# SRI BALAJI VIDYAPEETH (ACCREDITED WITH 'A' GRADE IN THE FIRST CYCLE BY NAAC)

Pillaiyarkuppam, Pondicherry - 607 402



## SBV POLICY FOR ENHANCING STUDENT **OUTCOMES**

2015

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(DEEMED -TO -BE- UNIVERSITY)
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**Document Number: SBV -ESO - PL/2015** 

Date of Release by IQAC: 09/10/2015

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<b>Date:</b> 10/09/2015	<b>Date:</b> 23/09/2015	<b>Date:</b> 01/10/2015 <b>BoM Approval:</b> 09/10/2015

# TITLE AND APPLICABILITY: SBV POLICY FOR ENHANCING STUDENT OUTCOMES – 2015

The policy on Enhancing Student Outcomes at Sri BalajiVidyapeeth (SBV) will henceforth be known as **"SBV POLICY FOR ENHANCING STUDENT OUTCOMES" (ORIGINAL 2015).**This policy is applicable to all the constituent colleges and centers of SBV- both incampus and off-campus. The policy would be called "SATISFy" –

S - SBV

A – Approach

T - To

I – Improve

S - Students

Fy - Functionability

#### **PREAMBLE**

Sri BalajiVidyapeeth(SBV) is a young health science university having started in 2008 and wishes to embark on it goal of training health professional graduates by devising unique systems which would improve the competency of the outgoing graduates in all the stream so health professions thereby enabling them to contribute better to the overall health care system of the country. At any given timeline, SBV has nearly four thousand students pursuing various courses in the four constituent colleges, viz., Mahatma Gandhi Medical College and Research Institute (MGMCRI), Sri SathyaSai Medical College and Research Institute (SSSMCRI), Indira Gandhi Institute of Dental Sciences (IGIDS) and Kasturba Gandhi Nursing College (KGNC) Fivecentres - Medical Simulation Centre (MSC), Centre for Yoga Therapy, Education and Research (CYTER), Central Inter-disciplinary Research Facility (CIDRF), Centre for Health Professions Education (CHPE), Centre for Music Therapy, Education and Research(CMTER), through the Faculties of Medicine, Dentistry, Nursing, and Allied Health Sciences(AHS).

This policy on Enhancing Student Outcomes elaborated by Sri BalajiVidyapeeth, is aimed at improving the competency and quality of the outgoing graduates and postgraduates as detailed in this document, namely "SBV policy for Enhancing Student Outcomes".

The overall objective of this policy is to **enhance the competency and the outcome of the students graduating from SBV**in an attempt to createglobal leadersin all streams of health sciences. Therefore, to achieve this benchmark SBV realizes the significance of setting priorities in competency-oriented training of students, gradually moving towards outcome-based educationas admissible under the regulatory norms.

#### **NEED FOR SBV POLICY FOR ENHANCING STUDENT OUTCOMES**

Defining student outcomes is the foremost agenda of a vibrant health sciences university. These outcomes are derived from the vision and mission of the organization, and the manner in which they would like to shape their graduates to meet the expectation of all stakeholders in a global scenario.

#### SBV Mission underlines the following

- ➤ To create an innovative ecosystem that facilitates the development of competent and committed health care professionals, who will be able to deliver evidence-based quality care,
- > To create professionals who can help innovate modern health care delivery that is affordable and accessible to the public,
- > To learn experientially the needs of the society to promote wellness for all.

However, the health sciences curriculum is governed by the statutory bodies to a significant extent. The focus on other graduate attributes that are required for their real-world competence is inadequate or lesser compared to the knowledge and skill that is imparted. It therefore, implies that the curricula prescribed by the regulators should be augmented and supplemented with additional outcomes to mold the future graduates who can serve and excel globally.

#### SCOPE AND TERMS OF REFERENCE

The SBV policy for Enhancing Student Outcomes will cover all the constituent colleges and centers under SBV, viz., MGMCRI, IGIDS, KGNC, CIDRF, CYTER, CMTER, MSC, FAHS, CHPE, and off-campus institutions, namely SSSMCRI. This will also be applicable to the upcoming institutes coming under the ambit of SBV in future.

The policy will cover both undergraduate and postgraduate programs and the programs that will be offered in future.

The policy will address only the general principles to be followed for enhancing the learning outcomes. It will cover mostly educational interventions and not those interventions related to research, clinical services or administration which are dealt separately under other policies.

#### **HIGHLIGHTS OF SBV POLICY**

- 1. SBV institutes shall make deliberate attempts to assess the health needs of the community in a constantly changing world and to define their outcomes explicitly, and communicate the same to all stakeholders in a transparent manner
- 2. In order to facilitate the attainment of these outcomes, SBV institutes shall implement a curriculum, which is competency based and outcome driven.
- 3. The curriculum will reflect sound principles of learning (student centered, self-directed learning, problem based learning, and collaborative learning)
- 4. The SBV teaching fraternity shall keep in mind the exit outcomes and use a variety of teaching learning methods and media in wider settings such as class rooms (small groups & large groups), labs, OPDs, wards, workplace and community settings. The emphasis will be laid on interactive teaching, incorporating a number of innovative techniques which may vary for different streams of education and different programs keeping in mind the outcome desired for these programs.
- 5. The outcome driven approach shall be marked by a comprehensive system of evaluation which will include formative assessments besides outcome evaluation

using multi-source feedback. The assessment for learning (before starting instruction), assessment as learning (during instruction) and assessment of learning (after the instruction) form the major planks of assessment. Attempts shall be made to make the evaluation authentic, relevant, valid, reliable, objective and feasible.

6. Extensive feedback and mentoring shall be introduced at all levels utilizing eportfolio which will be scrutinized by the mentors/supervisors and feedback given for improvement.

It is intended that this policy is not restrictive and allows each institute / center to innovate and create interventions unique to their milieu with the overall goal ofimproving qualityof outgoing graduate. The intervention may be planned at any stage of the learning process with the intention of extending it in future to the whole learning cycle.

#### **IMPLEMENTATION OF POLICY AND GUIDELINES**

Teaching, learning, evaluation and innovative practices need to be designed and implemented across all disciplines at SBV. Variations would be allowed since SBV caters to multiple disciplines such as medicine, dental science, nursing and allied health sciences and the same approach may not be applicable to all of them.

Implementation of these practices requires the training of the teaching faculty in the form of faculty development programs and sensitization/ orientation of the student stakeholders through series of workshops. Since the policy is applied to professional programs of 4 to 5 years duration, the policy will be revised after five years based on the outcomes and feedback.

The above scope and terms of reference will be implemented through effective enabling mechanisms, committees, and expert consultations **as given below:** 

#### **Custodian of Policy**

Deans/ Directors/ Principals ably assisted by Vice Deans/ Deputy Directors/ Vice Principals from constituent colleges/ Centres will be responsible for implementation of the policy. The Dean of Academics/ faculty formulates implements and periodically updates the policy continuously under the guidance of the Vice-Chancellor of SBV.

- ➤ The Education Units of each College/Centre will play a key role in the implementation of the policy. The capacity building in terms of Faculty Development Programs shall be facilitated by the Centre for Health Professions Education, which will be the nodal agency. However, IQAC of SBV shall monitor the progress periodically and develop specific indicators to determine whether the desirable outcomes have been produced and if not what measures are needed for rigorous implementation of the policy.
- > The Vice-Chancellor is the custodian of this Policy and the Appellate Authority.

#### **Setting priorities**

At the undergraduate level, the priority areas are - sensitization and early exposure of first year students to the community, early clinical exposure, enabling them to make community diagnosis, integrated teaching, augmenting clinical training by using standardized patients, and objectivization of formative assessment in theory as well as practical/clinical through OSCE/OSCE the focus is entirely on formative assessment since the system of summative assessment is under regulatory control for most of the programs.

At the post-graduate level, introduction of Competency Based Learning and Training (CoBaLT) along with the e-portfolio and multi-source feedback will receive priority.

In Allied Health Sciences, including Yoga, Music Therapy and Health Professions Education, which are not governed by regulatory agencies, the introduction of CBCS will be the priority. HPE will also introduce Heutagogy model as a first experiment of this kind among health sciences universities.

**Capacity building programs** for students to undertake research, leading to quality publications, presentations and Intellectual property rights will be major focus.

Capacity Building for the faculty, in the form of Faculty Development Programs will run concurrently leading to national FDPs.

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