teachers will not resign without completing the syllabus prescribed for a particular semester. If he/she wants to leave in between the semester then the notice period will be extended up to the extent of completion of the semester. Provided further that Vice-Chancellor may relax the above condition in exceptional cases with genuine reasons. The teachers and other employees who are on adhoc or on temporary basis will give seven days notice to resign. The university may also terminate in similar way. In such cases also in lieu of notice, salary for that period may be paid by either sides:

5. The employees including teachers and other employees who are recruited on full-time basis either permanent or temporary or adhoc basis shall not engage directly or indirectly in the trade, business or other occupation either remunerative or non-remunerative without the prior permission of the Vice Chancellor. However, in such cases where the teacher is required to give his expertise to other educational institutions then the same can be done with the prior permission of the Dean/Vice Chancellor. However, such kind of

NAAC ACCREDITED
ISO 9001 : 2008 Certificate No. 5873 QMS 001
QUALITY ASSURED FIRM

engagement will not adversely affect the teaching work in the Faculty/ institute or university and such person will complete his mandatory work load.

6. The university will observe holidays as declared by the Vice Chancellor. The leave Rules both for the teachers and non-teachers will be as prescribed by the State Government as applicable to the government funded universities. However, it is also to be made clear that leave is not a matter of right. Depending upon the situation and the interest of the work and the students, the competent authority in the Faculty/ institute or the university, will decide as to whether the leave is to be granted or not.

7. Normally, the prior approval of the leave is to be obtained by the employee. However, in case of emergency, the immediate intimation shall be passed on to the Dean/head of the institute or the competent authority of the university in case of employees working in the university office.

8. The age of superannuation for the teachers who are regularly appointed and confirmed shall be 62 years. Provided however that on completion of 62 years, a review of his overall performance and health status will be examined by the committee constituted by the Vice Chancellor and on the recommendations of the committee, the appointing authority shall take final decision to continue up to sixty-five years. Similarly, for the other employees, and teachers of diploma section who are regularly appointed and confirmed the superannuation age will be 58 years and the review on the lines of the conditions as mentioned in the case of teachers will be taken on completion of the age of 58 years and on the recommendations of the concerned committee, the final decision will be taken by the appointing authority, weather to continue up to sixty.

9. In case of doubt in interpretation of any of the above provision, the decision of the Vice Chancellor shall be final.

10. Notwithstanding anything contained in these Regulations, the Vice Chancellor may relax any of the above provision in the interest of the university or Faculty/ institute, in exceptional cases.

NAAC ACCREDITED
ISO QAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

Code of Conduct of the University employees:

1. Code of Conduct for officers, employees, (both teachers and other employees)

   a. Every employee including officers and teachers shall, at all times, maintain absolute integrity and devotion to duty, and also be strictly honest and impartial in his official dealings.

   b. An officer and employee should, at all times, be courteous in his dealings with other members of the staff, students and members of the public.

   c. Unless otherwise stated specifically in the terms of appointment, every officer or employee is a full-time employee of the University, and may be called upon to perform such duties, as may be assigned to him by the competent authority, beyond scheduled working hours and on holidays and Sundays. These duties shall, inter alia, include attendance at meetings of committees to which he may be appointed by the University.

   d. Officers or employee shall be required to observe the scheduled hours of work, during which he must be present at the place of his duty.

   e. Except for valid reasons and/or unforeseen contingencies, no officer or employee shall be absent from duty without prior permission.

2. No employee shall, in any radio broadcast or in any document published anonymously or in his own name or in the name of any other person or in any communication to the press or in any public utterance, make any statement of fact or opinion which has the effect of an adverse criticism of any current or past policy or action of the faculty/institute or the University.

No officer or employee shall take part in any political activities of any kind, without prior approval of the Vice Chancellor.

3. No officer or employee shall, except in accordance with any general or special order of the competent authority, or in the performance, in good faith, of the duties

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008

assigned to him, communicate, directly or indirectly, any official document or information to any person to whom he is not authorized to communicate such document or information.

4. No officers or employee of the University shall, without permission of the competent authority engage, directly or indirectly, in any trade or business or any private tuition or undertake any employment outside his official assignments.

5. The officers and employee who gets involved in some criminal proceedings, directly or indirectly, shall immediately inform the Head of the Dean/Institution and the Registrar, irrespective of the fact whether he has been released on bail or not.

6. The officer or Other employee who is detained in police custody, whether on criminal charge or otherwise, for a period longer than forty-eight hours shall not join his duties in the University or its Institutes, unless he has obtained written permission to that effect from the Vice Chancellor.

7. Provided nothing in this provision shall be deemed to prohibit an employee from vindicating his private character or any act done by him in his private capacity.

8. Mechanism of submission of grievance:

a. Whenever an officer or employee wishes to put forth any claim, or seeks redress of any grievance or of any wrong thing done to him/her, he/she must forward his case through proper channel, and shall not forward advance copies of his application to any higher authority, unless the lower authority has rejected the claim, or refused relief or the disposal of the matter or is delayed for thirty days.

b. No officer or employee shall be signatory to any joint representation addressed to the authorities for redress of any grievance or of any other matter.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

c. No officer or employee shall indulge in any act of sexual harassment of any kind, which includes unwelcome sexually determined behaviour (whether directly or indirectly) such as:

I. physical contact and advances;

ii. a demand or request for sexual favours;

iii. sexually coloured remarks;

iv. showing pornography;

v. any other unwelcome physical, verbal or non-verbal conduct of sexual nature.

d. In case of any officer or employee engaged in any kind of incident of sexual harassment then such a case will be dealt with by the committee constituted in the university and the procedure to be followed will be as per the guidelines of the University Grants Commission which is based on the judgment of the Hon'ble Supreme Court.

9. Any officer or employee who wants to go outside India even during holidays or vacation he/she will take prior permission of the Vice Chancellor with a copy of visa which he/she has obtained.

10.. In addition to above the teachers will also observe the code of conduct prescribed by the University Grants Commission in its regulations notified on 18th July, 2018.

Regulation 24: Discipline and appeal rules for the officers, (other than Vice Chancellor) and employees of the university (under section 6(xxvii) read with 32(2)(vi) of the DDU Act.

These rules may be called The Discipline and Appeal Rules for officers, employees including teachers and they shall come into force with effect from the date of issue of Notification.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

1. Unless otherwise specifically provided, these rules shall apply to all employees of the university.

   Explanation: For the purpose of these rules reemployed or persons appointed on temporary basis or on contract shall be treated as University employees.

2. In these rules unless the context otherwise requires:

   1) UNIVERSITY: means the Dharamsinh Desai University.

   2) ACT means Dharamsinh Desai University Act, 2005.

   3) APPOINTING AUTHORITY means the authority empowered to appoint different categories of employees in the University.

   4) EMPLOYEE means employee of all categories namely viz: officers (other than Vice Chancellor), teachers, other employees appointed on full time basis whether permanent or on probation, temporary, adhoc or on contract.

   4) MISCONDUCT means if a University employee does any of the following things, that is to say:

   (i) if he/she willfully disobeys, or willfully omits, or neglects to execute any lawful orders or instruction or if he/she commits a breach of any of the provision of the rules of conduct; or

   (ii) if he/she commits any willful breach of the trust and duty of his office; or

   (iii) if he/she demands, accepts, or receives, by himself or through others, any kind of gift, money or favor of any kind in the discharge of his duties; or

   (iv) if he/she indulges in any un-lawful activity or in political preaching amongst the students or the employees of the University; or

   (v) if he/she does any such thing which undermines or is likely to undermine the prestige of the University, or is detrimental or likely to be detrimental to the interests of the University or disturbs or is

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM

likely to disturb the harmony and cohesion of the corporate life of the University; or

(vi) if, unless generally or specially empowered by the competent authority, communicates directly or indirectly to persons who are not in the service of the University or to press or media any document or information which has come into his possession in the course of his duties whether from official sources or otherwise;

shall be guilty of misconduct.

3. Where it is considered necessary to make special provisions for any University employee in respect of matters covered by these rules or otherwise, the appointing authority may by agreement with such University employee, makes such special provisions and thereupon these rules shall apply to such University employee except the employees for whom special provisions so made.
4. Nothing in these rules shall deprive any University employee of any right or privilege to which he is entitled:
   a) by or under any law for the time being in force, or
   b) by the terms of any agreement subsisting between such person and University at the commencement of these rules
5. Any one or more of the following penalties may be good and sufficient for the reasons, such as misconduct, moral turpitudes, neglect of duty, violation of any term or condition or service, inefficiency, indiscipline, violation of Code of Conduct, criminal conviction.

   I- Minor Penalties

   (1) Censure

   (2) Fine

   (3) Withholding of increments.

   (4) Recovery from his pay of the whole or part of any pecuniary loss caused to University by negligence or breach of orders

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 1673 QMS 001

II - Major Penalties

(1) Reduction to a lower stage in the time scale of pay for a specified period.

(2) Reduction to a lower time scale of pay, grade post or service.

(3) Compulsory retirement.

(4) Removal from service which shall not be a disqualification for future employment under university

(5) Dismissal from service, which shall ordinarily be a disqualification for future appointment of any kind under the University.

EXPLANATION: Unless imposed as a penalty the following shall not ordinarily amount to a penalty within meaning of these Rules.

(a) Non-promotion whether in a substantive or officiating capacity of a University employee to a service, grade or post.

(b) Reversion to a lower service, grade or post of a University employee officiating in higher service grade or post on the ground that he is considered, after trial, to be unsuitable for such higher service, grade, or post or on purely administrative grounds.

© Reversion to his permanent service, grade or post of a University employee appointed on probation to another service, grade or post or terminated during or at the end of the period of probation in accordance with the terms of his appointment or the rules and orders of University in this behalf for the time being in force.

(d) TERMINATION OF SERVICE: of a University employee appointed on probation, of a University employee employed under a contract in accordance with the terms of such contract, or of a University employee due to unauthorized absence from duty for a period of thirty days.

6. In case of minor penalty, the nature of allegation shall be communicated to the employee concerned and he will be given a minimum period of 1 week from the

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008

date of the receipt of the communication by him to submit his explanations, if any. Upon receipt of his explanation or on the expiry of the period of 1 week given for submission of explanation, the authority concerned may after necessary examination of relevant facts and circumstances either drop the case or decide to impose upon the employee concerned any one or more of the minor penalties.

7. In case of a major penalties, the grounds on which it is proposed to take action shall be reduced to the form of a definite charge or charges and communicated to the employee concerned together with a statement of the allegations on which each charge is based and of any other circumstances which it is proposed to take into consideration in passing orders on the case. The employee charged shall be required to put in a written statement of his defense within ten days from the date of receipt of the communication by him along with documentary evidence, if any. Upon receipt of defense, or on the expiry period not exceeding ten days or as may be extended, the authority concerned may, after examination of relevant facts and circumstances, either drop the case or decide to proceed further. If it is decided to proceed further, a formal enquiry shall be held and asking him to be present at the enquiry, if he so desires, and to produce further evidence, if any, in support of his defense. The authority concerned shall thereafter take decision on the findings of enquiry. If it is decided to impose penalty, another opportunity will be given to him to submit show cause as to why the particular penalty decided should not be imposed by the appointing authority within a week's time. On receipt of the communication in this respect in response to the show cause notice or on expiry of the period of one week or granted period of extension a final decision will be taken by the appointing authority to impose penalty and communicate the same to the employee.

   NOTE: No pleader shall be allowed to appear at the enquiry on behalf of the University or the person charged.

8. A University employee may be placed under suspension by Appointing Authority.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

a. The following principles shall be observed in ordering suspension of University employee:

(i) In case of criminal prosecution, a University employee shall be suspended if the charge against him is such that on being found guilty of it, he is likely to be sentenced to a term of imprisonment or on which he would be dismissed or removed from service, in a departmental enquiry or if he has been refused bail by the court and committed to prison.

(ii) In cases of gross misconduct like bribery or corruption, the question of suspension shall be considered with reference to the prima facie evidence available;

(iii) In all cases where there are reasons to believe that the University employee if allowed to continue in active service, might attempt to tamper with the evidence, he shall be required to proceed on such leave as may be due and admissible to him, or if there be no leave at his credit, or extra ordinary leave without pay or if he refuses to proceed on leave, he may be suspended.

(iv) The amount of subsistence allowance per month shall in each case, be decided by the authority ordering the suspension but in no case such allowance should exceed half of the monthly pay of the employee at the time of suspension.

9. A University employee shall be deemed to have been placed under suspension by an order of appointing authority:

a) with effect from the date of his detention, if he is detained in custody whether on a criminal charge or otherwise, for a period exceeding forty-eight hours.

b) with effect from the date of his conviction if, in the event of a conviction for an offence, he is sentenced to a term of imprisonment exceeding forty-eight hours and is not forthwith dismissed or removed or compulsorily retired subsequent upon such conviction.

NAAC ACCREDITED
ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

10. Where a penalty of dismissal, removal or compulsory retirement from service imposed upon a University employee under suspension, is set aside in appeal or on review under these rules and the case is remitted for further inquiry or action or with any other directions, the order of his suspension shall be deemed to have continued in force with effect on and from the date of original order of dismissal, removal or compulsory retirement and shall remain in force until further orders.

11. Where a penalty of dismissal removal or compulsory retirement from service imposed upon a University employee is set aside or declared to rendered void in consequence consideration of or by a decision of Court of law, and the Authority on consideration of the circumstances of the case, decides to hold a further inquiry against him on the allegations on which the penalty of dismissal, removal or compulsory retirement was originally imposed, the University employee shall be deemed to have been placed under suspension by the appointing authority, from the date of the original order of dismissal, removal or compulsory retirement and shall continue to remain under suspension until further orders.

An order of suspension made or deemed to have been made under this rule shall continue to remain in force until it is modified or revoked by the authority competent to do so.

Where a University employee is suspended or is deemed to have been suspended, in connection with any disciplinary proceeding or otherwise and any other disciplinary proceeding is commenced against him during the continuance of such suspension the authority competent to place him under suspension may for reasons to be recorded by him in writing direct that the University employee shall continue to be under suspension until the termination of all or any such proceedings.

An order of suspension made or deemed have been made under this rule may at any time be modified or revoked by the authority which made or is deemed to have made in or by any authority to which that authority is subordinate.

NAAC ACCREDITED
ISO 9001 : 2008
Certificate No. 5673 QMS 001

When the suspension is revoked and the employee is taken back on duty the question of payment of salary partly or fully shall be decided by the appointing authority depending upon the merit of the case

12. REVIEW OF ORDER IN DISCIPLINARY CASES

The President of the University may on his own motion or on the appeal filled by the affected employee, call for the record of any proceeding under these rules and review any order passed in such a case.

Provided that no action under this rule shall be taken after the expiry of a period of more than three months from the date of such order.

13. REVIEW BY UNIVERSITY OF ITS OWN ORDER

The competent authority who has imposed penalty may also review its own order provided that following conditions are fulfilled, namely:

(i) There is some error apparent on the face of the record, or

(ii) There are other sufficient reasons for review:

Provided that the penalty inflicted on a University employee shall not be enhanced unless he has been given an opportunity to show cause why such penalty should not be enhanced.

_____xxx_____xxx_____

NAAC ACCREDITED

ISOQAR QUALITY ASSURED FIRM ISO 9001 : 2008 Certificate No. 5673 QMS 001

29/03/2013
Prof. M. R. Bhavsar
I/C Registrar
Dharmsinh Desai University
Nadiad - 387001 (India)

NAAC ACCREDITED

Dharmsinh Desai University

Code of Conduct Monitoring Committee

Introduction

At DDU, we are committed to fostering a community that values integrity, respect, and accountability. The Code of Conduct outlines the principles and standards that guide the behaviour and interactions of all members of our university community. This policy applies to all individuals associated with DDU, including students, faculty, staff, contractors, visitors, and any others participating in university-related activities.

Code of Conduct Monitoring Committee has the responsibility of overseeing and ensuring the adherence to established codes of conduct, policies, and ethical standards within an organization. The objectives of such a committee are designed to promote ethical behaviour, maintain a positive work environment, and uphold the organization's values.

Objectives of Code of Conduct Monitoring Committee

1. To ensure that all members of the organization, including employees, contractors, and stakeholders, are aware of and adhere to the established code of conduct and related policies.
2. To promote ethical behaviour, integrity, and honesty in all aspects of the organization's operations.
3. To proactively identify and prevent instances of misconduct, including fraud, corruption, harassment, discrimination, and other unethical behaviours.
4. To monitor the organization's activities to detect any potential violations of the code of conduct. It establishes reporting mechanisms for employees to raise concerns about unethical behaviour.
5. To ensure that appropriate and consistent disciplinary actions are taken against individuals found to be in violation of the code of conduct or related policies.
6. To develop and implement educational programs and training sessions to raise awareness about the code of conduct, ethical principles, and the importance of maintaining a positive organizational culture.
7. To review and update the code of conduct and related policies periodically to ensure their relevance in a changing environment and to address emerging ethical challenges.

Overall, a Code of Conduct Monitoring Committee plays a crucial role in maintaining the ethical integrity of an organization, fostering a culture of transparency and accountability, and safeguarding the organization's reputation. By following the Code of Conduct, we contribute to a vibrant, respectful, and inclusive community that upholds the values of DDU.

Prof. M. R. Bhavsar
I/C Registrar
Dharmsinh Desai University
Nadiad - 387001 (India)

NAAC ACCREDITED

COMPOSITION OF CODE OF CONDUCT MONITORING COMMITTEE

Sr.No	Name	Status
1.	Dr. H.M. Desai Vice Chancellor, Dharmsinh Desai University	Chairperson
2	Prof. (Dr.) V. A. Shah Dean, Faculty of Technology	Member
3	Dr. Hiren Patel Dean, Faculty of Dental Science	Member
4	Dr. Tejal G. Soni Dean, Faculty of Pharmacy	Member
5	Dr. Naresh K. Patel Dean Faculty of Management & Info. Science	Member
6	Dr. Arun H. Vyas Dean, Dr. N. D. Desai Faculty of Medical Science and Research	Member
7	Dr. B.N. Suhagia Director – R & D Cell	Member
8	Prof. M.R. Bhavsar Registrar, Dharmsinh Desai University	Member Secretary

ISOQAR QUALITY ASSURED FIRM
DHARMSINH DESAI UNIVERSITY NADIAD
ISO 9001 : 2008
Certificate No. 5673 QMS 001

Prof. M. R. Bhavsar
I/C Registrar
Dharmsinh Desai University
Nadiad - 387001 (India)

Medical Council of India

A E T C O M

ATTITUDE, ETHICS & COMMUNICATION

Communication

Reliability

Patient centered

Professionalism

Personal growth

Leadership



Respect

Teamwork

Accountability

Responsiveness

Lifelong learning

Attitude

System based learning

Responsibility

Social Commitment

Values

Knowledge	Skills	Attitudes	Values	Responsiveness	Communication

2018

Attitude, Ethics and Communication

(AETCOM)

Competencies for the

Indian Medical Graduate

2018

Medical Council of India

Pocket-14, Sector-8, Dwarka,

New Delhi 110 077



F O R E W O R D

Medical education has its deep rooted relevance with reference to creation of trained health manpower in the country capable of shouldering the onus and responsibility ensuring an effective health care delivery system. It is the prime concern upper most in the minds of all concerned as to whether the said dispensation is mitigated adequately or otherwise? Attainment on this count in my opinion is a ‘minimum must’ and therefore all ‘initiatives’ with concrete cause are warranted towards realistic and meaningful actualization of the same.

The crystallization of objectives ensuring corresponding curriculum with appropriate teaching learning strategies, tools, techniques and technology and commensurate mode of assessment are the parts of the core model for providing quality based undergraduate medical education.

It gives me great satisfaction that the ‘competency based curriculum’ that has been proposed by the Medical Council of India would definitely serve a larger cause in the domain of ‘quality centricity’.

The “Conative domain” which hitherto was not appropriately incorporated and structured in the curriculum has been specifically dispensed of by providing a definitive model for the same titled AETCOM “Attitude, Ethics and Communication Model”.

Structuring them into competencies, placing them appropriately in the curriculum design ensuring its incorporation through desired teaching and learning would definitely ensure enrichment of the learner with desired communicative and

altruistic skills with proper orientation pertaining to ethics, professionalism, leadership skills and also the attribute that shall inculcate in him/her the essence of lifelong learning.

This definitely would go a long way in creating an 'Indian Medical Graduate' to realistically turn out to be an 'International Medical Graduate' capable of catering to the cause and requirement of health care delivery across the boundaries all over the Globe.

I record my appreciation for Dr. Ved Prakash Mishra, Chairman, Academic Committee and his team for venturing into the said much desired exercise and giving it the required shape out of committed painstaking labour. I am sure that this is going to change the 'shape' and 'face' of undergraduate medical education to make it timely relevant, purposive, need based, consequential and impactful.

(Dr. Jayshree Mehta)



Dr. Vedprakash Mishra
Chairman
Academic Committee
Medical Council of India

Date : 15.09.2017

FOREWORD

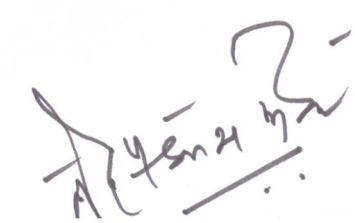
Health Professions and practice is a complex interplay of Knowledge, Clinical Skills & Acumen, Communication, Attitude, Inter- Professional behavior and is largely dependent on strong Ethical values. India, as one of the major stakeholders towards contribution of world's health care, offers a major share of health professionals across the globe. Hence; more so than ever; it needs a curriculum which is better aligned with Health professional attributes that are locally relevant and globally adaptive. This realization; though has struck every health professional of our country; the efforts to effectively deal with the issue was sparsely articulated in its entirety. Teaching and learning of medical ethics, behavioral science, communication skills, and managerial skills have not received due attention in the existing medical curriculum. The proposed AETCOM module is a manifestation of this realization that endeavors to strike a balance between the five identified roles of an 'Indian Medical Graduate (IMG)' viz; Clinician, Leader & Member of health care team, Communicator, Life- long learner and Professional; right from the 1st professional year of training.

The entire concept of AETCOM module lies on the fundamental principle that changing a person's attitude can change his or her behavior. The Cognitive components of attitudes are more fundamental and constant over time and more closely connected to basic values. Behavioural attitudes are manifestations of underlying cognitive and affective attitudes. Ethical dimensions play a crucial role in behavioral evolution and the basic building block of good communication is the feeling that every human being is unique and of value.

There are many new key areas recommended in the AETCOM module that are identified for implementation across the entire duration of the course. It is hoped that

the successful implementation of the AETCOM modules will be forerunner of the transition to competency based undergraduate medical education program envisaged by the Medical Council of India. This booklet and other electronic resources provide background concept, session guidelines and other resources for these sessions that will be useful for all faculty involved in conducting these sessions. These are conceptual frameworks only and Institutions and faculty are at liberty to make modifications while implementing the same at their own settings.

It is genuinely expected that this module plays a vital role in providing a coherent picture of how Attitude, Communication and Bioethics can be integrated within medical curriculum and also inspire medical teachers to make it more meaningful and consequential. The effort is surely a new vista to Medical education making it more comprehensive and relevant to health needs of the society.



(Dr. Vedprakash Mishra)
Chancellor, Krishna Institute of Medical Sciences (Deemed University), Karad
Chairman, National Medical Education Board, IMA Headquarters, New Delhi
Pro-Chancellor, Datta Meghe Institute of Medical Sciences (Deemed University), Nagpur
Honorary Director, Centre for Health Sciences Education Policy and Planning, DMIMS(DU), Nagpur

DR. (MRS.) REENA NAYYAR
SECRETARY I/C



Hkkjrh; vk;qoZKku ifj"kn
ikdV & 14] lDVj & 8]
}kjdk Qsl& 1
uÃ fnYyh&110 077
MEDICAL COUNCIL OF INDIA
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077
njHkk"k : 25365075
Phone :25365075
QDl : 0091-11-25367014
Fax : 0091-11-25367014
E-mail : secy-mci@nic.in
Website : www.mciindia.org

FOREWORD

Medical education today has recognized the need to teach and evaluate professionalism as a formal concept due to increasing concerns about physicians' conflict of interest with patients and relatives and possible loss of licensure. The need of the hour is to train medical professionals in this important area of clinical practice but is often ignored. The diagnostic capability of a doctor is greatly enhanced if the doctor is able to effectively communicate with the patient and his/her relatives decreasing frustration of the doctor and patient or relatives. It has been aptly stated that "Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship" (Hall, Roter & Rand, 1981).

Having recognized the pivotal role of effective interpersonal communication between doctor and patient in clinical training and practice, the Medical Council of India has embarked on an ambitious and robust Faculty Development Programme in which medical college teachers are trained to acquire theoretical and practical skills in teaching. The Council has also revised and remodeled the Graduate Medical Education Regulations, 1997 with emphasis on curricular reforms. Teaching curricula in various disciplines would be based on a competency based format with emphasis on domains of attitude, ethics and communication, as envisaged in the AETCOM (Attitude, Ethics and Communication) module.

The AETCOM (Attitude, Ethics and Communication) module was prepared by the Academic Cell of the Council under the inspiring leadership of Dr. Ved Prakash Mishra, Chairman, Academic Committee and ably supported by Dr. M. Rajalakshmi, Academic Cell and the members of the Reconciliation Board headed by Dr. Avinash Supe to guide medical institutions and faculty to acquire the much needed competencies in the attitude, ethics and communication domains. I am extremely grateful to all of them for their painstaking efforts in giving shape to such a well structured document and congratulate them for the same. I am sure effective implementation of the revised Graduate Medical Education Regulations would go a long way in improving the standards of medical education in the country.

Dr. Reena Nayyar

Attitude, Ethics & Communication (AETCOM) competencies

CONTENTS

Preface	1
Contributors	3
Preamble /concept	7
How to use this document	8
Definitions	9
Explanation of terms	10
Teaching Learning Methods recommended	13
Section I: Goals, roles and competencies of an Indian Medical Graduate: Extract from Graduate Medical Education Regulations, 2017	15
Section II: Learning Modules	23
: Learning modules for Professional year I	25
: Learning modules for Professional year II	39
: Learning modules for Professional year III	57
: Learning modules for Professional year IV	69
Section III: Competency acquisition	93
Section IV: Formative elements to be marked by tutor	97
Appendix 1: List of AETCOM competencies approved by the Academic Committee, MCI	101
Appendix 2: Communication skills rating tool	107

PREFACE

The Medical Council of India has prepared revised Graduate Medical Education Regulations 2017 and competency based UG curricula, accompanied by guidance for its implementation. In response to this, every medical college needs to develop the capacity to adapt to the requirements of the new guidelines. Earlier experience with implementation of curricular changes suggests that a carefully managed, sustainable approach is necessary to ensure that every college has access to these new skills and knowledge. Faculty development has been seen to play a key role in the implementation and sustenance of any curricular reforms.

The Medical Council of India has decided to implement Attitude, Ethics and Communication module (AETCOM) in all medical schools across the country over the next two years. It is against this backdrop that the AETCOM module is prepared along with facilitators guide. This activity has been supported wholeheartedly by the President of Medical Council of India, Dr. Jayshree Mehta and under the inspiring guidance of Dr. Ved Prakash Mishra, Chairman, Academic Committee and whole hearted support of Dr. Reena Nayyar, Secretary-in-charge, Medical Council of India. There are many new key areas recommended in the AETCOM module that were identified for implementation across the entire duration of the course. It is hoped that the successful implementation of the AETCOM module would be the forerunner of the transition to competency based undergraduate medical education program envisaged by the Medical Council of India.

This booklet and other electronic resources provide background concept, session guidelines and other resources for these sessions. These will be useful for all faculty involved in conducting these sessions. These are conceptual frameworks only and institutions and faculty are at liberty to make modifications while implementing the same at their own settings.

It is proposed that the existing network of MCI Nodal and Regional Centers and Medical Education Units of all medical colleges will be the torchbearers of this transformational change. We hope that such a change will significantly impact the quality of community health and patient care in our country.

Contributors

1. **Dr. Avinash Supe**
Director (ME & MH) and Dean, Professor,
Departments of G I Surgery and Medical Education
Seth GSMC and KEM Hospital, Mumbai – 400012

2. **Dr. Krishna G. Seshadri**
Member, Board of Management
Visiting Professor
Departments of Endocrinology, Diabetes and Medical Education
Sri Balaji Vidyapeeth, Puducherry - 607 403

3. **Dr. Tejinder Singh**
Professor, Departments of Pediatrics and Medical Education
Convenor, MCI Nodal Centre for Faculty Development
Christian Medical College, Ludhiana, Punjab - 141008

4. **Dr. R. Sajith Kumar**
Professor and Head, Departments of Infectious Disease and Medical Education
Convenor, MCI Nodal Centre for Faculty Development
Government Medical College, Kottayam, Kerala - 686008

5. **Dr. Praveen Singh**
Professor and Head, Departments of Anatomy and Medical Education
Convenor, MCI Nodal Centre for Faculty Development
Pramukhswami Medical College, Karamsad, Gujarat - 388325

6. **Dr. P.V. Chalam**
Principal, Professor, Department of Surgery
Bhaskar Medical College, RR Dist.,Telangana - 500075

7. **Dr. Subir K. Maulik**
Professor, Department of Pharmacology
All India Institute of Medical Sciences, New Delhi-110029

8. **Dr. Sanjiv Lewin**
Professor & Head, Departments of Pediatrics & Medical Education
St. John's Medical College, Bangalore-560034

9. **Dr. Himanshu Pandya**
Professor and Head, Department of Medicine
Professor, Department of Medical Education
Pramukhswami Medical College, Karamsad, Gujarat - 388325

10. **Dr. M. Rajalakshmi**
Chief Consultant
Academic Cell, Medical Council of India
New Dehi-110077

Attitude, Ethics and Communication (AETCOM) Competencies

for the

Indian Medical Graduate

Preamble/Concept

The overall goal of undergraduate medical education program as envisaged in the revised Graduate Medical Education Regulations - 2017 is to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. In order to fulfill this goal, the IMG must be able to function appropriately, ethically and effectively in her/his roles as clinician, leader and member of the health care team and system, communicator, lifelong learner and as a professional. In order to effectively fulfill the above mentioned roles, the IMG must obtain a set of competencies at the time of graduation. In order to ensure that training is in alignment with the goals and competencies, Medical Council of India has proposed new teaching learning approaches including a structured longitudinal programme on attitude, ethics and communication.

Role modelling and mentoring associated with classical approach to professional apprenticeship has long been a powerful tool. This approach alone is no longer sufficient for the development of a medical professional. The domains of attitude and communications with emphasis on ethics therefore need to be taught directly and explicitly throughout the undergraduate curriculum. The two major aspects of teaching professionalism include explicit teaching of cognitive base and stage appropriate opportunities for experiential learning and reflection throughout the curriculum.

AETCOM module has been prepared as a guide to facilitate institutions and faculty in implementing a longitudinal program that will help students acquire necessary competence in the attitudinal, ethical and communication domains. It offers framework of competencies that students must achieve. It also offers approaches to teaching learning methods. However, it is a suggested format and institutions can develop their own approaches to impart these competencies.

How to use this document

This document is a guide to facilitate institutions and faculty in implementing a longitudinal program that will help students acquire necessary competence in the attitude, ethics and communication domains. The purpose of this program is to allow the graduate to function in roles envisaged in the revised Graduate Medical Education Regulations, 2017 (GMR 2017). The revised GMR 2017 document creates roles for the graduate that goes beyond the traditional knowledge and skill components. In particular, it adds four roles – leader and member of the health care team, communicator, life-long learner and professional - which call for learning and skills not addressed by the traditional syllabi.

The document is divided into the following:

1. **Section I:** contains an extract of the goals, roles and universal competencies as envisaged in the GMR 2017 document. This is the base document upon which all learning in the undergraduate years must be based and lists the final competencies that all students must achieve.
2. **Section II:** contains suggested teaching modules for each professional year including resources cases and methods to teach.
3. **Section III:** contains a list of additional non-core competencies that form a desirable set of learning.
4. **Section IV**: is a competency log that contains a list of skills that may be acquired prior to graduation. These skills are best imparted in a simulated setting (usually involving standardized patients). They are also best done progressing in complexity over time. For example, a skill on communicating treatment options may be acquired at different levels of complexities spread over phases before finally being certified.
5. **Section V:** contains formative elements that are observable by tutors/mentors/guides and marked over time with appropriate feedback in a non-punitive fashion.
6. **Appendix 1**: consists of the entire set of competencies as approved by the Academic Committee of the Medical Council of India.
7. **Appendix 2**: provides a modified communication skill rating tool adapted from the Kalamazoo consensus.

Definitions

1. **Goal:** A projected state of affairs that a person or system plans to achieve.

   In other words: Where do you want to go? or What do you want to become?

2. **Competency:** The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

   In other words: What should you have? or What should have changed?

3. **Objective:** Statement of what a learner should be able to do at the end of a specific learning experience.

   In other words: What the Indian Medical Graduate should know, do, or behave.

Action Verbs used in this document

Knowledge	Skill	Attitude/communicate
Enumerate	Identify	Counsel
List	Demonstrate	Inform
Describe	Perform under supervision	Demonstrate understanding of
Discuss	Perform independently	
Differentiate	Document	
Define	Present	
Classify	Record	
Choose	Interpret	
Elicit		
Report		

Note:

1. Specified essential competencies only will be required to be performed independently at the end of the final year MBBS.
2. The word ‘perform’ or ‘do’ is used ONLY if the task has to be done on patients or in laboratory practicals in the pre/para- clinical phases.
3. Most tasks that require performance during undergraduate years will be performed under supervision.
4. If a certification to perform independently has been done, then the number of times the task has to be performed under supervision will be indicated in the last column.

Explanation of terms used in this document

Lecture	Any instructional large group method including traditional lecture and interactive lecture
Small group discussion	Any instructional method involving small groups of students in an appropriate learning context
DOAP (Demonstration-Observation - Assistance - Performance)	A practical session that allows the student to observe a demonstration, assist the performer, perform in a simulated environment, perform under supervision or perform independently
Skill assessment	A session that assesses the skill of the student including those in the practical laboratory, skills lab, skills station that uses mannequins/ paper case/simulated patients/real patients as the context demands
Core	A competency that is necessary in order to complete the requirements of the subject (traditional must know)
Non-Core	A competency that is optional in order to complete the requirements of the subject (traditional nice (good) to know/ desirable to know)
National Guidelines	Health programs as relevant to the competency that are part of the National Health Program

Domains of learning

K	Knowledge
S	Skill
A	Attitude
C	Communication

Levels of competency

K	Knows	A knowledge attribute - Usually enumerates or describes
KH	Knows how	A higher level of knowledge - is able to discuss or analyse
S	Shows	A skill attribute: is able to identify or demonstrate the steps
SH	Shows how	A skill attribute: is able to interpret/ demonstrate a complex procedure requiring thought, knowledge and behavior
P	Performs (under supervision or independently)	Mastery for the level of competence - When done independently under supervision a pre-specified number of times - certification or capacity to perform independently results

Note:

In the table of competency - the highest level of competency acquired is specified and implies that the lower levels have been acquired already. Therefore, when a student is able to SH - Show how - an informed consent is obtained - it is presumed that the preceding steps - the knowledge, the analytical skills, the skill of communicating have all been obtained.

It may also be noted that attainment of the highest level of competency may be obtained through steps spread over several subjects or phases and not necessarily in the subject or the phase in which the competency has been identified.

Teaching Learning Methods recommended

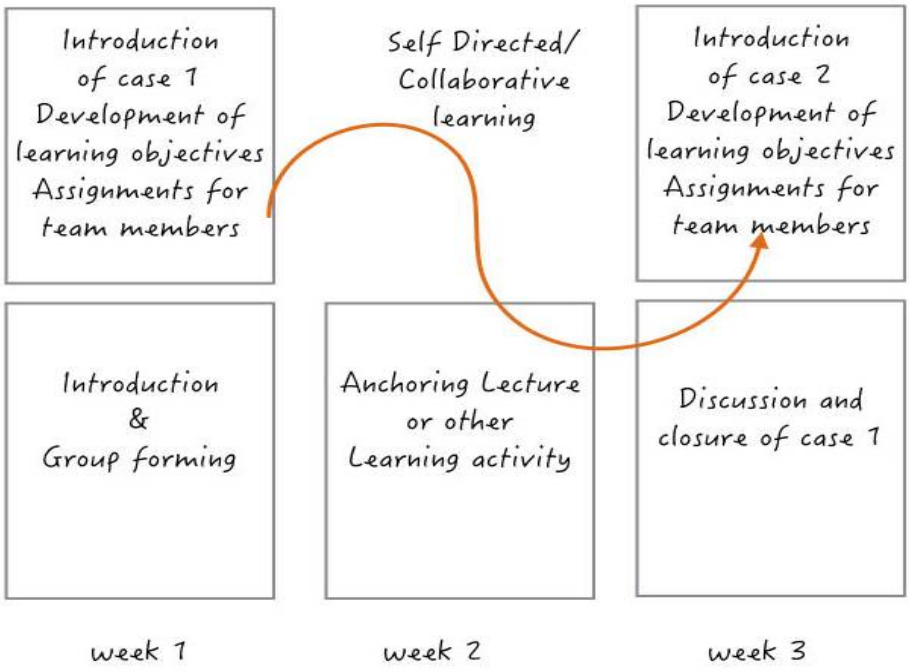
Guidelines for Case Discussion

A hybrid problem-oriented approach is one of the most effective ways for students to explore the various facets of "real life issues" that will confront them in their careers. In addition to problem solving skills, case discussions promote collaborative learning, team work, reflection and self-directed learning. The cases presented in this booklet represent competencies that lend themselves best to this form of learning.

The figure on the following page explains the suggested format of the hybrid problem-based learning method:

1. Two or more learning sessions are recommended for each session with ample time for self-directed learning and other learning activities between each session.
2. A case is introduced into a small group and the facilitator facilitates a small group discussion where,
    a. initial reactions of the group to the case is obtained
    b. the underlying ethical, legal and societal principles of the case are elicited
    c. learning objectives for the case are developed
    d. learning tasks are assigned for members of the learning groups
    e. learning resources are identified
        - The suggested location for such a session is a small group discussion area which requires a small table with seating for 8 - 10 students
        - Suggested duration for such a session is 1 hour
        - A board with chalk or marker is also required
3. Learning occurs in between sessions by the learners through following:
    - Self-directed learning by study of identified learning resources
    - Self-directed learning through study of online learning resources
    - Identification of legal, ethical and social precedents for the given settings
    - Obtaining opinion from seniors in the profession on their impressions on the setting
4. Reinforcement of the fundamental concepts underlying the case can be done through a large group learning session (lecture or equivalent) in between the small group sessions.

5. In the second session, the small group discussion is focussed on closure of the case (or the part of the case) for which learning objectives were identified for in the first session. The facilitators may guide the discussion based on the ethical, legal, societal and communication aspects of the case. The group discusses the case, based on the learning done in between the session and provides suggestions and alternatives on the approach for doctors to follow. It must be reiterated that there may not be one correct way to resolve a case. The approach will be to allow students to reflect, make a choice and defend their choice, based on their values and learning.



The Hybrid PBL model suggested for ATCOM Cases

Student narrative

The student narrative is a learning method that focuses on the following skills:

a. Elicit, observe and record data.
b. Reflect on the data at a higher level of thinking and derive opinions and conclusions.
c. Communicate the observations and conclusions in a written and verbal form and expand on and defend the conclusions with colleagues and teachers.
d. Form new experiences and conclusions based on this discussion.

Section I

Extract from the Graduate Medical Education Regulations, 2017

1. The undergraduate medical education program is designed with a **goal** to create an "**Indian Medical Graduate" (IMG)** possessing requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively *as a doctor of first contact of the community* while being globally relevant.

2. In order to fulfill this goal, the IMG must be able to function in the following **ROLES** appropriately and effectively:

2.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

2.2. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.

2.3. Communicator with patients, families, colleagues and community.

2.4. Lifelong learner committed to continuous improvement of skills and knowledge.

2.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

Global Attitude, Ethics and Communication Competencies addressed in the roles of an Indian Medical Graduate

3. Competencies: Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfill the roles as listed in item 2 above, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

3.1. Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

3.1.1. Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.

3.1.3. Demonstrate knowledge of medico-legal, societal, ethical and humanitarian

principles that influence health care.

3.1.4. Demonstrate knowledge of national and regional health care policies including the National Health Mission (NHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.

3.1.7. Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.8. Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.

3.1.9. Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

3.1.10. Maintain accurate, clear and appropriate records of the patient in conformation with legal and administrative frameworks.

3.1.11. Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

3.1.12. Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programs and policies for the following:

a. Disease prevention,
b. Health promotion and cure,
c. Pain and distress alleviation, and
d. Rehabilitation and palliation.

3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.

3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.

3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

3.2. Leader and member of the health care team and system

3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system

3.2.6 Recognise and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases, and b) cancer in collaboration with other members of the health care team.

3.3. Communicator with patients, families, colleagues and community

3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and

trustworthy.

3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.

3.3.4 Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision-making.

3.4. Lifelong learner committed to continuous improvement of skills and knowledge

3.4.1 Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

3.4.2 Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

3.4.3 Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

3.4.4 Demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient.

3.4.5 Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

3.5. Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

3.5.1 Practice selflessness, integrity, responsibility, accountability and respect.

3.5.2 Respect and maintain professional boundaries between patients, colleagues and society.

3.5.3 Demonstrate ability to recognize and manage ethical and professional conflicts.

3.5.4 Abide by prescribed ethical and legal codes of conduct and practice.

3.5.5 Demonstrate a commitment to the growth of the medical profession as a whole.

Assessment of skills related to Attitude, Ethics and Communication

Assessment is a vital component of competency based education. In addition to making the pass/fail decisions, a very important role of assessment is to provide feedback to the learner and help him/her to improve learning. The assessment in AETCOM nodule has been designed with this purpose. The teachers should use this opportunity to observe the performance and provide feedback based on their observations. In case a student has demonstrated a performance, which is considered below expectation, corrective action including counseling should be initiated. Many of the tools in this module may appear subjective but coupled with the experience of the assessor, they will serve a very useful purpose.

Section II

Learning modules for Professional year I

Number of modules: 5

Number of hours: 34

Module 1.1: What does it mean to be a doctor?

Background

It is important for new entrants to get a holistic view of their profession, its ups and downs, its responsibilities and its privileges. It is important to start this discussion early in their careers when their minds are still fresh with the thrill of joining medical school. Such a discussion will help them remember the big picture through the program and remind them why they have chosen to be doctors.

Competencies addressed

The student should be able to:	Level
1. Enumerate and describe professional qualities and roles of a physician	KH
2. Describe and discuss the commitment to lifelong learning as an important part of physician growth	KH
3. Describe and discuss the role of a physician in health care system	KH
4. Identify and discuss physician's role and responsibility to society and the community that she/ he serves	KH

Learning Experience

Year of study: Professional year 1

Hours: 8 (6 hours + 2 hours self-directed learning)

i. Exploratory session- 1 hour
ii. Facilitated panel discussion – 2 hours
iii. Self-directed learning - 2 hours
iv. Introductory visit to the hospital – 2 hours
v. Discussion and closure of case - 1 hour

1. An exploratory session with the students to find out (a) why they chose to become doctors, (b) what do they think are the privileges and the responsibilities of the profession, (c) what do they expect from society and what do they think society expects from them, and (d) what will they have to do and give up in order to meet their own and society's expectations. This is preferably done in a small group discussion.

2. A facilitated panel discussion involving doctors who are at different stages of their careers (senior, midlevel, young) during which these doctors share their experiences and also answer questions from the students.
3. Self-directed learning where students write a report from reflections based on sessions 1 & 2 and on other reading materials, TV series, movies etc. that they have chosen from the lay press about doctors' experiences.
4. Introductory visit to the hospital / community medical centres
5. A closure session with students to share their reflections based on 1, 2, 3 and 4 that includes their plans for the next 5 years in order to fulfill their professional and personal roles as doctors.
6. A coat ceremony in the Foundation Course may be considered. A white coat ceremony is held in many institutions, as a symbolic transition of the medical student prior to their first day of exposure to clinical teaching, in order to emphasize the importance of their new role as budding doctors.

Assessment

1. **Formative:** not required
2. **Summative:** not required

Resources

1. Whitcomb ME. What does it mean to be a physician? Acad Med.2007; 82: 917-8.
2. Eisenberg C. It is still a privilege to be a doctor? N Engl J Med 1986; 314:1113-1114.
3. Ofri D. Neuron overload and the juggling doctor. The Lancet 2010; 376: 1820 – 21.

Module 1.2: What does it mean to be a patient?

Background

Doctors deal with human suffering throughout their professional careers. A balanced approach to the patient care experience requires an understanding of patients, illnesses, their concepts of suffering, coping mechanisms, the role of the doctor, an exploration of empathy vs equanimity and the difference between healing and curing. An introduction to this fundamental but complex field is important in the first Professional year. An introductory experience will allow students to keep the patient experience in perspective during their learning.

Competencies addressed

The student should be able to:	Level
1.Enumerate and describe professional qualities and roles of a physician	KH
2. Demonstrate empathy in patient encounters	SH

Learning Experience

Year of study: Professional year 1

Hours: 8 (6 hours + 2 hours self-directed learning)

i. Exploratory session - 2 hours
ii. Hospital visit - 2 hours
iii. Self-directed learning - 2 hours
iv. Discussion and closure of case - 2 hours

1. An exploratory session with the students enquiring from them about their views on health, disease and suffering. Discussion could involve their personal ill health or involving someone they know among their families and friends. How did that experience affect them? What do they believe patients feel and go through? How does it affect patient's behaviour, outlook and expectations?
2. Students are assigned to patients in the hospital, interview them about their experiences, reactions, emotions, outlook and expectations.
3. Self-directed learning where students write a report from reflections based on sessions 1 & 2 and on other readings, TV series movies etc.
4. A closure session with students to share their reflections based on 1, 2 and 3.

Assessment

1. **Formative:** The student may be assessed based on their active participation and presentation (written and oral).
2. **Summative:** SAQ

Module 1.3: The doctor-patient relationship

Background

The doctor-patient relationship is the cornerstone to effective patient care. This session builds on the previous two sessions which address doctors and patients and attempts to explore the fundamental basis of the doctor-patient contract, its rules, boundaries and duties. It provides an introduction to the nature of relationship, importance of communication, honesty, transparency, shared responsibility, equality and vulnerability. This introductory session, though complex, will provide an overview for the student to provide them with a perspective on the doctor-patient relationship throughout their years of study.

Competencies addressed

The student should be able to:	Level
1.Enumerate and describe professional qualities and roles of a physician	KH
2. Demonstrate empathy in patient encounters	SH

Learning Experience

Year of study: Professional year 1

Hours: 7 hours (5 hours + 2 hours of self-directed learning)

i. Large group session- 1 hour
ii. Self-directed learning - 2 hours
iii. Interactive discussions – 2 hours
iv. Discussion and closure – 2 hours

1. Anchoring a large group session emphasising the fundamentals of the doctor- patient relationship (1 hour).
2. Self-directed/Guided learning by students on the doctor-patient relationship that includes learning from resources, lay press, media and movies (2 hours).
3. An interactive discussion in a small group, based on session 1, with illustrative cases. Examples of cases that can be used are provided in the resources section (2 hours) (or) a patient-doctor encounter observation with checklist may be used.
4. A closure session with reflection by the students, based on items 1, 2 and 3.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions. A written critique of the situations discussed in item 2 may be used for formative assessment.
2. **Summative:** Short questions for example a) rights of patients, b) responsibilities of patients, c) duties of doctors, and d) boundaries of the doctor-patient relationship.

Resources

1. http://www.cpso.on.ca/policies-publications/the-practice-guide-medical-professionalism-and-col/principles-of-practice-and-duties-of-physicians

Case for discussion 1:

A 53 year old man is seen by a cardiologist for chest pain lasting for a few minutes on accustomed exercise for the past 3 weeks. After a detailed history and physical examination, the doctor orders an ECG which was normal. He further orders an exercise stress test which showed reversible ischemia. The doctor orders an angiogram. At the time, the patient requests that he would like to have a second opinion. The cardiologist explains that he has done everything correctly and that the patient indeed requires an angiogram. The patient tells him that he cannot make a decision unless he talks to his family doctor of 20 years. The cardiologist is offended and tells the patient that he does not wish to see the patient any longer.

Points for discussion:

1. Trust in the doctor-patient relationship.
2. Rights of a patient, Duties of a doctor.
3. Does the request for a second opinion provide sufficient grounds to terminate the doctor-patient relationship?

Case for discussion 2:

A young doctor has been taking care of an 86 year old woman for the past 2 years. She had a fall 2 years ago and has been mostly bed ridden. She lives alone with just a care taker and her children are abroad. She requires preventive care mostly and the doctor makes house visits once a week. The doctor spends time talking to her during each

visit and makes her feel comfortable. One day during such a visit, the patient expresses the view that her children have been ungrateful to her and that she intends to call her lawyer today and divide her assets between the doctor and the caretaker after her death. What should the doctor do?

Points for discussion:

1. Boundaries in the doctor-patient relationship.
2. Trust and vulnerability in doctor-patient relationship.

Resources:

1. AMA Code of Medical Ethics: https://www.ama-assn.org/delivering - care/ama-code-medical-ethics (for case 1)
2. https://www.dovepress.com/getfile.php fileID=1351 (for case 2)

Module 1.4: The foundations of communication - 1

Background

Communication is a fundamental prerequisite in the medical profession and bedside clinical skills is crucial in ensuring professional success for doctors. This module provides students with an introduction to doctor-patient communication. The Kalamazoo consensus statement[1] provides a working model of teaching communication skills and may be used to impart communication skills. The five 'A's elements of behaviour change model may also be used. Effective listening, verbal and nonverbal communication and creating respect in patient encounters would be the skills that would be introduced.

Competency addressed

The student should be able to:	Level
Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non- judgmental and empathetic manner	SH

Learning Experience

Year of study: Professional Year 1

Hours: 7 hours (5 hours + 2 hours self-directed learning)

i. Large group session- 2 hours
ii. Self-directed learning - 2 hours
iii. Small group discussions – 2 hours
iv. Discussion and closure – 1 hour

Contents:

This module includes 3 interdependent learning sessions:

1. Introductory large group sessions on the principles of communication.
2. Self-directed/Guided learning by students on the importance and techniques of effective communication.
3. Small group sessions on improving communication. These sessions can include either videos or role play highlighting common mistakes in patient - doctor communication and allowing students to identify these mistakes and discussing on how to correct them. Situations that can be used include: a) a noisy ambience with a distracted doctor

who is multitasking, b) lack of eye contact, c) doctor who keeps on interrupting patients and not listening, d) doctor who talks down to patients etc.

4. Closure session with reflection by students in a small group based on sessions 1, 2 and 3 and with emphasis on learning done and future directions.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions. A written critique of the situations discussed in item 3 may be used for formative assessment.
2. **Summative:** may be deferred for later phases.

Resource:

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.

Module 1.5: The cadaver as our first teacher

Background

Medical students enter college and their first and lasting encounter is with the cadaver. Respect for cadaver as a teacher translates later into respect for human beings as teachers and a lifelong respect for learning. Throughout the world the emphasis on "humanizing" the cadaver with respect as first patient or first teacher has gained momentum.

Competency addressed

The student should be able to:	Level
Demonstrate respect and follows the correct procedure when handling cadavers and other biologic tissues	SH

Learning Experience

Year of study: Beginning and end of Professional year 1

Hours: 4 (2+2) hours

i. Opening session- 2 hours

ii. Closing session - 2 hours

Contents:

1. An initial introductory session (large or small group) should be on the importance of biologic tissues and cadavers in their learning. The discussion should focus on the fact that some of these cadavers were unclaimed but also many of them are an anatomic gift by families; respect for donor families, cadavers and tissues is important and must be respected. The session should include safe and clean handling and disposal of biologic tissues (2 hours).
2. A session at the end of phase is a small group or large group discussion with reflective presentations by students on how the cadaver helped them to learn, their experience with dissection etc. These sessions should allow the students to display their creativity and may include prose, poetry, sketches etc. An example of such a project is found in the resources section (2 hours).

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions. The respect and the manner in which students handle biologic tissues throughout the phase may be part of the overall formative assessment of the student.
2. **Summative:** may not be required.

Resource: http://medicine.yale.edu/education/donation/reflections/ (An example of the project is found here).

Learning modules for Professional Year II

Number of modules: 8

Number of hours: 37

Module 2.1: The foundations of communication - 2

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module continues to provide an emphasis on effective communication skills. During professional year II, the emphasis is on active listening and data gathering.

Competency addressed

The student should be able to:	**Level**
Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non- judgmental and empathetic manner	SH

Learning Experience:

Year of study: Professional year 2

Hours: 5 (1 + 2 +1+1)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills lab session – 1 hour
iv. Discussion and closure – 1 hour

Contents:

This module includes 2 interdependent learning sessions:

1. Introductory small group session on the principles of communication with focus on opening the discussion, listening and gathering data.
2. Focused small group session with role play or videos where the students have an opportunity to observe, criticise and discuss common mistakes in opening the discussion, listening and data gathering.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by the facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 may be used as part of formative assessment.
2. **Summative:** may be deferred.

Resources:

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.
2. Hausberg M. Enhancing medical students' communication skills: development and evaluation of an undergraduate training program. BMC Medical Education 2012; 12:16.

Module 2.2 The foundations of bioethics

Background

An introductory session in a large group that provides an overview of the evolution and the fundamental principles of bioethics including the cardinal pillars of ethics viz., autonomy, beneficence, non-maleficence and justice.

Competencies addressed

The student should be able to:	Level
1. Describe and discuss the role of non-maleficence as a guiding principle in patient care	KH
2. Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care	KH
3. Describe and discuss the role of beneficence of a guiding principle in patient care	KH
4. Describe and discuss the role of a physician in health care system	KH
5. Describe and discuss the role of justice as a guiding principle in patient care	KH

Learning Experience

Year of study: Professional year 2

Hours: 2 large group session - 2 hours

Contents:

This module is a large group learning session that can be made interactive by illustrative examples.

Assessment

Summative: Short notes on a) Autonomy b) Beneficence c) Non-maleficence

Resource:

A review of the four principles of bioethics is found here: http://archive.journalchirohumanities.com/Vol%2014/JChiroprHumanit_2007_v14_34-40.pdf

Module 2.3: Health care as a right

Background

This session is aimed at introducing students to health care systems, their access, equity in access, the impact of socio-economic situations in determining health care access and the role of doctors as key players in the health care system.

Competency addressed

The student should be able to:	Level
Describe and discuss the role of justice as a guiding principle in patient care	KH

Learning Experience

Year of study: Professional year 2

Hours: 2

i. Participatory student seminar - 2 hours

Contents:

This module may be done as a participatory student seminar with debates on the more controversial issues to increase a reflective process.

Focus may be on:

1. Is health care a right?
2. What are the implications of health care as a right?
3. What are the social and economic implications of health care as a right?
4. What are the missing links? (see resource 2 for a brief overview) and
5. What are the implications for doctors?

Assessment

Summative: Short note on barriers to implementation of health care as a universal right.

Resources

1. The Universal Declaration of Human Rights. http://www.un.org/en/documents/udhr/
2. Missing links in universal health care. http://www.thehindu.com/opinion/lead/missing-links-in-universal-health-care/article6618667.ece

Module 2.4: Working in a health care team

Background

This session is aimed at introducing students to health care systems and their functioning. It allows students to "tag along" with members of health care teams, observe their work and gain experience about their perspectives. It is hoped that this experience will help students to understand the need for collaborative work in health care, how each member of the health care team is important and also develop respect.

Competencies addressed

The student should be able to:	Level
1. Demonstrate ability to work in a team of peers and superiors	SH
2. Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers	SH

Learning Experience

Year of study: Professional year 2

Hours: 6 hours (4 hours "tag along" + 2 hours discussion)

i. "Tag along" session in hospital- 2 x 2 hours

ii. Small group discussion session - 2 hours

Contents:

This module may be done as two interdependent sessions:

1. A "tag along" session where students spend time with other health care workers including nurses, technicians and others, observe their work, their interactions, conduct a small interview with them and write a narrative based on this interview.
2. A small group discussion which is based on the students' observations, experiences, reflections and inferences and what must be done by them to work as an integral part of the health care team.

Assessment

Formative: Student participation in session 2 with assessment of submitted narrative.

Module 2.5: Bioethics continued – Case studies on patient autonomy and decision making

Background

The important parts of ethical care of the patient are best learnt in a hybrid problem-based format with additional lectures and other sessions that allow students to learn collaboratively with different learning styles. A guide for case discussion is provided in the resources section of this module and may be used as a guide for other modules. The key element is that students remain in the same group with the same facilitator since groups mature in their learning over time.

Competency addressed

The student should be able to:	Level
Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care	KH

Learning Experience

Year of study: Professional year 2

Hours: 6

i. Introduction and group formation - 1 hour
ii. Case introduction - 1 hour
iii. Self-directed learning - 2 hours
iv. Anchoring lecture - 1 hour
v. Case Resolution - 1 hour

Case: The Cover Up

You evaluate Mrs. Lakshmi Srinivasan who is a 48 year old woman presenting with lymphadenopathy. She had been complaining of mild fever and weight loss for the past 4 -5 months. Examination of the neck shows large rubbery lymph nodes that are present also in the axilla and the groin. There is a palpable spleen. She is accompanied by her caring husband.

Lakshmi undergoes a lymph node biopsy and the pathologist calls you and tells you that she has a lymphoma. That evening Mr. Srinivasan comes in first into your office and leaves the report on your table. As you read the description you realise that the final diagnosis has been altered to Tuberculosis by whitening out the pathologist's report. When you look up he tells you –"Sir, I googled lymphoma - it is almost like a cancer. My wife can't handle that diagnosis. She has always been a worried frightened person. I want you to tell my wife that she had TB. She is waiting outside, doctor. I thought I will call her in after I had a chat about this with you".

Points for discussion:

1. Does the patient have a right to know their diagnosis?
2. What should the patient be told about their diagnosis, therapy and prognosis?
3. How much should be told to a patient about their illness?
4. Are there exceptions to full disclosure? Can family members request withholding of information from patient?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on: 1) Define patient autonomy, 2) Contrast autonomy and paternalism, 3) What are the responsibilities of patients and doctors in shared decision making? 4) What is full and reasonable disclosure?

The suggested location, duration and requirements are as in item 2.

Once the case (or part of the case) is resolved, the next case (or the next part of the case) is introduced.

Module 2.6: Bioethics continued: Case studies on autonomy and decision making

Background

This introduces the student to further issues in autonomy including competence and capacity to make decisions (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support	KH

Learning Experience

Year of study: Professional year 2

Hours: 5

i. Introduction of case - 1 hour
ii. Self-directed learning - 2 hours
iii. Anchoring lecture - 1 hour
iv. Discussion and closure of case - 1 hour

Case: Life on a machine

You are taking care of 78-year-old Mrs. Mythili who was living all alone in an apartment with only a live-in caretaker, 3 streets away from your clinic. She is a widow and her only son emigrated to the US 32 years ago. He visits her once a year. One year ago, she had a fall with a hip fracture that healed badly. She has hypertension which is reasonably controlled on medications. She continues to come to your clinic once a month. Four months ago, she spent some time talking about her sister who recently died following metastatic breast cancer. “My sister suffered a lot, Doctor - they put a tube down her throat to breathe. Even when her heart stopped they kept thumping her chest - it was awful. If I ever fall sick I don't want to go through all this. Promise me, doctor, that you won’t do all of this to me. I have lived all alone since my husband died but I have lived independently - now I don't want to depend on a machine to live”. You had reassured her that she would be ok and this was just the recent death of her sister affecting her. On subsequent visits she would still bring up this issue and

state that there was no use of her living as a burden to anyone and that no one should endure what her sister had undergone.

One day you get a call from the Emergency Room of the local hospital stating that Mrs. Mythili has been admitted by the caretaker. She had developed fever and shortness of breath. She was brought hypoxic to the emergency room and they had intubated her. Chest X ray revealed a large pneumonic patch. Laboratory testing revealed hyponatremia.

When you visited her she is somewhat drowsy, intubated and restrained. The nurse tells you that she is sometimes lucid; at other times not even able to recognise her son who was there since this morning. She points out at the ET and makes a pleading gesture to remove it. Her son accosts you in the hallway. He tells you that he got a call while he was traveling in Singapore and took the first flight out to be with his mom. He was very distressed at his mother's health and that he wants "everything" possible done for her. You ask him if she had ever indicated what she wanted to be done if she were to require hospitalization and intubation - he says that he used to speak to her every month on the phone and she was always cheerful and enquiring about her grandchildren but did not talk about her health.

Points for discussion:

1. Extent of patient autonomy.
2. Elements in decision making: Competency vs Capacity.
3. Surrogacy in decision making.
4. Autonomy vs beneficence.
5. How much does family wishes count?
6. Legal, ethical and social aspects of 'Do not resuscitate'.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on:
   a) What determines decision making capacity and competency.
   b) Who has the right to make decisions for a patient who cannot determine for himself.

Resources: See Module 2.5

Module 2.7: Bioethics continued: Case studies on autonomy and decision making

Background

This introduces the student to further issues in autonomy including informed consent and refusal (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures	KH

Learning Experience

Year of study: Professional year 2

Hours: 5

i. Introduction of case - 1 hour
ii. Self-directed learning - 2 hours
iii. Anchoring lecture - 1 hour
iv. Discussion and closure of case - 1 hour

Case: Who is the doctor?

A 54 year old man named Mr. Surendra Patel is admitted for acute chest pain in a medical centre. His father had died of a myocardial infarction at the age of 60. Two years ago, his brother had been admitted to a hospital with a myocardial infarction and had died after complications following an angioplasty. Mr. Patel is a diabetic and is on multiple oral hypoglycemic agents with moderate control. He is a businessman with his own small industry. After initial stabilization, the patient is comfortable and pain-free after analgesics, nitrates and statins. Preliminary blood tests and ECG confirm an acute coronary event. The next morning, the senior cardiologist makes rounds and reviews the patient. “You have unstable angina, Mr. Patel and require an angiogram. You may also require either a stent or coronary bypass after the procedure. The nurse will provide you with the necessary paperwork. Please sign it and I will plan the procedure for 4.35 AM tomorrow morning.”. “Doctor sahib”, asked Mr. Patel, “I am not comfortable with the idea of an angiogram; my brother died on the table when an angioplasty was being done. Aren’t there other tests that

you can do? I am not happy with this option". "Your brother would have had it with someone else, Mr. Patel - I have the best hands in town; nothing will happen when I do it" retorted the cardiologist. "But aren't there any other options to see what I have? Is this the only test? I have read somewhere that you can do a CT angiogram", persisted Mr. Patel. "Are you the doctor or am I the doctor?" retorted the cardiologist angrily. "If you are ready to do as I say, sign the papers and I will see you in the Cath lab tomorrow. Otherwise you are free to get discharged". He stomped out.

Points for discussion:

1. Extent of patient autonomy.
2. Informed consent and informed refusal.
3. Conflict between autonomy and beneficence.
4. What should the patient be told about a procedure?
5. What must the informed consent include?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on 1) What is informed consent? 2) What is informed refusal?

Resources

See module 2.5

Module 2.8: What does it mean to be family member of a sick patient?

Background

Doctors deal with human suffering throughout their professional careers. A balanced approach to the patient care experience requires an understanding of support systems of patients, priorities coping and emotions of families, the role of the doctor, an exploration of empathy vs equanimity and the difference between healing and curing and support.

Competency addressed

The student should be able to:	Level
Demonstrate empathy in patient encounters	SH

Learning Experience

Year of study: Professional year 2

Hours: 6 (includes 2 hours of SDL)

i. Hospital visit & interviews - 2 hours
ii. Large Group Discussions with patients' relatives - 1 hour
iii. Self-directed Learning - 2 hours
iv. Discussion and closure - 1 hour

1. Students are assigned to patients in the hospital, interview their family about their illnesses, experience, reactions, emotions, outlook and expectations (or can be done in a controlled environment with standardised patients.
2. Family members of patients with different illnesses may be brought to a large group discussion with permission and an interactive discussion (based on the items outlined in option A. Can use standardised patients)
3. Self-directed learning where students write a report from reflection based on sessions 1 & 2 and on other readings, TV series, movies etc.
4. A closure session with students to share their reflections based on 1, 2 and 3 so that it includes how they intend to incorporate the lessons learnt in patient care.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions and submission of the written narrative.
2. **Summative:** Short questions on the role of doctors in the community and expectations of society form doctors.

   e.g. 1. What is empathy? What is the role of empathy in the care of patients?

Learning modules for Professional Year III

Number of modules: 5

Number of hours: 25

Module 3.1: The foundations of communication - 3

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module builds on the listening skills developed in professional year II. The Kalamazoo consensus statement provides a working model of teaching communication skills and may be used to impart communication skills. Skills, that will be introduced, should include "dealing with emotion".

Competency addressed

The student should be able to:	Level
Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner	SH

Learning Experience

Year of study: Professional year 3

Hours: 5 (1 + 2 +2)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills Lab session - 2 hour

Contents:

1. Introductory small group session on the principles of communication with focus on dealing with emotions.
2. Focused small group session with role play or video where students have an opportunity to observe, critique and discuss common mistakes when dealing with emotion.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 may be used as part of formative assessment.

2. **Summative:** may be deferred.

Resources

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.

2. Hausberg M. Enhancing medical students' communication skills: development and evaluation of an undergraduate training program. BMC Medical Education 2012; 12:16.

Module 3.2: Case studies in bioethics - Disclosure of medical errors

Background

This introduces the student to further issues in autonomy including full disclosure of mistakes (also see module 2.5).

Competency addressed

The student should be able to:	Level
Demonstrate an understanding of the implications and the appropriate procedure and response to be followed in the event of medical errors	SH

Learning Experience

Year of study: Professional year - 3

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: Seeking immunity

It was a busy clinic day and getting worse. Patients were getting impatient. Time was marching and details were becoming a casualty. Five year old Madhumita comes in with her mother. She has asthma and is under your care. You examine her and adjust your prescriptions and start your good byes. At that time, her mother reminds you that she is due for her booster shots. Oh that, you frown - and tell her to wait for a few minutes and that you will have the nurse load the injection and come to the adjoining room and give the injection. You ask the nurse to load the injection and keep it for you over the intercom.

You continue to see patients. After a couple of patients, the mother knocks indicating that she is getting late. You get up and go to the next room. The nurse is not there but you find a loaded syringe. You quickly administer the injection to the child and get back to seeing patients.

A few minutes later, the nurse calls back saying that she has loaded Madhumita's injections. You drop everything and go into the injection room and confront the nurse "But doctor that was gentamicin I had loaded for Mrs. Asif" she says.

Points for discussion:

1. Medical errors in clinical care.
2. The correct approach to disclosure of medical errors.
3. Consequence of failure to disclosure of medical errors including medico-legal, social and loss of trust.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions including role play on disclosure of errors.
2. **Summative:** Short questions on 1) What is the ethical standard in dealing with medical errors?

Module 3.3: The foundations of communication - 4

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module continues to provide an emphasis on effective communication skills. The emphasis is on administering informed consent during professional year III.

Competencies addressed

The student should be able to:	Level
1. Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner	SH
2. Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures	KH
3. Administer informed consent and appropriately address patient queries to a patient undergoing a surgical procedure in a simulated environment	SH

Learning Experience

Year of study: Professional year 3

Hours: 5 (1 + 2 +2)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills Lab session - 2 hour

Contents:

1. Introductory small group session on the principles of communication with focus on administering informed consent.
2. Focused small group session with role play or video where students have an opportunity to observe, criticise and discuss common mistakes in administering informed consent.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 may be used as part of formative assessment.
2. **Summative:** A skill station in which the student may administer informed consent to a standardized patient.

Resources

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.
2. Hausberg M. Enhancing medical students' communication skills: development and evaluation of an undergraduate training program. BMC Medical Education 2012; 12:16.

Module 3.4: Case studies in bioethics - Confidentiality

Background

This introduces the student to confidentiality and its limits (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to confidentiality in patient care	KH

Learning Experience

Year of study: Professional year 3

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: Do not tell my wife

Ramratan was in tears. “How is it possible doctor? We are expecting our son soon. He will not have a father”. Ramratan had seen you with vague aches, fever, weight loss and cough with expectoration not responsive to antibiotics for the past three months. He had a right mid zone lung shadow on X-ray and the sputum was positive for AFB. On being questioned, he had revealed that he had unprotected sexual intercourse with multiple partners 3 years ago. “But I stopped after I married Danno, doctor - I am faithful to her”. An informed consent was obtained and HIV screening test was ordered and it was positive. A confirmatory test was subsequently obtained and it was also positive. The CDC count was < 100. Ramratan had come to discuss the results of his HIV test. After consoling him and writing out prescriptions for TB and HIV, you mention to him that he must bring his wife for testing. “This is important, Ramratan”, you add - “especially since she is pregnant.”

“Absolutely not, sir!” he explosively retorts. “That is not possible. I will be humiliated. Danno will leave me and go. I will never be able to see my son. I will become

an outcast in our community. I can't live without my wife, doctor. I urge you, doctor - don't do this. I forbid you…"

Points for discussion:

1. The primacy of confidentiality in patient care.
2. What does confidentiality entail?
3. When can confidence be breached with whom and how?
4. Confidentiality and diseases that may engender patients and society.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on 1) What are the instances in which confidentiality of patient information may be breached?

Module 3.5: Case studies in bioethics - Fiduciary duty

Background

This module discusses doctor's duty including fiduciary duty (also see module 2.5)

Competencies addressed

The student should be able to	Level
1. Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues as it pertains to the physician - patient relationship (including fiduciary duty)	KH
2. Identify and discuss physician's role and responsibility to society and the community that she/ he serves	KH

Learning Experience

Year of study: Professional year 3

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: Is he a human being or a machine?

It was a long day and the surgeon has finished four surgeries. Two of these were complicated surgeries requiring all his experience and skills. But it was gratifying. After that he had seen 40 outpatients. He was the most successful doctor in that small community and had provided service for the past 25 years. He had finished his outpatient, ate his meal and went to bed. The night duty doctor who usually comes around 10 pm to sit in the clinic and answer calls from inpatients had taken the night off - he had entrance exams next day. Praying it would be a quiet night he told his wife - I am very very tired; make sure that I am not disturbed.

He woke up at 1AM with the sounds of commotion downstairs. He could hear signs of arguing - Call the doctor, he must come down. He could hear his wife - "please take her to the nearest government hospital. This is a surgical nursing home and doctor is very tired - I cannot wake him up." He could hear irate patient attendants - "but your board

says open 24 hours for emergency. The town hospital is 15 km. away. I don't know if my daughter will make it. By the time the venom will reach the brain. Call your husband now madam. This is not correct". His wife retorted "He has worked from 4AM this morning - he has gone to sleep very tired asking me not to wake him up. Is he the only doctor in town? Is he a human being or a machine? Why are you being unreasonable?" The surgeon reached out for his clothes…

Points for discussion:

1. Duty of a doctor.
2. The concept of fiduciary duty.
3. Balancing personal and professional life.
4. Where to draw the line!

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on: What is fiduciary duty?

Learning modules for Professional Year IV

Number of modules: 9

Number of hours: 44

Module 4.1: The foundations of communication - 5

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module continues to provide an emphasis on effective communication skills. During professional year phase III part II (year four), the emphasis is on communicating, diagnosis, prognosis and therapy effectively.

Competencies addressed

The student should be able to:	Level
1. Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner	SH
2. Communicate diagnostic and therapeutic options to patient and family in a simulated environment	SH

Learning Experience

Year of study: Professional year 4

Hours: 5 (1 + 2 + 2)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills Lab session - 2 hour

Contents:

This module includes 3 inter-dependent learning sessions:

1. Introductory small group session on the principles of communication with focus on administering communication, of diagnosis, prognosis and therapy.
2. Focused small group session with role play or video where students have an opportunity to observe critique and discuss common mistakes in communicating diagnosis, prognosis and therapy.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 mentioned above may be used as part of formative assessment.
2. **Summative:** A skills station in which the student may communicate a diagnosis management plan and prognosis to a patient.

Resources

Same as Module 3.1

Module 4.2: Case studies in medico-legal and ethical situations

Background

This module discusses the medico-legal and ethical conflicts in adolescents (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify, discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / Medical Termination of Pregnancy and reproductive rights	KH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Child's Child

You are the family doctor of Mr. Ravikiran for the past 10 years. One evening toward the end of a busy clinic Mr. Ravikiran, his wife and daughter come in. The usual smiles were absent. There was silence for a few minutes and when you asked what is the matter, Mr. Ravikiran points out to his wife and tells her that you tell him.

Reluctantly and with tears bursting in her eyes she tells you that her only daughter Sapna who is 16 years old had amenorrhea for 4 months. She had taken her to the gynecologist, who after examining her ordered an ultrasound scan of the abdomen which showed a 16 week fetus. After much argument and discussion, the family requested the gynecologist to perform a Medical Termination of Pregnancy (MTP). Sapna, however refuses to undergo an MTP - claiming that the child is her expression of love and that she believes that taking away her baby's life will be tantamount to murder.

The parents are embarrassed to face society and feel that continuing the pregnancy will harm the daughter. As parents, they feel that they have a right to determine if their daughter should undergo a Medical Termination of Pregnancy or not. The daughter feels that she is old enough. As their family doctor, they would like you to help them through this nightmare.

Points for discussion:

1. Who makes health care decisions for adolescents?
2. What are the medical implication of the MTP act?
3. Are there provisions for emancipated minors?
4. Should adolescents be included in the decision making process?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on the Medical Termination of Pregnancy Act

Module 4.3: Case studies in medico-legal and ethical situations

Background

This module discusses the medico-legal and ethical conflicts in organ transplantation (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify and discuss medico-legal, socio-economic and ethical issues as it pertains to organ donation	KH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The angry brick kiln owner

68 year old Muthukumar is your patient for the past 8 years. You are his family doctor and he seldom does anything without consulting you first. A self made man with no formal education he is a successful brick kiln owner in the suburbs of the city. He has hypertension and diabetes even before the time he has been under your care. Today he enters your office distraught and angry and unable to speak. You calm him down…

Muthukumar is a known diabetic and hypertensive for the past 23 years and has been on multiple medications in the past. Six years ago, he was diagnosed with chronic renal failure. For the past one year, his renal function has been worsening. The nephrologist that you had recommended had suggested dialysis and he has been on hemodialysis thrice a week for the past 6 months. At the last visit, he was suggested renal transplantation.

Muthukumar continues “I saw that kidney doctor today, Doctor. He said that I can get a new kidney instead of my old one. He told me that I need someone to donate a kidney to me. I told him that I don't need anyone’s charity and I can buy one donor. That doctor laughed at me, sir - he told me that I cannot buy any kidney and that one of my relatives must donate it to me - He even said that my younger brother is probably the best person to donate the kidney. How dare he, Sir - my younger brother who is dearer to me than a son. I have so many employees in my factory who will line up to give me a kidney. Why is this doctor talking like this?

Points for discussion:

1. Can a kidney be bought?
2. What are the health economic outcomes of selling a kidney?
3. What are the medico-legal and ethical implications of the Human Organ Transplantation Act?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on the Human Organ Transplantation Act.

Module 4.4: Case studies in ethics empathy and the doctor-patient relationship

Background

This module discusses some nuances in the doctor-patient relationship including - failure of therapy, termination of relationships etc. (also see module 2.5).

Competencies addressed

The student should be able to:	Level
1. Demonstrate empathy in patient encounters	SH
2. Communicate care options to patient and family with a terminal illness in a simulated environment	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: A letter from the grave

Respected doctor:

I am writing this letter with extreme sadness. As you may know that it has been three months since my wife and your patient Mrs. Alka Chaturvedi has passed away. I am writing this letter not with anger or with spite; I am writing this only with the intent that my wife's death not be in vain and that the lessons that can be learned from the way you took care of her may be valuable to other patients in your care and that they will receive the compassion and care from you that Alka never received.

As you may recall, Alka was diagnosed with breast cancer 5 years ago. We rushed to you knowing your reputation as a talented oncologist and we were not disappointed. Your aggressive approach to the disease made all the difference. Surgery and aggressive chemotherapy, while distressing, helped Alka beat the disease and she lived disease-free for 2 years. We were very happy and were and still are very grateful to you. But fate had

ordained that our joy will be short-lived. The disease came back with a vengeance. Even at this time you did not give up hope and took on the disease like a warrior but then there came a time that it was clear that the disease had won. We were devastated.

Alka looked up to you as a doctor to provide her with support but it looked like that you were unable to confront the failure. While you did prescribe pain medications and your office helped us find a home nurse you were reluctant to meet Alka or talk to her. When we called for appointments, your office would tell us to contact our family doctor for pain medications. When we did get to see you would not even look at Alka's eyes. You would distractedly talk to her, refill her pain medications and dismiss us quickly. It was as if we were seeing a different doctor than the one we had seen when all was well. And when Alka was admitted to the hospital where she breathed her last you would not even come and see her. We made so many requests for you to come and visit with her. I even called and told you that it would mean so much for her to see you before she departs but you did not.

Would it have been too much for you to come and hold her hand for a minute or say a kind word? Doctor - I am not as learned as you are but patients come to you and repose their faith in you to help them through their illness. We come to you not with the expectation that a cure is always possible but always with the expectation that you will support us in coping with the disease and the tremendous effects it has on our lives. We don't always expect you to succeed but we always expect you to show us care and compassion. I hate to point to out, doctor, that you abandoned Alka when it was clear that she will not be a trophy that you can parade as a success. You abandoned Alka and us at the time we needed you most. You sir, abandoned us when we were most vulnerable.

I write this to you not to fault your knowledge and skills which are considerable. I bear you no ill will. I am grateful that you gave Alka and our family a few more years of togetherness. I only write to remind you that knowledge and skills are not sufficient for a doctor. Compassion, empathy and non-abandonment are superior virtues. I can only hope that Alka's experience with you will help you take care of your other patients who may not all be successes, as you seem to define it. If only you provided patients empathy, all your patients will be your successes, irrespective of outcome.

Sincerely

Points for discussion:

1. The role of a doctor as a healer.
2. Failure of treatment and its implications for the doctor-patient relationship.
3. Empathy and patient care.
4. Can the doctor-patient relationship be terminated?
5. Hospice care.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on 1) Empathy 2) Doctor's responsibilities in the doctor-patient relationship 3) Doctor's responsibilities in the care of the terminally ill patient.

Module 4.5: Case studies in ethics: the doctor-industry relationship

Background

This module discusses some nuances in the doctor-industry relationship (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify and discuss and defend medico-legal, socio-cultural, professional and ethical issues in physician - industry relationships	KH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Launch

It was the end of the morning session in your clinic. You were getting ready to have lunch when you are told that a drug company representative wants to meet you. You let him in and he tells you. “Sir - we are launching a new combination drug next month. We are planning a one hour meeting to introduce you to the product. The meeting will be held in Singapore and we will fly you and your spouse business class. All expenses will be borne by us. You can stay there for 3 days, sir. The meeting will be held in a cruise ship. The meeting will be only for one hour, sir. After that there will be a gala dinner and entertainment, Sir. Also, to compensate you for losing your practice for those three days we will pay you an honorarium of Rs. 25000 for each day that you are there. This is our way of saying thank you for all the support in the past and the support that you are going to provide in making this new molecule a success.”

Points for discussion:

1. The influence of pharmaceutical industry on doctor's prescription behavior.
2. The limits of doctor - industry engagement.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on 1) Can doctors accept gifts from pharmaceutical industry? Explain your choice.

Resources

The MCI &AMA Code of Medical Ethics.

Module 4.6: Case studies in ethics and the doctor - industry relationship

Background

This module discusses some nuances in the professional relationships and conflicts there of (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Offer

You get a call from the secretary of the promoter of the largest and most successful corporate hospital in the city asking for an appointment for you with him. You are perplexed but make it to the appointment. You enter a large well appointed room. The owner of the hospital gets up from his chair, welcomes you and asks you to sit down.

"Welcome to our hospital, doctor." After a few minutes of empty banter, he says – "My marketing executives tell me that you are the most successful practitioner in this area. As you know, we are a growing organisation; we are eager to partner with you. Doctor, I know that you use the services of another hospital here but we can make it worth your while to consider". You look enquiringly. He continues. "In addition to your professional charges that you can determine, we can provide you with 20% of the hospital's collections from your patient including radiology and laboratory charges. If you send us your

outpatients for consultations, laboratory or radiology we will give you back 30% of our collections. We hope that you will consider this, doctor and become part of our extended family."

Points for discussion:

1. Fee splitting and other practices.
2. Can doctors become entrepreneurs?
3. Can doctors own pharmacies or hold stock in pharmaceutical companies?
4. What comprises professional conflict of interest?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on: 1) Fee splitting and its implications for patient care,
   2) Conflicts in professional relationships.

Module 4.7: Case studies in ethics and patient autonomy

Background

This module discusses ethical issues in care of children (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The "Cruel" Parents

A six year old boy is brought to the emergency room with a single episode of generalised tonic clonic convulsions. The child is stabilised on IV anti-epileptics and an oral anti-epileptic is started. There are no further episodes during the hospitalisation. The child is scheduled for an EEG and an MRI. Through this time the family had been cooperative with the treatment. The parents appear to be educated and appeared to care for their son deeply. When further investigations are suggested, the parents come back to you and say - "doctor, thank you for helping us at a time of need but we feel that it is against our faith to continue allopathic care. We have decided to go back to our ancestral village and our family shrine where we have scheduled a ritual tomorrow. Our priest has promised us that the child will be disease-free, if we perform the rites required. This convulsion is a result of the curse of our ancestors and if we do the requisite rituals to please them the

child will be cured of the disease. Please do not do anymore tests or treatments. We are stopping the medications tomorrow and will get discharged. Thank you."

Points for discussion:

1. Who has the right to decide for children?
2. Can parents refuse treatment even in life threatening situations?
3. What if there is a conflict?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on parental consent.

Module 4.8: Dealing with death

Background

Thanatology is a branch of science that deals with death. Death is an event that any medical student will inevitably face during the course of their professional career. Dealing with death empathetically and at the same time not being overwhelmed by it is an important coping skill for doctors.

Competencies addressed

The student should be able to:	Level
1. Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts.	SH
2. Demonstrate empathy to patient and family with a terminal illness in a simulated environment.	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Empty Bed

You are a house surgeon in the night shift of the ICU. A 19 year old girl Sharmila is wheeled into the ICU. She has a complicated history. She had surgery for cyanotic congenital heart disease at age 8. She has a history of severe asthma often requiring admission for steroids. She lives in a home near a construction site and recently the attacks have flared up. She now has frequent admissions for asthma exacerbations. She is now constantly on steroids. In the last month, she has had 3 admissions. But she fights it bravely. She carries her books with her when she comes in and after the attack settles down she sits quietly reading. Despite the struggle you noticed that the staff nurses liked her. She was positive and charming. Today was no different but the attack seemed worse.

In the ER, the FEV1 was horrible. They had pumped her with steroids, put her on continuous nebulization, an aminophylline infusion was in place when you received her. The smile was smaller but there. The face was cushingoid with all the steroids and the body looked tired. She was moved to her usual bed number 9. Your shift was getting over at 7 a.m. but you stayed on an hour. She looked better, the smile was back you reassured her and said I'll be back in the evening and left.

That evening you report for duty and as you look through the patients, bed number 9 is empty. "Have you discharged Sharmila?" you asked the nurse. No doctor – she developed a sudden cardiac arrest at 12 noon – we could not revive her.

Points for discussion:

1. How should doctors deal with the emotions of patients and family facing death?
2. What does the patient experience when he/she is dying? Can physicians make the process of death comfortable?
3. What are the emotions faced by doctors when confronting death in patients? Is death a defeat for the doctor? Should the doctor be emotionally detached from a dying patient?
4. What are the cultural aspects of dying?

Alternate Case: I have decided to die

You are a physician in a community care practice for over 20 years and caring for various patients. Mr. Bhaskara Rao is a patient in your care for the past 14 years. He is 76 years old and has diabetes for the past 30 years. He had renal failure for the past 10 years and is CKD stage V requiring dialysis for 3 years. While he is following up with the nephrologist he values your position in his family as a family doctor and regularly visits you to check if his treatment is correct and more often to seek reassurance. He has invited you to all his family events – the last being one month ago for his grandson's wedding.

This morning you get a call from him. "Doctor! He says in his usual cheerful voice. Can I meet you tomorrow? I have fulfilled all my responsibilities in life. I am not sad. My children are all settled; my grandson is married; my wife as you know is no more. I have decided to stop my dialysis and say goodbye to this world. I thought I'll talk to you about how to prepare for my death!"

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Points for discussion:

1. Can patients choose to die? Is there a role for doctors in the death of patients? Can doctors assist death?
2. How should doctors deal with the emotions of patients and family facing death?
3. What does the patient experience when he/she is dying? Can physicians make the process of death comfortable?
4. What are the emotions faced by doctors when confronting death in patients? Is death a defeat for the doctor? Should the doctor be emotionally detached from a dying patient?
5. What are the cultural aspects of dying?

Assessment

1. **Formative:** Participation in sessions may be used as part of formative assessment. Submitted narrative on the socio cultural aspects of death may be used as assessment**.**
2. **Summative:** Short question on assisted dying.

Module 4.9: Medical Negligence

Background

This introductory session allows students to be familiar with the legal aspects of care including negligence and malpractice and ways to protect themselves from such issues.

Competencies addressed

The student should be able to:	Level
1. Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to medical negligence	KH
2. Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to malpractice	KH

Learning Experience

Year of study: Professional year 4

Hours: 4

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Discussion and closure of case – 1 hour

Learning Method

This is an interactive panel discussion by students with legal experts and senior members of the medical profession. A written summary of learning may be provided by the student based on the learning.

Assessment

1. **Formative:** Submitted summary may be used as assessment.
2. **Summative:** Short question on medical negligence

Section III

Competency Acquisition: Suggested Log Book pattern

Name of student	Roll number	Year of joining
Specific competency no.		
Competency required to graduate	Universal competency no.	
Administer informed consent to a patient undergoing surgery in a simulated environment (Dreyfus level advanced beginner)		
Competency must be acquired at the end of professional year	IV	
Is the acquisition of this competency a prerequisite to advancement to the next phase	Yes/ No	
Does this competency require performance in a patient	Yes/ No	
Number of times the student must have performed the skill		
	Date Completed	**Supervisor**
Certified by Faculty: Name, Date and UID		
Student's descriptive narrative of skill acquired		
Faculty only: If the student has not completed the competency, write down the reasons and remedial measures suggested		

Section IV

Formative Elements to be marked by Tutor

(Desirable competencies in attitude, ethics and communication skills that may be included in whole or part of the formative assessment of the student)

	Competency	**PY1**	**PY2**	**PY3**	**PY4**
	Indicate as appropriate to the level of training DME: Does not meet expectations; ME - Meets Expectations; N/A: Not applicable				
1.	demonstrate ability to work in a team of peers and superiors				
2.	demonstrates respect to patient privacy				
3.	demonstrate ability to maintain confidentiality in patient care				
4.	demonstrate a commitment to continued learning				
5.	demonstrate responsibility and work ethics while working in the health care team				
6.	demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers				
7.	demonstrates ability to maintain required documentation in health care (including correct use of medical records)				
8.	demonstrates personal grooming that is adequate and appropriate for health care responsibilities				
9.	demonstrates adequate knowledge and use of information technology that permits appropriate patient care and continued learning				
10.	demonstrates respect and follows the correct procedure when handling cadavers and other biologic tissues				
11.	demonstrates awareness of limitations and seeks help and consultations appropriately				
12.	demonstrates appropriate respect to colleagues in the profession				
	Feedback provided to student (Y/N)				
	Signed by Mentor/tutor Name: Faculty ID	Initial/ Date	Initial/ Date	Initial/ Date	Initial/ Date

Appendix 1

List of competencies in Attitude, Ethics and Communication

Note: Competencies from 1 - 39 are core competencies. Competencies 40 -54 are non-core (desirable) competencies that be assessed formatively

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
1	Enumerate and describe professional qualities and roles of a physician	K	KH
2	Describe and discuss the commitment to lifelong learning as an important part of physician growth	K	KH
3	Describe and discuss the role of non-malfeasance as a guiding principle in patient care	K	KH
4	Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care	K	KH
5	Describe and discuss the role of beneficence of a guiding principle in patient care	K	KH
6	Describe and discuss the role of a physician in health care system	K	KH
7	Describe and discuss the role of justice as a guiding principle in patient care	K	KH
8	Identify and discuss medico-legal, socioeconomic and ethical issues as it pertains to organ donation	K	KH
9	Identify and discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / medical termination of pregnancy and reproductive rights	K	KH
10	Identify, discuss and defend medico-legal, socio-cultural economic and ethical issues as it pertains to rights, equity and justice in access to health care	K	KH

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
11	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to confidentiality in patient care	K	KH
12	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care	K	KH
13	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making	K	KH
14	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to decision making in emergency care including situations where patients do not have the capability or capacity to give consent	K	KH
15	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to research in human subjects	K	KH
16	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to health care in children (including parental right to refuse treatment)	K	KH
17	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to health care in children including parental rights	K	KH
18	Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures	K	KH
19	Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues as it pertains to the physician patient relationship (including fiduciary duty)	K	KH

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
20	Identify and discuss physician's role and responsibility to society and the community that she/ he serves	K	KH
21	Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues in physician industry relationships	K	KH
22	Demonstrate ability to work in a team of peers and superiors	S	SH
23	Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgemental and empathetic manner	S	SH
24	Demonstrate respect to patient privacy	S	SH
25	Demonstrate ability to maintain confidentiality in patient care	S	SH
26	Demonstrate a commitment to continued learning	S	SH
27	Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers	S	SH
28	Demonstrate responsibility and work ethics while working in the health care team	S	SH
29	Demonstrate ability to maintain required documentation in health care (including correct use of medical records)	S	SH
30	Demonstrate personal grooming that is adequate and appropriate for health care responsibilities	S	SH
31	Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning	S	SH

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
32	Demonstrate respect and follows the correct procedure when handling cadavers and other biologic tissues	S	SH
33	Administer informed consent and appropriately address patient queries to a patient undergoing a surgical procedure in a simulated environment	S	SH
34	Communicate diagnostic and therapeutic options to patient and family in a simulated environment	S	SH
35	Communicate care options to patient and family with a terminal illness in a simulated environment	S	SH
36	Demonstrate awareness of limitations and seeks help and consultations appropriately	S	SH
37	Demonstrate appropriate respect to colleagues in the profession	S	SH
38	Demonstrate an understanding of the implications and the appropriate procedure and response to be followed in the event of medical errors	S	SH
39	Identify conflicts of interest in patient care and professional relationships and describes the correct response to these conflicts	S	SH
40	Demonstrate empathy in patient encounters	S	SH
41	Demonstrate ability to balance personal professional priorities	S	SH
42	Demonstrate ability to manage time appropriately	S	SH
43	Demonstrate ability to form and function in appropriate professional networks	S	SH

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
44	Demonstrate ability to pursue and seek career advancement	S	SH
45	Demonstrate ability to follow risk management and medical error reduction practices where appropriate	S	SH
46	Demonstrate ability to work in a mentoring relationship with junior colleagues	S	SH
47	Demonstrate commitment to learning and scholarship	S	SH
48	Identify, discuss and defend medico-legal, socio-cultural, economic and ethical issues as they pertain to in vitro fertilisation donor insemination and surrogate motherhood	K	KH
49	Identify, discuss and defend medico-legal, socio-cultural professional and ethical issues pertaining to medical negligence	K	KH
50	Identify, discuss and defend medico-legal, socio-cultural professional and ethical issues pertaining to malpractice	K	KH
51	Identify, discuss and defend medico-legal, socio-cultural professional and ethical issues in dealing with impaired physicians	K	KH
52	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support	K	KH
53	Demonstrate altruism	S	SH
54	Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment	S	SH

Additional list of desirable competencies in attitude, ethics and communication but listed as non-core

Competency	Domain	Level
Identify, discuss, and defend medico-legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support	K	KH
Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues in dealing with impaired doctors	K	KH
Demonstrate altruism	S	KH
Administer informed consent and appropriately addresses patient queries to a patient being enrolled in a research protocol in a simulated environment	S	KH
Demonstrate appropriate respect to colleagues in the profession	S	SH
Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to medical negligence	K	KH
Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to malpractice	K	KH
Demonstrate ability to balance personal professional priorities	S	SH
Demonstrate ability to manage time appropriately	S	SH
Demonstrate ability to form and function in appropriate professional networks	S	SH
Demonstrate ability to pursue and seek career advancement	S	SH
Demonstrate ability to follow risk management and medical error reduction practices where appropriate	S	SH
Demonstrate ability to work in a mentoring relationship with junior colleagues	S	SH

Competency	Domain	Level
Demonstrate commitment to learning and scholarship	S	SH

Appendix 2

Communication skills rating scale adapted from Kalamazoo consensus statement

Rating 1-3 - Poor, 4 -6 Satisfactory, 6 -10 Superior

Criteria	Score
Builds relationship	
Opens the discussion	
Gathers information	
Understands the patient's perspective	
Shares information	
Manages flow	
Overall rating	

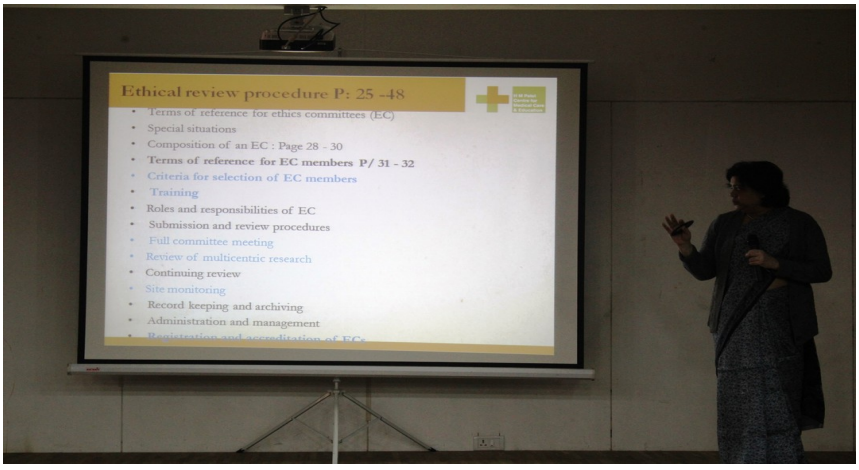
FACULTY OF DENTAL SCIENCE
DHARMSINH DESAI UNIVERSITY

College Road, Nadiad - 387001.
Ph: 0268- 2522994, 2520502, Fax: 0268-2527077, 2520501,
Website: www.ddu.ac.in , Email: vcddit@yahoo.co.in

Training Session on Good Clinical Practice (GCP) and Schedule Y was held on 22nd December 2018 at Faculty of Dental Science Auditorium by Dr. Barna Ganguly, Dr. Swapnil Agarwal and Dr. Dinesh Kumar. They enlighten on Importance of Ethics in Human Research, Good Clinical Practice and various aspect of formation and functioning of institutional ethical committee (IEC).The session was informative for all participants of Faculty of Dental Science, DDU, Nadiad.







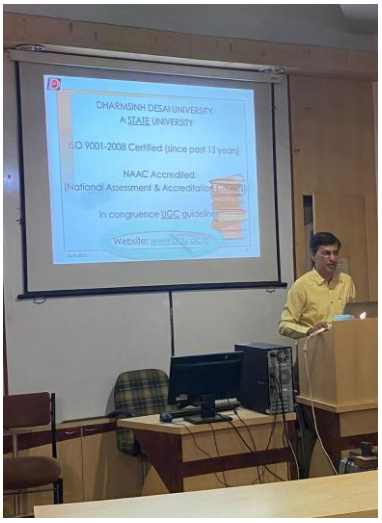




DHARMSINH DESAI UNIVERSITY
FACULTY OF DENTAL SCIENCE
(Recognized by the Dental Council of India, New Delhi)
College Road, **Nadiad** - 387001. Website: www.ddu.ac.in
Mobile: 98247 27077 Ph: 0268- 2527077, 2522994, Email: ddudental@gmail.com

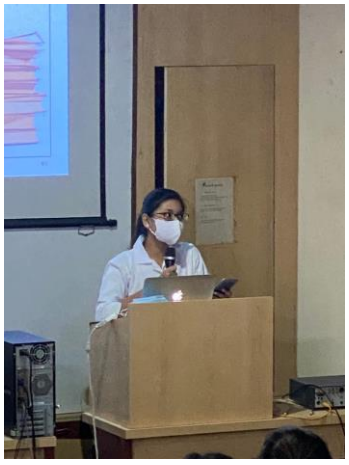
Orientation program for the newly admitted undergraduate students of Faculty of Dental Science college, Dharmsinh Desai University, Nadiad was organized on 4th January, 2021. Dean Shri Dr. Hiren Patel Sir gave a welcome address. Professor Dr. Aakash Shah introduced the freshers to history & culture of college campus & university.

















DHARMSINH DESAI UNIVERSITY
FACULTY OF DENTAL SCIENCE
(Recognized by the Dental Council of India, New Delhi)
College Road, **Nadiad** - 387001. Website: www.ddu.ac.in
Mobile: 98247 27077 Ph: 0268- 2527077, 2522994, Email: ddudental@gmail.com

The Orientation program for first year students was held on 12th May 2022 at Faculty of Dental Science. Dr. Aakash Shah welcomed the new students and gave a brief overview about our institute. The students were oriented regarding their duties and responsibilities during the whole academic period. The session was informative for all participants of Faculty of Dental Science, DDU, Nadiad.









Dharamsinh Desai University

Training program for Non Teaching Staff
(Laboratory Assistants, Office Staff)

Day	First Lecture (8:30-9:30 AM)	Second Lecture (9:30-10:30 AM)	Third Lecture (3:30-4:30 PM)
Tuesday 6/12/2022	Vision Mission Quality policy **(Dr M S Rao)**	Service conditions (Registrar) **Mr M R Bhavsar**	Use of IT **(IT Administration) (Dr. Purvang Dalal)**
Wednesday 7/12/2022	Time Management **(Dr N K Patel)**	Preparation and monitoring of budget **(Mr Hardik)**	Support to academic Wings Student-centric approach **(Shri T Smith)**
Thursday 8/12/2022	General writing skills **(English Department)**	Inter Personal skills **(Dr Frince Thomas)**	Know Your University **(Shri D Chhaya)**
Friday 9/12/2022	Communication skills **(English Department)**	Positive attitude **(Mr Patik MBA)**	Code of conduct **(Shri D Chhaya)**
Saturday 10/12/2022	Stress Management **(Mr Patik MBA)**	Maintaining daily work sheet	Manual of work of section. Delegation of power.

Dharmsinh Desai University
Faculty of MIS
Department of MCA

21.09.2021

A Report on **"Orientation Program"** of newly enrolled students to MCA semester I.

Department of MCA, Dharmsinh Desai University organized orientation program for newly enrolled students of MCA I on Monday, 20.09.2021 from 11:00 am to 12:00 pm.
The session was honoured with the presence of

- Dr. R K Jain, Registrar, D D University
- Dr. N K Patel, Dean Faculty of MIS
- Dr. N A Joshi, head of MCA Department

The program started by welcome speech and introduction of faculty members of the department by Prof. Hetal Patel followed by Deep pragatya and prayer. Shah Nidhi of MCA Semester III recited the prayer.

Prof. Purvi Jardos introduced students to the dignitaries. All the dignitaries gave inspiring welcome speech to the newly enrolled students.

Dr. N A Joshi talked about how hard-work, discipline and committent take one to the places and make impossible possible.
Dr. Naresh Patel talked about life at DDU and how to manage day-to-day life along with continuous study and handling pressure of deadlines and exams.
Dr. R K Jain took students to the journey of DDU over the decades and shared some useful lessons he learnt.

Dr. Ajay Roy explained sessional exam scheme, passing criteria and attendance mechanism in place to the students.

Prof. Utsav Patel talked about how to be industry ready for the placement drives at DDU and briefed students about placement process and placement statistics of previous few years.

Dr. Vivek Vyas delivered welcome speech thanking faculties, dignitaries and the parents and students for being present at the program and making it a memorable event.

The program ended with reciting national anthem.


Dharmsinh Desai University
Nadiad
Department of MCA


Dharmsinh Desai University
Nadiad
Department of MCA




Dharmsinh Desai University
Nadiad
Department of MCA


Dharmsinh Desai University
Nadiad
Department of MCA


Dharmsinh Desai University
Nadiad