



स्वास्थ्य सर्वोपरि Swasthya Sarvopari



“Reforming Education with Special Focus on Health Care”



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EDITORIAL



Dr. Sunita Mondal,
Addl. DGHS, Dte. GHS, MoHFW

Ancient India boasted of a rich and holistic education system, particularly during the Golden age of the Gupta Empire, which lasted from 320 to 550CE .The Vedic education system emphasized on moral, intellectual and physical development by employing two primary methods: oral instruction and reflective thinking (Chintan). The ‘Gurukuls’ nurtured scholars in various disciplines such as philosophy, mathematics, medicine, and astronomy while instilling values, self-discipline, and vocational skills.

However, during the British colonial rule the changing policies gradually ended this system, replacing it with a textbook-driven approach that prioritized rote learning over critical or reflective thinking.

Over time, the Indian education system evolved significantly. With the advent of modern education learners, had access to current information and offsetting the transition toward a knowledge-based society. Modern education is more interdisciplinary and application based, making India’s system a globally recognized and distinctive model. However, despite these advancements, the quality of education has witnessed a sharp decline in recent years. Many students now study merely for academic credentials rather than genuine learning and personal growth.

The dominance of rote and rehearsed learning, especially in fields like medicine, continues to shape India’s education perspective. From early childhood, learning is often confined to memorization rather than stimulating curiosity, associative and conceptual understanding. Ideally, early education should encourage creativity, interactive learning, and problem-solving skills rather than memorization and recall. As students’ progress, academic pressure intensifies.

To add to the problem is the culture of career choices being often dictated by parental and societal expectations rather than individual aptitude and aspirations. The overwhelming emphasis on securing a medical or engineering seat stifles exploration of alternative career paths.

The mushrooming of coaching institutes and non-attending schools further aggravates the issue. The so-called Dummy or non-attending schools enrol students without requiring regular attendance, focusing solely on entrance exam preparation for medical and engineering seats. There is an imperative need for systemic reforms, including quality teaching at the foundational level, stricter attendance monitoring, and curriculum improvements to reduce dependence on coaching institutes.

Many students join coaching classes as early as grade seven, prioritizing multiple-choice question drills over conceptual learning and creative thinking. This approach hampers their preparedness for real-world applications. In professional institutes especially in medical colleges, large class sizes and absenteeism further hampers with hands-on training, effective development of attitude, ethics and communication skills. Moreover, medical education requires better clinical exposure to bridge the gap between theoretical knowledge and practical application.

To add to this problem is the neglect of physical and mental well-being, which poses a serious concern amongst the student groups. Institutions often lack structured physical education programs, contributing to long-term health issues. To mitigate this, the government must enforce smaller class sizes, skill-based learning, and comprehensive attendance policies while integrating lessons on nutrition, exercise, and mental well-being. Additionally, excessive screen time and social media distractions require structured digital literacy programs to promote responsible usage.

The tremendous academic pressure has also contributed to a rise in anxiety, depression, and suicides amongst students. Mental health awareness initiatives, counselling services, and stress-relief activities should be integral to the education framework.

A well-balanced education system must prioritize curiosity, life skills, and career flexibility. Integrating academics with mental and physical well-being support will cultivate competent professionals and responsible and happy individuals, ensuring a healthier and more skilled workforce for the future.

We need to promote standardized teaching methods that extend beyond board exam preparation. While regulations on coaching centers including minimum age

requirements will reduce academic pressure, but their effectiveness will depend on proper implementation at ground level. These measures alone may not sufficiently curb the prevalence of non-attending schools targeting medical and engineering aspirants.

Our medical education system faces a unique duality of producing world-class doctors, while grappling with challenges of excessive competition, extreme academic stress, over emphasis on theoretical knowledge which fails to translate to practical competence and still continuing to battle the older problems like urban rural divide, social and economic differences, unequal access and opportunities.

This divide leads to the brain drain and many professionals often relocate to more developed countries with better infrastructure and emoluments.

The Competency-Based Medical Education (CBME) are positive initiatives by National Medical Commission, but the success rests not only on robust implementation but also on a fundamental shift in mind-set of medical fraternity.

There is an urgent need to address the challenges, so as to provide a better future to our children. We must move beyond a system that prioritizes learning by memorization and exam scores to one that cultivates a love of learning, curiosity, critical thinking, and skill based assessment across all semesters.

This transformation can only happen with the active participation of all stakeholders – students, parents, educators, policymakers, and healthcare professionals. Reviving the core principles of ancient Indian education by blending values-based learning with modern advancements, could pave the way for a more holistic and enriching academic experience and producing better healthcare professionals

INFLUENCE OF HEALTHY DIET HABITS in Education System.

Dr. Ajit Kumar Pradhan, Medical Officer AYUSH (Ayurveda), Department of AYUSH, AIIMS, Bhubaneswar

Acharya Charak said, “*SarvamanyatParityajyaShareeramAnupalayet Tad Abhave Hi BhabanamSarvabhabamShareerinam.*” This means health should be maintained by leaving others aside; if not maintained properly, one cannot sustain a happy life. A wise man should be vigilant about his body, like the Lord of the city looks after the town, and the charioteer protects the chariot.

A happy and healthy life is maintained by maintaining good health. A healthy diet maintains good health. A healthy diet contains appropriate macro and micro nutrients for energy and physiological needs. Inadequate and excessive intake disrupts the body's homeostasis, causing malnutrition, obesity, and metabolic and infectious diseases. Intervention of healthy diet and lifestyle habits in education system may improve and correct unhealthy behaviours.

Malnutrition is characterized by insufficient intake of essential nutrients leading to deficiency, and over nutrition is characterized by consuming an excessive or high-calorie diet that profoundly impacts health and well being. Poor nutrition, early childhood, and adolescent obesity affect the academic performance of students. Under nutrition weakens the immune system leading to recurrent infection and stunted growth. Recurrent infection increases absenteeism and hampers educational achievement. Undernourished children also suffer cognitive impairment that diminishes learning capacity and poor academic performance.

Non-communicable disease is traditionally considered an adult disease, but a higher prevalence of childhood obesity is alarming to the world. Overweight or obesity is growing among students due to unhealthy lifestyles and unbalanced and deficient diets. Lack of time, financial issues, stress, and severe irregularity affect eating habits, lack of dietary fibers, and high carbohydrates and fat, causing their diet to be high in calories. Consumption of fast food, fried food, carbonated drinks, and sweets regularly increases the risk of diabetes, cardiovascular diseases, and other metabolic or non-communicable diseases.

Our traditional system of medicines also believes in healthy dietary habits and eating behaviour for health promotion, prevention, and treatment of the disease. Ayurveda is a traditional Indian system of medicine that describes Ahara (diet) as Mahabhesaja (supreme medicine). Ahara, Nidra (sleep), and Brahmacharya (celibacy) are the three pillars of life sustenance.

Different types of eating habits are described in Ayurveda. Asta Ahara Vidhi Vishesa Ayatana (eight specific factors for diet), wholesome and unwholesome food, and Virudhha Ahara (incompatible food) are mentioned in Ayurveda. Vishamasana (eating irregularly) impairs digestive function, and the production of Ama (toxin due to improper digestion) leads to disease manifestation.



Breakfast increases glucose levels, attention, memory, and recalling capacity. At the same time, fasting in the morning leads to an inability to concentrate. Ayurveda believes Satvik Ahara improves intellectual and productive work and alleviates negative thinking, depression, and anxiety.

Several studies revealed that the practice of healthy eating behaviours improves students' academic performance. Students with balanced and nutritious food have better attendance, test scores, and diminished behavioural issues.

CONCLUSION

Incorporating healthy eating habits in education system:
Improves students' academic achievements and reduces the country's economic burden.

CHALLENGES IN PARAMEDICAL EDUCATION - Need for Paradigm Shift

Prof (Dr) Gitanjali, HOD Biochemistry, AIIMS Bathinda

Paramedical personnels are the pillars of strength of health care system. They are the backbone of any of the healthcare and can have a remarkable impact on the patient care. Paramedics are integral part for the community services to provide primary health care, health education, disease prevention, clinical assessment, and evidence-based interventions.

However the education of paramedics is usually ignored or is kept on secondarily importance. Since with the shift of Medical Education towards competence based medical education we are targeting the holistic approach towards patient care , however we are lagging behind the same strategical improvement in paramedical education.

This has been even more profoundly affected with incorporation of CBME as the focus has completely shifted to medical student education in Medical Colleges and Health Universities which are most important resource hub for paramedical education.

Skill based education and assessment should be the main focus for medical as well as paramedics. Though we have shifted towards skill education and skill assessment for medical student, it is equally required for training of paramedical students. Certifiable competencies for skill development should be an integral part of training of paramedical. Evidence based care provided by paramedical is highly important for patient care. It requires logical thinking and skill.

Lack of effective regulatory council for paramedical courses and even for some courses there are no regulatory councils at National level is a major drawback. This leads to non-uniform syllabi and curriculum , eligibility criteria for these courses. Besides this due to lack of uniform guidelines infrastructure availability for training for these students are not available. Lack of trained staff in unsupervised degree providers is also posing a hindrance to effective training of these students.

Theory practice gap is significantly affecting the evidence based skill development and Skill labs are a good opportunity for bridging this gap. Skill labs are also helpful where required infrastructure and /or trained resource faculties are not adequate. The ethics and communication skills are also one major aspect which is being ignored in paramedical education.

Entrance exams for jobs is again imposing challenge in providing future 'work-ready' graduates since it is based on knowledge and there is no assessment of skill. The main focus of paramedics is shifting towards clearing of these entrance exams rather than on skill training.

An insight into understanding the role of paramedics in the provision of emergency health care and factors that are influencing their training is the need of hour. And aiming for holistic approach for patient care without evolving paramedical education will not be possible.

Conclusion

CONCLUSION

**Skill based Paramedical Education is the need of hour.
Our health system is at a stake if we are not addressing
this issue for holistic patient care we must think.**

Are we hitting the right note !!!

REFORMING EDUCATION WITH A Special Focus on Health Care and Practical Skills

Dr. Lekshmi Bejoy, Dy. Airport Health Officer, Airport Health Organization, Trivandrum

Traditional education prioritizes theoretical knowledge while neglecting essential life skills, health awareness, and vocational training. This outdated system leaves students unprepared for real-world challenges. A reformed, skill-oriented approach can ensure students become academically proficient, physically and mentally strong, and financially independent.

Currently, students spend nearly 25 to 30 years in educational institutions before becoming job-ready, losing their most energetic years. The present system, rooted in the British colonial era, was originally designed to produce clerks. Instead of continuing this ineffective model, schools must integrate vocational training early, enabling students to become self-sufficient much earlier in life.

A strong education system must prioritize health from childhood. Schools should educate students about nutrition, exercise, hygiene, and mental well-being. Healthy eating habits should be encouraged through nutritious school meals and brain-boosting foods such as Brahmi, walnuts, and flaxseeds. Daily exercise, yoga, and mindfulness should be mandatory, while proper sleep hygiene should be emphasized to reduce fatigue and stress. Mental health education must cover stress management, emotional intelligence, and self-care, with access to school counsellors. Additionally, schools should restrict junk food and excessive screen time to promote overall well-being.

Beyond memorization, cognitive development should be a priority. Schools must introduce methods that enhance logical and critical thinking skills. Techniques such as Abacus training improve mental calculation, while Vedic Mathematics enhances problem-solving abilities. Incorporating memory techniques, mindfulness, and creative problem-solving activities can significantly boost attention spans, emotional stability, and innovative thinking.

Vocational training should be a core part of education to equip students with practical life skills. Schools should teach basic cooking and organic farming to encourage self-reliance and sustainable living.

Financial literacy, including budgeting, investments, and tax management, must be introduced to develop strong money management skills. Entrepreneurship training should be encouraged to foster creativity and independence rather than producing job-seekers.

In today's world, technological skills like coding, artificial intelligence, and automation are essential for staying competitive in the job market.

The one-size-fits-all education system fails to accommodate students with different learning abilities. Schools must be more inclusive by identifying learning disorders such as dyslexia, ADHD, and autism at an early stage. Teachers should be trained to use personalized teaching methods rather than forcing all students into the same academic structure.

Inclusive education must be strengthened by employing special educators, therapists, and customized learning materials. Instead of labelling students as weak in traditional subjects, schools should identify and nurture their strengths in arts, sports, or problem-solving.

Parents should also be educated about learning differences and encouraged to support their children's unique educational journeys instead of pressuring them to conform to outdated academic expectations.

A reformed education system that prioritizes health, vocational training, and real-world skills is crucial for a thriving society. Schools, governments, and parents must work together to create an environment that nurtures both physical and mental well-being while equipping students with the skills necessary for independence.

CONCLUSION

By integrating health education, physical activity, proper nutrition, financial management, entrepreneurship, farming skills, technological literacy, and inclusive learning, we can ensure that students grow into capable, confident, and innovative individuals.

It is time to move away from outdated models and embrace a flexible, skill-oriented approach that prepares students not just for exams, but for life itself."

ISSUES AND CHALLENGES IN THE EXISTING HEALTHCARE EDUCATION (Medical, Paramedical, Nursing) SYSTEM in Islands, Remote Areas, Tribal Regions, and Union Territories (UTs) in India.

Dr. Anand Lingeswaran. MD. Associate Professor & Head, Department of Psychiatry, GB Pant Hospital, Andaman & Nicobar Islands Institute of Medical Sciences (ANIIMS) Sri Vijaya Puram, Andaman & Nicobar Islands

Introduction

Healthcare education in India has made significant strides in recent decades, but disparities remain evident, particularly in remote, tribal, and island regions. The Government of India has attempted to bridge the gap through various initiatives, yet the healthcare education system in these areas remains plagued by multiple challenges. The lack of adequate medical colleges, paramedical and nursing institutes, infrastructure, faculty shortages, and funding limitations contribute to a compromised healthcare workforce. These challenges are further exacerbated by difficult terrain, poor connectivity, and reluctance among healthcare professionals to serve in these areas.

Key Issues and Challenges

1. Limited Healthcare Educational Institutions

- The number of medical and nursing colleges in these regions is significantly low. Most medical colleges and nursing schools are concentrated in urban and semi-urban areas, leading to a lack of local talent development in remote regions.
- Lack of postgraduate medical training programs and specialization opportunities result in a shortage of specialists in these areas.
- Paramedical education, which is crucial for supporting healthcare delivery, is underdeveloped in such regions, leading to a workforce gap in allied health services.

2. Infrastructure Deficiencies

- Poorly equipped institutions with inadequate laboratory facilities, skill labs, and libraries hinder effective teaching and practical learning.
- Lack of advanced medical simulation centers and telemedicine facilities limits students' exposure to modern medical technologies.
- Insufficient hostel accommodations discourage students from enrolling in medical and paramedical education programs in these regions.

3. Faculty Shortages and Retention Challenges

- Attracting and retaining qualified faculty members remains a major challenge. Most experienced professors and trainers prefer working in urban areas due to better career prospects, research opportunities, and quality of life.
- High attrition rates among teaching staff affect continuity in education, leading to frequent faculty vacancies.

- Contractual and visiting faculty appointments often compromise the quality of medical education.
4. **Geographic and Logistical Barriers**
 - Difficult terrain, lack of proper roads, and transportation issues make it challenging for students and faculty to commute to educational institutions.
 - Harsh weather conditions in island territories and mountainous tribal areas disrupt academic schedules, causing frequent delays in coursework and examinations.
 - Remote locations also make it difficult for students to access internships and practical training in well-equipped hospitals.
 5. **Language and Cultural Barriers**
 - Many tribal communities have their own dialects, making it difficult for students from these communities to grasp medical terminologies and concepts taught in English or Hindi.
 - Lack of culturally appropriate curriculum and training material further alienates students from tribal and remote areas.
 - Community resistance to modern healthcare education due to traditional beliefs and practices creates additional challenges.
 6. **Financial Constraints and Lack of Incentives**
 - Limited financial aid and scholarships for students from these regions hinder their ability to pursue higher medical education.
 - The high cost of medical and nursing education makes it unaffordable for students from economically weaker sections in remote areas.
 - Government incentives and stipends for students pursuing medical education in these areas are inadequate to encourage enrolment.
 7. **Poor Digital and Telecommunication Connectivity**
 - Lack of high-speed internet and digital infrastructure limits access to online learning platforms, telemedicine training, and e-learning resources.
 - Online education, which became a necessity during the COVID-19 pandemic, was largely inaccessible to students in these regions due to poor connectivity.
 - Limited availability of digital devices such as tablets or laptops further restricts remote learning opportunities.
 8. **Shortage of Clinical Exposure and Internship Opportunities**
 - Medical and nursing students require hands-on clinical training, but many hospitals in remote areas lack sufficient patient inflow or complex cases for adequate learning.
 - Internship postings in these regions are often seen as unattractive due to lack of adequate medical facilities and mentorship opportunities.
 - Many students prefer to migrate to urban areas for better clinical exposure, leading to brain drain from these underserved regions.

9. Lack of Research and Innovation Opportunities

- Medical and nursing research remains largely neglected in these regions due to lack of research funding and mentoring.
- Absence of research institutions and clinical trials opportunities hinders the development of healthcare solutions tailored to the specific needs of remote communities.
- Inadequate government-industry-academia collaborations further limit advancements in healthcare education and practices.

Government Initiatives and Policy Measures

- The Indian government has introduced various initiatives to improve healthcare education in underserved regions:
- Establishment of AIIMS-like Institutions: Some UTs and remote regions have received new medical colleges under government initiatives. However, their functioning remains limited due to faculty shortages.
- National Health Mission (NHM): Focuses on strengthening healthcare infrastructure and human resources in rural and tribal areas.
- Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): Aims to improve tertiary healthcare by setting up AIIMS and upgrading existing medical institutions.
- NEP 2020 (National Education Policy): Proposes reforms in medical education, including digital learning to bridge the urban-rural divide.
- Incentivized Medical Postings: Some states offer financial incentives for doctors and medical staff willing to work in remote areas.

Recommendations for Improvement

1. Strengthening Infrastructure and Digital Connectivity

- Establish more medical, nursing, and paramedical colleges in remote regions with well-equipped facilities.
- Develop telemedicine hubs and virtual learning platforms to support students in remote locations.
- Improve hostel and transportation facilities to encourage student enrolment.

2. Faculty Development and Retention Strategies

- Offer higher salaries, research grants, and career growth opportunities to attract experienced faculty to these regions.
- Implement faculty exchange programs to ensure quality education despite shortages.
- Provide incentives such as housing, travel allowances, and hardship allowances to faculty members working in remote locations.

3. Community-Based Medical Education

- Introduce curriculum models that integrate local culture, language, and traditional medicine practices with modern healthcare education.
- Involve tribal leaders and community elders in healthcare awareness programs to improve acceptance of medical education.
- Develop local health worker training programs to create a skilled workforce from within these communities.

4. Expanding Financial Aid and Scholarships

- Increase the number of scholarships and loan waivers for students from remote and tribal areas.
- Introduce subsidized education programs to encourage more students to take up medical, paramedical, and nursing courses.
- Provide financial support for research projects focusing on rural healthcare challenges.

5. Enhancing Internship and Practical Training

- Establish partnerships between urban hospitals and rural medical colleges to facilitate clinical exposure.
- Develop mobile health units where students can gain practical experience in delivering primary healthcare services.
- Promote government-mandated rural service bonds for medical graduates with better incentives.

CONCLUSION

The healthcare education system in India's remote, island, tribal, and UT regions requires urgent reforms to address the existing disparities. Infrastructure development, faculty retention, digital transformation, community engagement, and financial support are essential to improve medical, paramedical, and nursing education in these under-served areas.

Strengthening the education system in these regions will not only benefit the local population but also contribute to a more equitable and robust healthcare system in India.

EMPOWERING MEDICAL STUDENTS THROUGH MENTORSHIP

The Mentor-Mentee Program Experience

Dr. Arti Maria, MD, DM (Neonatology), Professor & Dean, ABVIMS & Dr. RML Hospital

Introduction

The transition from school to medical college marks a significant shift in a student's academic and personal life. The rigorous demands of medical education, coupled with the pressures of clinical exposure, often make this transition overwhelming. Recognizing the challenges that students face during this critical phase, ABVIMS & Dr. RML Hospital launched the Mentor-Mentee Program, a structured initiative aligned with the National Medical Commission (NMC) guidelines. This program is designed to provide medical students with holistic support—academic, professional, and emotional—to nurture their development into competent and compassionate healthcare professionals.

Objectives of the Program

The Mentor-Mentee Program is founded on the principle that mentorship is not only about academic guidance but also about fostering personal growth and emotional resilience. The core objectives of this initiative include:

- (a) **Comprehensive Support:** Addressing students' emotional well-being, career aspirations, and overall professional development.
- (b) **Mutual Learning:** Creating a two-way learning process that benefits both mentors and mentees, encouraging continuous knowledge-sharing.
- (c) **Personalized Interaction:** Facilitating informal yet meaningful engagements that foster stronger mentor-mentee relationships.

Leveraging Experience: Providing students with the opportunity to learn from faculty mentors and senior peers, gaining insights from their knowledge, leadership, and experience.

Structured Allotment Process

To ensure effective mentorship, a well-defined and transparent allotment process was implemented.

- # **Faculty Participation:** Faculty members interested in becoming mentors were identified through a poll conducted via WhatsApp, ensuring voluntary participation and commitment.
- # **Identifying Students in Need:** Class representatives played a crucial role in highlighting students who required additional support, whether academic, emotional, or social.
- # **Target Groups:** The program specifically focused on first- and second-year MBBS students (2023 and 2022 batches), who often face the greatest adjustment challenges in their medical journey.

- # **Mentor Pairing:** Faculty mentors were paired with students based on gender preferences and adjacent roll numbers to facilitate smoother communication and comfort.
- # **Peer Mentorship:** In addition to faculty mentorship, senior students from the 2022 batch were assigned to guide their juniors, fostering a culture of camaraderie and peer-based learning.

Roles and Responsibilities of Mentors

Mentors play a pivotal role in shaping the academic, professional, and personal development of their mentees. Their responsibilities extend beyond mere guidance, encompassing:

- (i) **Commitment:** Ensuring active engagement and providing both academic and emotional support.
- (ii) **Career and Academic Guidance:** Helping students navigate their medical education journey, offering insights into career options, and sharing relevant resources.
- (iii) **Constructive Feedback:** Identifying strengths and weaknesses in mentees and offering suggestions for improvement in a supportive manner.
- (iv) **Encouragement and Motivation:** Inspiring mentees to embrace challenges, explore new opportunities, and develop confidence in their abilities.

Potential Impact of the Program

A well-structured mentorship program has the potential to transform medical education by fostering a more supportive and engaging learning environment. Some of the anticipated benefits of this initiative include:

- 1. **Enhanced Student Engagement:** With personalized guidance, students are likely to exhibit improved participation and academic performance.
- 2. **Emotional and Psychological Support:** A strong support system can significantly reduce stress and mental health concerns among medical students.
- 3. **Peer Learning Culture:** Encouraging students to learn from each other and develop leadership skills through peer mentorship.
- 4. **Faculty Development:** The mentorship experience also benefits faculty members by enhancing their teaching, counseling, and leadership capabilities.

Challenges and Overcoming Barriers

Despite its immense potential, the implementation of the Mentor-Mentee Program has not been without challenges. Key obstacles include:

- (A) **Time Constraints:** Faculty members and students often struggle to balance mentorship with academic and clinical commitments.

- (B) Unrealistic Expectations: Clear communication is necessary to ensure that both mentors and mentees understand their roles and do not expect more than what can realistically be provided.
- (C) Personality Differences: In some cases, mentor-mentee pairings may not be compatible. A flexible reassignment process allows students to switch mentors if needed.
- (D) Lack of Formal Training for Mentors: To enhance the effectiveness of mentorship, faculty development workshops are being conducted to equip mentors with necessary skills.

The Way Forward

For a mentorship program to be truly impactful, it must be continuously evaluated and refined. Future steps to ensure sustainability and effectiveness include:

- ▶ Regular Meetings: Encouraging periodic mentor-mentee meetings to strengthen engagement and maintain support systems.
- ▶ Virtual Support: Incorporating online mentorship sessions when in-person interactions are not feasible.
- ▶ Cycle of Mentorship: Encouraging current mentees to become future mentors, creating a self-sustaining culture of mentorship within the institution.

CONCLUSION

The Mentor-Mentee Program at ABVIMS & Dr. RML Hospital is not just an academic initiative but a transformative step toward holistic medical education. By fostering mentorship at multiple levels, faculty-student and peer-to-peer, it cultivates an environment of guidance, support, and mutual growth. While challenges exist in its implementation, a commitment to continuous improvement and innovation will ensure its long-term success. In a demanding field like- Medicine, where academic pressures can be overwhelming, mentorship serves as a beacon of support, guiding students toward both professional excellence and personal well-being.

**“The Mentor-Mentee Program was launched at
ABVIMS & Dr. RML Hospital
as a transformative step toward holistic medical education.”**

“EIGHTY PERCENT OF SUCCESS? ... Just Be There!”

*Dr Anjali Singal, Dr Anju Choudhury, Dr Priti Chaudhary,
Department of Anatomy, All India Institute of Medical Sciences, Bathinda*

Woody Allen's saying "eighty percent of success is showing up" underscores the critical importance of consistent attendance and active participation, offering benefits beyond the academic learning.

Declining Importance of Attendance in Educational Institutes in the Digital World

With the rise of online learning resources, recorded lectures, and flexible study choices, the traditional emphasis on physical attendance in educational institutes is diminishing. Technological advancements like AI- driven tutoring, interactive on-line platforms, discussion forums offer more personalised experience than classroom. While flexible learning options like remote and hybrid models allow students to balance education with work and personal commitments, physical attendance should still be considered an essential part of the learning experience.

Why Physical Attendance Still Matters?

- **Enhanced Academic Performance:** Being present in classes leads to a deeper understanding and better retention of material, resulting in improved grades.
- **Practical Experience:** Subjects such as Science, Arts, and Sports often require hands-on activities that cannot be fully replicated online. Group discussions, presentations, laboratory experiments and research, enrich the learning experience.
- **Skill Development:** Regular attendance cultivates discipline, time management, and responsibility. Engaging in classroom activities promotes critical thinking, problem-solving, and teamwork.
- **Social Interaction:** In an era where younger generations are adept with digital assistants like Siri and Alexa, face-to-face communication skills are diminishing. Attending school fosters friendships and enhances interpersonal abilities. The COVID-19 pandemic has already highlighted the irreplaceable value of in-person learning environments.
- **Emotional and Mental Development:** Education extends beyond academics; it helps students build resilience, manage stress, and gain exposure to diverse perspectives, broadening their world view, better in physical environment
- **Preparation for future endeavors and Career Preparation:** Consistent attendance instils habits essential for higher education and professional life, where punctuality and active participation are often expected.



Crucial Role of Regular Attendance in Medical Education

For medical students especially of Generation Z and upcoming gen Alpha, regular attendance in educational settings is paramount. Despite their digital proficiency, the unique demands of medical education necessitate consistent in-person participation. It is rightly said *“When attendance declines, so does excellence and medicine demand both”*

Key Benefits are:

- **Clinical Competence:** Medicine requires hands-on training (patient interactions, lab work, and clinical simulations) that demands physical presence.
- **Professional Socialization:** Consistent attendance fosters professional behaviour and ethics by enabling in-person engagement with peers, mentors, and patients, instilling essential medical values.
- **Adaptation to Technological Integration:** Regular attendance allows students to learn how to effectively combine digital tools with patient care under the supervision of experienced professionals.

Barriers in regular attendance

Along with availability of on-line learning sources, other major barriers include medical and mental health issues, bullying, personal challenges, lack of resources like transportation, housing issues, inequitable access to services and others.

Strategies to address attendance challenges

- Promote a positive institutional environment and sense of belonging among students.
- Use data pro-actively to identify absent students early and connect with them.
- Accommodate medical needs to ensure students receive equitable access to learning.
- Build trust and surfaces creative solutions by engaging families and communities as partners in removing attendance barriers
- **Interactive and Engaging Classroom Environment:** Use active learning techniques such as case studies, problem-solving exercises to make in-person sessions more valuable.
- While technological advancements offer supplementary learning tools, the benefits of physical attendance in educational institutions remain unparalleled. For modern tech-friendly students, "showing up" remains a cornerstone of their journey to become competent and compassionate professionals, so must be considered. But, does merely showing up truly matters?



The fact is **“mindful presence outweighs mere physical attendance.”**

MOVEMENT IS MEDICINE

*Dr. Sonia Sandip, Dr. Sonam Kaur Walia, Dr. Nikhil Kumar Meena, Dr. (Prof) Shibani Mehra
Department of Radiodiagnosis, ABVIMS & Dr. RML Hospital, New Delhi*

Working in India's healthcare sector provides unique insights into how our education system impacts the physical well-being of young students. Through daily observations in medical settings, it becomes increasingly clear that the relationship between physical activity and student health requires urgent attention within our educational framework.

The current scenario in Indian schools presents concerning trends. According to the National Education Policy 2020, less than 50% of Indian schools have adequate playgrounds or sporting facilities. This statistic takes on deeper significance when viewed alongside healthcare data showing increasing lifestyle-related health issues among school-going children.

Recent studies in the Indian Journal of Pediatrics indicate that urban Indian children spend an average of 6 hours daily on screens, while only dedicating 30 minutes to physical activities.

Our healthcare system is alarmingly witnessing a surge in lifestyle-related conditions among younger age groups. Childhood obesity, poor posture, vitamin D deficiency, and the early onset of lifestyle diseases are on the rise, particularly in urban areas. These health issues, which were once uncommon in young people, are increasingly affecting school-going children, highlighting a critical gap in our education system.

What makes this particularly concerning is that many of these health issues are preventable through regular physical activity. Medical evidence consistently shows that children who engage in regular sporting activities demonstrate better overall health indicators. This isn't just about physical health – regular exercise and sports activities contribute significantly to mental well-being, stress reduction, and improved cognitive function.

The Indian education system's intensive focus on academic achievement often creates an environment where sports are viewed as secondary to academic pursuits. However, our traditional knowledge systems have always emphasized the importance of physical development alongside mental growth. Looking at this through a healthcare lens, there's a clear need to revive this holistic approach to education.

The disparity in sports facilities between private and government schools exacerbates this problem. While some private schools boast sophisticated sports infrastructure, the majority of Indian students attend schools where physical education is frequently neglected in favor of academic subjects. To address this inequality, systematic reform is necessary to integrate physical activities into the curriculum of all schools, ensuring that every student has equal access to sporting facilities and physical education opportunities.

Importantly, effective solutions don't always require extensive resources. Traditional Indian games like Kho-Kho and Kabaddi, basic athletic activities, and structured physical exercise programs can be implemented with minimal infrastructure. The key lies in ensuring regular, structured physical activities within the daily school routine.

From a healthcare perspective, the benefits of regular sporting activities extend beyond immediate physical health. Students who participate in regular physical activities typically show better immunity, improved concentration, and enhanced stress management capabilities. These benefits translate into reduced healthcare requirements and decreased school absenteeism – factors that have significant long-term implications for both individual well-being and public health resources.

The connection between regular physical activity and reduced healthcare costs cannot be overlooked. Preventive healthcare through regular sporting activities in schools could significantly reduce the burden on our already stretched healthcare system. This makes it not just a health issue but also an economic one, worthy of serious consideration in educational policy-making.

THE PRESCRIPTION IS CLEAR

Movement is medicine. By embracing sporting activities as an essential educational strategy, we can transform individual lives and, by extension, create healthier, more resilient societal frameworks.



LEVEL UP YOUR MED SCHOOL: Game with Yoga

Rajesh Kumar, Dibakar Borthakur, Department of Anatomy, All India Institute of Medical Sciences, Patna,

Yoga is practiced as a holistic approach to integrate mind and body via various physical postures, controlled breathing activities, and meditation. It acts via various mechanism regulating nervous, endocrine, and immune systems, which leads to better cognitive function, stress management, and overall well-being which is crucial for a medical student's success.

Teaching and learning exercise in medicine can be stressful sometimes impacting physical and mental health of students. Yoga interventions like meditation and breathing exercises can decrease the stress response by positive influence on parasympathetic system leading to decreased cortisol. Yoga can regulate central stress response system by modulating the activity of hypothalamic-pituitary-adrenal (HPA) axis. It also regulates the level of various neurotransmitters like gamma-aminobutyric acid (GABA) related to decreased stress and anxiety.

Rapidly advancing field of medicine demands higher intellect and requires sharp cognition. Yoga has been reported to improve memory (spatial and working) by various mechanisms. Via the parasympathetic modulation, it can increase blood flow to the brain. It can modulate the activities of various parts of brain which can be detected via EEG (electroencephalogram).

Growth, survival, and synaptic plasticity of neurons can be improved by elevating levels of various proteins like brain-derived neurotrophic factor (BDNF); improving memory and cognition. Further, yoga can regulate the oxidative stress and maintain telomere length, leading to decreased cellular ageing of neurons and enhancement of cognition.

Hectic schedule and improper time management can lead to sleep deprivation in medical students. Yoga can promote better sleep quality by reducing stress, activating autonomic nervous system, and regulating sleep-wake cycle. It can promote melatonin production, which is the main hormone for regulation of sleep wake cycles. It can reduce the amount of time to fall asleep, cause fewer awakenings during the night, and improve overall in energy levels.

For medical professionals, empathy and social bonding are essential qualities. Meditation and Yoga can increase self-awareness, emotional regulation and decrease the impulsive behaviour. It can normalise the activities of brain regions associated with emotional control like prefrontal cortex and amygdala. It also influences the secretions and activities of hormone like oxytocin, associated with behavioural control related to empathy, trust and social bonding. Yoga practices involving focused attention and mental discipline improve these abilities, potentially due to increased activity in brain regions associated with attention and cognitive control. Yoga activates the prefrontal cortex, responsible for executive functions like concentration, decision-making, and working memory. It also

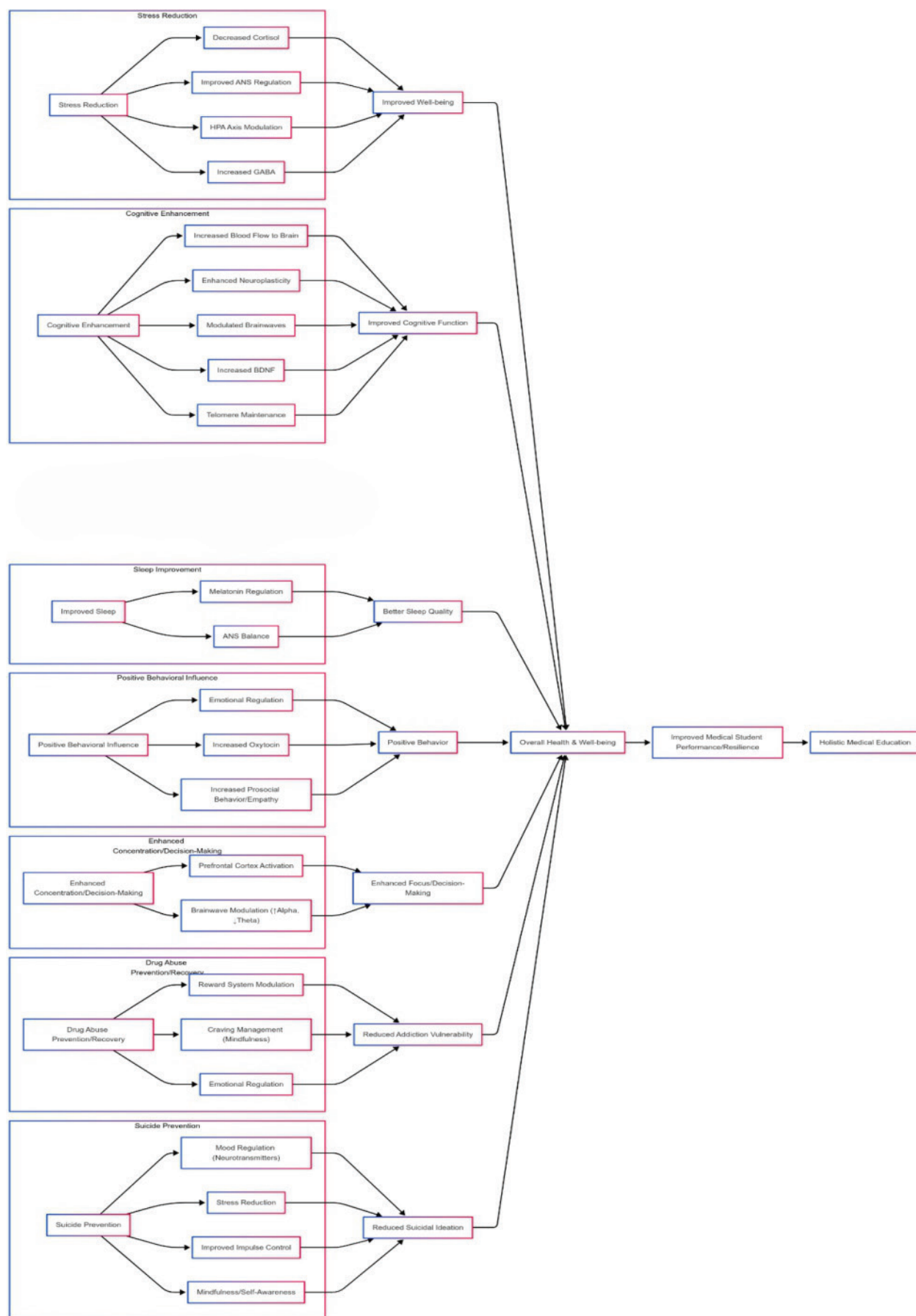


Fig 1: Effect of yoga on various factors affecting performance of medical students

modulates brainwave activity, increasing alpha waves (associated with relaxation and focused attention) and decreasing theta waves (linked to drowsiness).

Yoga offers benefits beyond stress control and cognition enhancement, showing promising scope in preventing and addressing the threat of drug abuse and suicidal tendencies in youth. It may reduce addiction vulnerability by influencing the brain's reward system. Mindfulness-based yoga helps manage craving and reduce relapse risk by increasing awareness of thoughts and emotions. Yoga's focus on self-awareness and emotional regulation addresses underlying emotional issues linked to substance abuse. Regular practice of yoga regulates mood, reduces stress and imparts improved impulse control ability, all of which are considered important factors for prevention of suicidal ideation and tendencies. Mindfulness cultivated through yoga helps individuals recognize distress and seek help.



CONCLUSION

Yoga provides a holistic approach to improve medical education by positively impacting cognition, stress, sleep, behavior, concentration, and decision-making through complex molecular mechanisms. Its potential to address drug abuse and suicidal tendencies makes it even more valuable for creating a supportive learning environment (Fig 1). Further research will strengthen yoga's role in medical education and healthcare.

SCREEN TIME AND HEALTH: Finding the Right Balance

*Dr. A.P. Manimegalai (Ass. Professor, Public Health Department);
Akuma Ifeanyichukwu (Research Scholar, Centre for Ethics) Yenepoya (deemed to be University).*

In today's digital age, screens have become an inseparable part of our lives. From smartphones to laptops and televisions, we are constantly connected. While technology and Artificial intelligence (AI) has made life more convenient, excessive screen time especially due to social media is now a major public health concern. In India, where smartphone penetration is growing rapidly, it is important to understand how too much screen exposure affects both physical and mental health, and how we can find a healthy balance.

One of the most noticeable effects of excessive screen time is on our eyes. Many people experience digital eye strain, characterized by dryness, irritation, and blurred vision. Prolonged screen exposure can also lead to headaches and neck pain, often called "tech neck," due to poor posture while using devices. Another major concern is sedentary behavior. Many Indians,



especially young professionals and students, spend long hours sitting in front of screens with little physical activity. This contributes to obesity, heart disease, and diabetes. In a country where non-communicable diseases are rising, reducing screen-related inactivity is crucial for maintaining good health.

Social media platforms like Instagram, Facebook, Twitter among others are designed to be addictive like an unending entangling web. While they help us stay connected, they also contribute to anxiety, depression, and low self-esteem, particularly among teenagers and young adults. The constant exposure to curated, "perfect" lives on social media can make people feel inadequate or pressured to meet unrealistic standards. In children, excessive screen time has been linked to attention problems and reduced social skills. Instead of engaging in real-life interactions, many kids now prefer digital entertainment, leading to difficulties in communication and emotional development. Also, using screens late at night, especially smartphones, affects sleep quality. The blue light emitted by screens suppresses



melatonin, the hormone that regulates sleep. As a result, many people struggle with insomnia or poor sleep, which in turn affects productivity, mood, and overall health.

Parents and educators could play a key role in shaping children's screen habits. While technology and AI is important for learning, excessive dependence on digital devices should be avoided. Schools should promote outdoor activities, sports, and face-to-face interactions, ensuring that children develop holistically.



Parents should lead by example reducing their own screen time and encouraging family activities that do not involve gadgets. Simple steps like having screen-free meals, limiting device use before bedtime, and encouraging hobbies like reading or outdoor play can make a big difference.



Instead of completely avoiding screens, the goal should be moderation and mindful usage. Hence, we need to practice the following tips to maintain a healthy relationship with technology. We need to adopt the 20-20-20 rule (every 20 minutes, take a 20-second break and look at something 20 feet away to reduce eye strain); use blue light filters or "night mode" in the evening to minimize sleep disruptions; limit social media usage and avoid mindless scrolling by setting app usage timers; prioritize face-to-face interactions over digital communication; and engaging in physical activities like yoga, walking, or cycling to counteract sedentary behavior. Although, technology is a powerful tool, but excessive screen time can negatively impact our health. Finding balance is the key to a healthier and happier life.

BEYOND THE LECTURE HALL

Dr. Karthik Balajee Laksham, MD DNB, Associate Professor, Department of Community Medicine, Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Karaikal, Puducherry, India

In a recent medical education workshop I attended, one faculty member complained that ‘no student in my college had purchased a standard textbook... all have subscribed to postgraduate entrance coaching, and read those materials’. The discussions followed were about students not reading textbooks, using mobile phones in class, and not giving due respect to teachers. On the other hand, one medical student posted, “I have all the slides of the teacher; why should I attend the class and waste my time?” on social media. In that thread, students complain of boring lectures, a day long back-to-back sessions, and the compulsion to attend classes for mandatory attendance. Both teachers and students have their reasons to blame.

Let us introspect. Why does this happen? Twenty-five years ago, medical knowledge was limited to books, libraries, and the faculty. Internet access was limited. Students competed for the front rows in the tightly packed lecture halls and took notes.

Medical Teachers were considered saviors. Seniors were the only guidance. But today, there is a flooding of information. Every information is available on a mobile device within a second. Search engines with Artificial Intelligence (AI) summarise the concepts. Subject-wise and chapter-wise, videos from experts are available on YouTube. Students can view them multiple times at their leisure. Online Post Graduate entrance coaching centres feed medical knowledge as a ready-made juice.

Students are averse to lecture halls. But they love skill training. They enjoy clinical and field postings, as reflected in their attendance and feedback. For instance, they enthusiastically do anthropometry for village children. They do it meticulously. They are curious, ask doubts, get happy when they detect malnutrition using a growth chart and get sad when they learn the socio-economic status of those mothers. It's such a mixture of emotions. I still remember my medicine Professor holding my hand and making me palpate the liver after we read the theory part. I don't remember the text. But I remember the ‘liver I touched’. Such a skill on palpation can never be erased. An advanced robot with AI cannot replace a teacher in teaching such skills.

Faculty attempts to make lectures interactive through active learning strategies like flipped classrooms and case-based, problem-based and team-based learning. However, the proportion of lectures is overwhelming. The National Medical Commission (NMC) has recommended that didactic teaching be restricted to less than one-third of the total time. However, this is rarely followed due to inertia developed from decades of lecturing. We must shift our focus to the skills suggested by the Competency-Based Medical Education

(CBME) curriculum. Though teachers want to devote time to the skills, they are restrained by rigid 'One-hour theory' schedules prepared by the administration.

Let us redefine. Our immediate task is to tailor the schedule to be skill-based and develop skills module for all topics. The person-hours saved by reducing didactic lectures can be used for skill-modules. Instead of placing spotters as skill stations, Objectively Structured Clinical Examinations (OSCE) should test the skills. The NeXT examination, a skill-based assessment put forth by the NMC, should be implemented. These changes will be difficult initially due to a lack of manpower, infrastructure, and administrative resistance. But it is time for action. We must start advocating for this progressive change and demand for resources.

In skills training, the teacher-student relationship is strengthened. Teaching and learning a skill will be a joyful experience. The hands and minds of students won't forget the skills and their teacher. With practice, skills get immortal. Today's skilled student will be a competent doctor tomorrow.



BEYOND UTILITY: Reclaiming the True Purpose of Education

Dr Madhulika Monga, Professor, Department of Physiology, Lady Hardinge Medical College, New Delhi

Top ranker in NEET failing to answer basic school level biology concepts in viva; a successful executive in a corporate unable to manage the demon of social isolation, a flourishing lawyer arguing a losing battle with depression. All of us rub shoulders with these “successful failures” rampant around us. This unacknowledged epidemic points to fundamental flaws in the way we are educating our children.

The race for employability and financial stability is starting earlier than ever before with parents going to unimaginable extents to secure a seat for their unborn child in a reputed school. Obsession of individuals, society and governments with metrics, qualifications, career prospects, has denigrated education to a singular utilitarian transactional concept of a means to an end.

Since long, philosophies across the globe have pondered on the essence and purpose of education. The very word “education,” derived from “educere” (to bring out) and “ducere” (to lead), suggests a process of unveiling potential and guiding individuals toward self-discovery.



Socrates’ famous quote, “the unexamined life is not worth living”, elucidates his view of education as the path to self-knowledge and ethical wisdom. His student Plato, and later Aristotle expanded on this concept of education; with Plato arguing that education should develop the body, mind and spirit of person and Aristotle believing that cultivation of virtue and realization of human potential was the true purpose of education.

The ancient Vedic tradition advocated the primary purpose of education as to cultivate a superior human character, achieve self-realization, and awaken the inherent knowledge within an individual by developing their physical, mental, moral, and spiritual aspects. The Upanishads say “Sa Vidya Ya Vimuktaye” – true education or knowledge is one which liberates.

Likewise, Confucius, emphasized that education was about cultivating character and fulfilling one's social responsibilities and not merely acquiring knowledge.

However, under industrial and economic pressures, and an increasingly competitive global marketplace, the modern education system has strayed from the foundational philosophies. Standardized testing, measurable outcomes, and an overload of information are stifling creativity, critical thinking, and independent learning. Dichotomy is that we reward rote memorization, competitions and individualistic achievement from a young age, then expect teamwork, collaboration, and community spirit in later years. The education factory is producing technically proficient individual incompetent to handle daily life pressures and moral dilemmas. The alarming rise in anxiety, burnout, and disillusionment among students and professionals underscores the urgent need for reform.

The realities of the modern world are undeniable and vocational training and skills development are crucial for economic progress. However, prioritizing these at the expense of holistic development is a false and unstable economic model. A system balancing the utilitarian and intrinsic value of education needs to be created.

The philosophy of Tsunesaburo Makiguchi, a Japanese educator, offers a valuable perspective. Makiguchi, propounded "value creation" as the central purpose of education. He defined value in three dimensions: beauty (aesthetic sensibility and emotional fulfillment), benefit (pragmatic value and societal contribution), and good (ethical behavior and social justice).

While pursuing academic excellence, there is wisdom in integrating value education, fostering creativity, and prioritizing moral and ethical development. Celebrating collective achievements instead of individual progress would go a long way in promoting collaborative peaceful society.

CONCLUSION

Transforming educational purpose, can help us move beyond creating just workers to fostering compassionate, empowered, and engaged citizens who contribute to a more meaningful and just world. This isn't about abandoning economic realities, but about recognizing that true success lies in cultivating well-rounded individuals equipped not just to earn a living, but to live a life worth living.

CROSS-SENSITIZATION OF MEDICAL PROFESSIONALS OF ALLOPATHY AND AYUSH

An Opportunity to Deliver Holistic Healthcare

Dr. Gowri Nambiar Sengupta, DDG (PH) & Director, CHEB, Dte.GHS, MoHFW

Dr. Md. Arafat Hussain, Consultant (Training), CHEB, Dte.GHS, MoHFW

Dr. Deepa Anil Kumar, Consultant (Research), CHEB, Dte.GHS, MoHFW

Introduction

India faces the triple burden of non-communicable diseases (NCDs), communicable diseases and injuries due to which quality health care in the country particularly in rural and under served areas remains a challenge. Various factors like shortage of doctors, reluctance of qualified health professionals to serve in rural areas or lack of specialists and super specialists contribute to this.

The World Health Organisation (WHO) recommends a doctor-population ratio of 1:1000 and as of November 2024, there were 13,86,145 allopathic doctors registered with the national medical commission and state medical councils. Considering 80% availability of these allopathic doctors and adding around 6,14,000 available AYUSH doctors, the doctor population ratio is currently 1:811 which surpasses the WHO recommendation.

With an exponential increase in the number of older people, the rise of non-communicable diseases, and the occurrence of emerging and re-emerging infections, the number of healthcare professionals is presently, and will in the near future, be inadequate to meet the increasing demand for care. Hence, upgrading public healthcare infrastructure and training of healthcare professionals in multiple systems of medicines could be an opportunity to bridge the existing gaps and deliver quality healthcare to the people.

Role of AYUSH doctors in healthcare

National programmes like the National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) engages AYUSH doctors and paramedics in various collocated healthcare facilities across the states to assist in patient care and NHP oriented public health and community based services. Some states like Maharashtra, Tamil Nadu, Uttar Pradesh, Assam, etc. have trained AYUSH doctors in allopathy and engaged them in the delivery of National Health Programme (NHP) services from Ayushman Arogya Mandir to tertiary healthcare centres.

AYUSH systems of medicine have been widely used across the life course, for example;

- Older people use AYUSH systems of medicine to manage conditions such as joint pain, allergies etc. These traditional treatments are often used alongside modern medicine to improve overall well-being.
- The use of AYUSH systems of medicine among children and adolescents is high and widespread to manage respiratory ailments and dermatological conditions.

- Patients with chronic conditions such as diabetes, eye diseases, often prefer AYUSH care due to the perception that it has fewer side effects. This belief encourages them to seek alternative therapies such as Ayurveda, Homeopathy, Unani, Siddha, and Yoga for long-term management of their health issues.

Training of allopathic doctors in AYUSH medicines

Allopathic doctors are often the first point of contact for patients as they play a crucial role in diagnosis and management of complex medical conditions even at the primary level. However, the role of AYUSH treatments in the Indian healthcare system cannot be overlooked.

AYUSH practitioners receive orientation and modular training in allopathy at various levels, while allopathic doctors are neither sensitized nor trained in the AYUSH system of medicine during undergraduate, postgraduate, or super-specialty levels. The general promotion of the yoga across various platforms and scientific forums has led to increased sensitization, making it the most common system of alternative medicine that allopathic doctors are aware of. However, they are often unaware of specific yoga asanas that can be beneficial in managing various clinical conditions, such as hypothyroidism, hypertension, prolapsed uterus etc. along with other complementary and alternative medicine.

Sensitizing allopathic doctors about AYUSH systems of medicine could be beneficial, especially in dealing with cases where individuals seeking allopathic care are simultaneously using medications from Ayurveda, Homeopathy, Siddha, and/or Unani, along with incorporating yoga as a lifestyle practice.

Providing such training would help in:

- Enhancing better coordination between AYUSH and allopathic practitioners in a co- location set-up, fostering integrated healthcare approaches, and improving overall patient outcomes
- Understanding the pharmacodynamics of AYUSH medications will assist in preventing possible drug interactions when multiple treatments are used together.
- Creating opportunities for more holistic and comprehensive patient care by sensitizing allopathic practitioners.

It is imperative to train allopathic doctors posted in primary, secondary, and tertiary care centres to preventive, diagnostic, and curative AYUSH systems.

- **Trained doctors act as change makers in their role as health educators/health promoters.**
- **They will be better equipped to promote the adoption of holistic health care modalities among patients, contributing to improved health and overall well-being.**
- **This will be in the spirit of health promotion for all as the patient will have the opportunity to choose and get the treatment of choice in all systems of health care.**

EVENTS



3rd January, 2025: Hon'ble President of India Smt. Droupadi Murmu Ji, inaugurates KLE Cancer Hospital (Dr. Sampat Kumar S. Shivanagi Cancer Hospital) at Belagavi

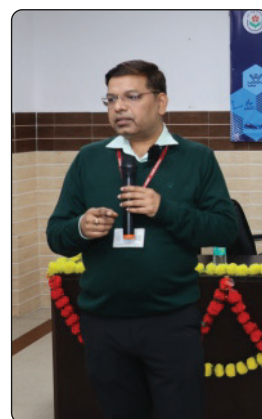


29th - 30th January 2025: Advocacy Training-cum-Review Meeting on the Implementation of the Clinical Establishments Act, 2010 in Hyderabad, Telangana



31st January, 2025: Health education session by Medical Interns of 2019 batch posted in Community Medicine for general public regarding tobacco cessation under National Tobacco Control Programme and in collaboration, a Tobacco cessation clinic was conducted

NEWS & EVENTS



3rd-4th February, 2025: The first 'Dissemination Workshop on the National Strategy for Prevention of Unintentional Injury' was held at the Central Health Education Bureau (CHEB) in association with National Programme for Prevention & Management of Trauma and Burn Injuries (NPPMTBI)



17th February, 2025: IMS & SUM Hospital, in collaboration with National Health Mission (NHM), UNICEF, and NNF Odisha, organized a State-Level Conference cum Workshop on Neonatal Non-Invasive Ventilation. Faculties and nursing officers from SNCCs across Odisha were trained in neonatal ventilation, and the first edition of the neonatal ventilation module, developed by the Neonatology Department, was released.

NEWS & EVENTS



National Review Meeting of the State Nodal Officers of National Programme for Prevention & Control of Deafness (NPPCD) was held at CHEB on 17th February, 2025



17th-18th February 2025: 2-day workshop on "Best Practices in Occupational Safety and Health (OSH)" at ESIC Medical College and Hospital, Faridabad



18th February, 2025: Stapler Anastomosis workshop on Advanced Laparoscopic Techniques - Hands on training at Government Medical College & ESIC Hospital, Coimbatore

EVENTS



21st February, 2025: Initiation of central excellence for Inclusive early childhood development on at S.V. Medical College, Tirupati



25th February, 2025: Walkathon by students, staff and faculty of Dr BSA Hospital to support health workers working for 100 days TB Campaign



27th February-1st March, 2025: The 3-day Annual Review Meeting of Points of Entry Health Units at Hyderabad, inaugurated by Dr. Sujata Chaudhary, Addl DGHS, with dignitaries from Dte GHS, MoHFW, AIIMS, Bibinagar, Telangana State Health, and Deputy CEO GMR

NEWS & EVENTS



28th February, 2025: Release of book on Patient Safety- “Patient Safety at a Glance”-1st edition, at North East Patient Safety Conclave organized by National Patient Safety Secretariat, AIIMS Guwahati



3rd March, 2025: World Hearing Day was celebrated in Lady Hardinge Medical College, New Delhi where IEC materials related to Noise Induced Hearing Loss prepared by CHEB in collaboration with NPPCD were released by Prof (Dr.) Atul Goel, DGHS, Dte. GHS, MoHFW



4th March 2025: “International Obesity Day” was observed by Department of Medicine, LHMC for Public Awareness regarding problems and diseases associated with obesity.

NEWS & EVENTS



6th-7th March, 2025: The Ministry of Social Justice and Empowerment (DEPwD) and the Directorate General of Health Services (Dte.GHS) jointly organized a training program in Kolkata, focusing on the **8th Revised Disability Assessment Guidelines** for medical practitioners from Andaman and Nicobar, Jharkhand, West Bengal, and Odisha, emphasizing a holistic approach to disability assessment



KAYAKALP The Kayakalp Unit, VMMC & SJH with MOHFW and an NGO organized a **RECYCLE MELA** wherein 151 persons donated 100kgs E Waste, 15kg General Waste & 12kgs Expired Medicines in exchange for eco friendly recycled items



Dr. Mansukh Mandaviya, Hon'ble Union Minister of Labour & Employment and Youth Affairs & Sports, inaugurates advanced medical facilities at ESIC Medical College, Faridabad, enhancing cancer detection, diagnostics, and precision medicine.

NEWS & EVENTS



20th March, 2025: IEC materials related to the prevention of Head Injury prepared by CHEB in collaboration with NPPMTBI were released by Prof (Dr.) Atul Goel, DGHS, Dte. GHS, MoHFW on the occasion of World Head Injury Awareness Day in a meeting held at Nirman Bhawan



SYMBISCOPE 2025 - The 3rd Comprehensive Hands-on-Workshop, on Hysteroscopy, featuring expert-led training and live surgical demonstrations." at Symbiosis Medical College for Women & SUHRC, Lavale, Pune.



CAR-T: 1st successful CAR-T CELL THERAPY in any Central Government Hospital was performed by the Department of Medical Oncology ,VMHC & SJH, a cutting edge treatment for refractory Lymphomas and Blood Cancers

NEWS & EVENTS

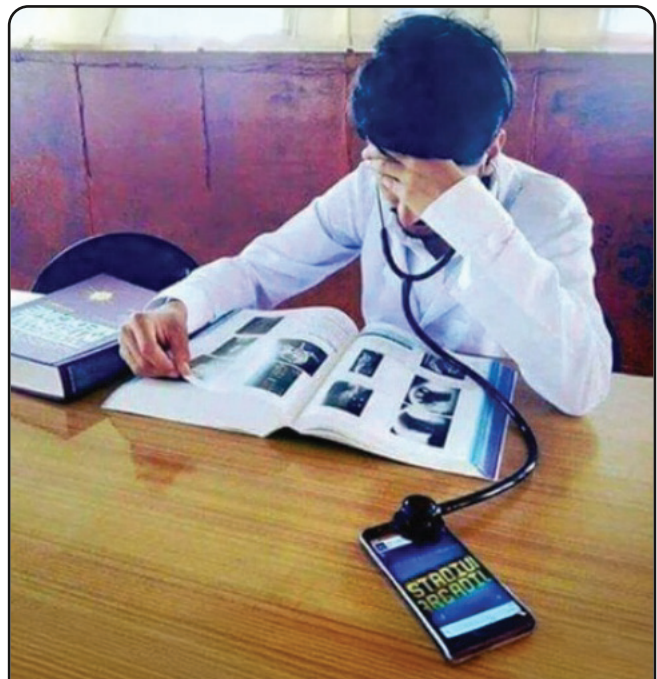


27th March, 2025: Sensitization Programme and Pilot Testing of 'Training and Awareness on Assistive Technology (TAAT)' Modules for **MEDICAL OFFICERS** was conducted by CHEB



28th March, 2025: Sensitization Programme and Pilot Testing of TAAT Modules for **NURSING OFFICIALS** was conducted by CHEB

Medical Humour



When a Medical Student forgets his headphones home



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