

Minutes of the 53rd School Board Meeting of School of Health Sciences

The 53rd School Board Meeting of SOHS was held on the 22nd November, 2013 under the Chairmanship of Director, School of Health Sciences in the Conference Room of School of Health Sciences, D-Block, New Academic Complex, IGNOU at 11.00 a.m.

The Following Members were present:

1. Prof. T. K. Jena, Director, SOHS, IGNOU, New Delhi (Chairperson)
2. Dr. (Prof.) R.N. Salhan, Addl. DGHS, (Retd.), C-1/1233, Vasant Kunj, New Delhi
3. Dr. R.K. Srivastava, Former DGHS, Govt. of India, East End Apartments, Mayur Vihar Phase -1 Delhi.
4. Dr. Sanjay Chaturvedi, Professor, Department of community Medicine, UCMS & GTB Hospital, New Delhi
5. Dr. K. Lalitha , Professor and Head Dept. of Nursing, NIMHANS, Houseer Road, Bangalore
6. Prof. Rafath Razia, Deputy Director Nursing, Govt. of A.P. Hyderabad
7. Dr. Nilima Srivastava, Associate Professor, SOGDS, IGNOU, New Delhi
8. Prof. S.B. Arora, School of Health Sciences , IGNOU, New Delhi
9. Prof. Bimla Kapoor, School of Health Sciences, IGNOU, New Delhi
10. Prof. Pity Kaul, School of Health sciences, IGNOU, New Delhi
11. Dr. Biplab Jamatia, Assistant Prof. (Sr. Scale), School of Health Sciences, IGNOU, New Delhi
12. Mrs. Reeta Devi, Assistant Professor, School of Health Sciences, IGNOU, New Delhi
13. Ms. Neerja Sood, Assistant Professor (Convener), School of Health sciences, IGNOU, New Delhi (Convener).

Prof..C.R.K.Murthy, Director, STRIDE, IGNOU attended the meeting as a Special invitee

The Following Member could not attend the meeting:

1. Prof. P.K. Biswas, STRIDE, IGNOU, New Delhi
2. Dr. Suhas Shetogovekar, Associate Professor, SOSS, IGNOU, New Delhi
3. Prof. G. Mahesh, Assistant Professor, SOSW, IGNOU New Delhi
4. Dr. Ruchika Kuba, Associate Prof. School of Health Sciences, IGNOU, New Delhi
5. Mrs. Laxmi, Assistant Prof. school of Health sciences, IGNOU, New Delhi

Chairperson welcomed all the School Board Members. Then the agenda items were taken up for discussion.

52.1 Approval of Minutes of 52nd School Board Meeting

As no observations were received, the minutes of the 52nd School Board meeting was taken as approved.

52.2 Approval of Provision of school Board Approval through circulation in emergency situation

Director appraised the members about the powers of School Board provided in the IGNOU Act. Accordingly, all the major decisions of the School has to be approved by the School Board. As per provision, Board should meet as and when necessary but not less than twice a year. However, sometimes urgent items need immediate decision which could be approved by the members through circulation. Therefore, School Board could create a provision for getting such approvals.

The issue was discussed. Members observed that the 'Provision for approval through circulation" should be used only for routine matters. While any such routine matter is circulated, reason for emergency

situation should be mentioned. Matters that need detailed deliberation should be taken up only through School Board Meeting.

With the above observation, members agreed to create a provision of "Approval of school Board through circulation" in emergency situations.

52.3 Approval of Minutes of 'Approval for Revised Evaluation Methodology of PDCDM Programme through circulation'

Revision of evaluation methodology for PDCDM Programme was urgently needed to finalise the Grade Card of the students whose declaration of examination result was getting delayed. The item was approved through circulation to School Board members.

The approval of revised methodology of PDCDM programme through circulation was confirmed by the Members.

52.4 Approvals related Ph.D Nursing

53.4.A Approval of Panel of Experts for Ph.D. Thesis Evaluation

Director informed that three Ph.D Scholars, for whom Prof. Bimla Kapoor is the guide, have made pre-submission seminar presentation. Panel of seven names for each of these three candidates have been submitted by Prof. Bimla Kapoor in a confidential envelope for approval of the School Board.

Dr. R.K. Srivastava, mentioned that the names should remain confidential and the onus of identification of the names should lie with the Ph.D Guides. With the above observation, members agreed to approve the panel of names of Experts for Ph.D thesis Evaluation as suggested by the Ph.D Guide.

53.4.B Approval of De-Registration of 3 Ph.D Nursing Scholars

Director informed the members that Doctoral Committee has approved names of three Ph.D Nursing Scholars for de-registration. Two Scholars have communicated their inability to continue through e-mail and one Scholar has not made any communication since registration 3 years back. The names are as follows:

- 1) Mrs. Hassina Wani
- 2) Mrs. Annamma Kumar
- 3) Mrs. Santosh Yadav

Members agreed for the de-registration of the above three Scholars.

53.4.C Approval of Synopsis and allotment of Supervisors to two shortlisted candidates.

Prof. Bimla Kapoor informed the members that 13 candidates had made presentations for admission to January, 2014 session in the Doctoral Committee held on 15th October, 2013. Synopsis of only two candidates were approved.

In the subsequent Doctoral Committee held on 22nd November, 2013, allotment of thesis guide was made. As per IGNOU guideline a guide can take a maximum of 6 candidates only. As Prof. Pity Koul can take only one candidate as a joint Guide, Mrs. Shashi Marwar's name was approved for January, 2014 session. The 2nd candidate Mr. Pawan Kumar Sharma was approved for consideration for January, 2014 session if any vacancy is created subsequently for the academic year 2014.

The School Board members discussed and approved the synopsis of both the Scholars and allotment of guide as approved by the Doctoral Committee.

53.4.D Approval of Modification of Research Title of Mrs.Shabha Gosain, Ph.D Nursing Scholar.

Doctoral Committee had approved re-wording of the thesis title of Mrs.Shobha Gosain, as mentioned below:

| Existing Title | Modified Title |
|--|--|
| <p>A study to assess perception and barriers for undergoing Breast and Cervical cancer screening in women attending Gynae out patient department in a selected hospital of Delhi with a view to develop and test a self assessment tool of risk status for breast and cervical cancer</p> | <p>A study to assess the perceptions and barriers of women regarding Breast and Cervical cancer screening with a view to develop and test self assessment tool for related risk status in a selected hospital of Delhi.</p> |

The modification of the proposed title was approved by the School Board.

53.5 Approval of Phase Zero Form of Post Graduate Diploma in Clinical Cardiology

53.6 Approval of Implementation Strategy of revised PGDCC Programme

53.7 Approval of the Criteria of PSC and SDC for revised PGDCC Programme

All the three items 53.5, 53.6 & 53.7 were taken up together.

Dr.Biplab Jamatia, Programme Co-ordinator of PGDCC programme presented the Phase Zero form for revision of PGDCC Programme. The PGDCC Programme is being offered in a face-to-face off campus mode since 2006. Due to huge demand, entrance examination was introduced for admission replacing the earlier practice of Regional Centre-wise interview. However, as per the BOM guidelines, admission to the Programme had to be stopped till the Programme gets revised to ensure its implementation in ODL mode. Two review meetings and an online survey were conducted. Consultations with Distance Education experts including STRIDE was done to look into the credit load. Accordingly, following major changes, as planned, were placed before the members.

- The credit load for the PGDCC Programme was calculated to be 140 credits which included 30 credits theory and 110 credits practical. The practical component includes 30 credits for skill demonstration by experts in a teaching environment. 50 credits for hands on skill practice under supervision of experts and rest of the 30 credits for self practice at work place for confidence building.
- IGNOU guideline for Programme design allows 32-34 credit per year which is primarily based on the availability of time for study beyond the normal working hours by an average student. Therefore, 70 credit load per year would necessarily mean that the students are in a situation to earn the additional 35-40 credits during their working hours itself. Here, the programme design integrates the work environment with the learning environment
- To provide flexibility to the learners, the implementation design involves two institutional frame work namely, a Medical College/Tertiary Academic Institution which would act as a Programme study Centre (PSC) and a Cardiac Hospital having minimum provisions conforming to the laid down guidelines so as to act as a Skill Development Centre (SDC).
- A student for being eligible to enroll in the PGDCC Programme, should be necessarily working in a SDC set up. Alternatively, a student has to get an undertaking from an SDC mentioning that he / she would be allowed to work in the SDC if selected for admission to the PGDCC Programme. Such a student if selected, will have to work in a PSC at a stretch for two months in every 6 months. Thus, in a period of two years, a student will get 8 months of posting in a Medical

College (PSC) and the rest of the time in SDC. It may be clarified that the SDC becomes automatically the work place for the students through the undertaking obtained from SDCs.

Members discussed the implication of this model threadbare including the permissibility of the credit load. The following observations were made:

Dr.R.K.Srivastava, who is also presently the Chairman of Board of Governors of Medical Council of India (MCI), mentioned that SOHS should be in constant engagement with the Medical Council by sharing with them the syllabus, implementation process, revision process, etc. from time-to-time. He also mentioned that PGDCC is a non-interventional cardiology training whereas most of the Cardiologists spend substantial time in intervention Cardiology. Therefore, the availability of Counselors in a SDC set up should be quantified to ensure that adequate supervisory training as designed in the Programme is possible. Again, for long time sustainability of the programme and to ensure ethical practice by the PGDCC students, formalization of the permission from Government / Council is essential.

Dr.R.N.Salhan, clarified that constant engagement with the Council does not necessarily mean that Council has to approve the Programme. But keeping them informed about the objective, Process and outcome of the Programme would help to overcome unnecessary obstacles to the students during their practice.

Dr.C.R.K.Murthy, Director, STRIDE, suggested that credit load for self practice could be removed from the total credit load of the programme. However, it was clarified by the external members that the minimum self practice needed for quality assurance cannot be compromised. In Programmes involving life & death situations, it has to be a part of the total credit load.

There was suggestion to increase the duration of the Programme to three years to which Dr.Biplab Jamatia informed that the proposal was already discussed in the Experts Review meeting to which the experts have expressed their reservation.

Members desired that a 3rd party assessment of the programme is needed through external agency to convince the Medical Council and professional bodies about the need of the Programme and the quality.

As an outcome of the discussion:

- The Programme design involving the PSC and SDC for hands on skill training was agreed in principle.
- The approach of integration of learning environment and work environment to accommodate higher credit load was also agreed to.
- Members approved for conduction of an expert Committee meeting so that the observation of School Board Members could be taken into consideration while making changes in the final design
- School would initiate steps to involve Government of India and Medical Council in the revision process.
- A 3rd party review of the Programme could be initiated.

It was decided that the zero form would be resubmitted to next School Board for consideration for approval.

53.8 Approval of deferring Entrance Examination for 2014 session of PGDCC Programme

Dr.Biplab Jamatia, Programme Co-ordinator, mentioned that PGDCC Programme is being revised and the implementation strategy is being changed to ODL mode from the existing off campus face-to-face mode. As the transition phase will require some more time, admission to July, 2014 session is being deferred. Therefore, entrance examination for July, 2014 session will not be held.

The members approved the proposal of deferring the entrance examination in the light of the decision taken at item No.53.5

53.9 Approval of Term end practical examination of 6 students of PGDCC Programme

PG Diploma in Clinical Cardiology being a 2 year Programme, the Term end Practical Examination is held at the end of the 2nd year. The eligibility for taking such examination is the completion of 24 months of posting. Dr.Biplab Jamatia, Programme Co-ordinator mentioned that the Programme Incharge of one of the Study Centre (Fortis Faridabad) had organized the term end Practical Examination on 14th September, 2013 for 6 students attached to the Hospital. Out of the 6 students, 2 students were short of two months of training when the examination was conducted. The examination was conducted without the consent of IGNOU.

Members discussed the matter at length. Keeping the interest of the students in mind, a one time approval was granted by the School Board with a condition that the students have to complete the posting of total 24 months and the PIC should be informed not to conduct term-end practical examination in future without prior approval of IGNOU.

53.10 Approval of names of Panel of Experts for Course Writers / Course Editors / Evaluators of PGDGM, CHCWM, PDCDM and PGDCC Programme

Respective Programme Coordinators presented panels of names of experts for Course Writers / Course Editors / Evaluators for Post Graduate Diploma in Geriatric Medicine, Certificate in Health Care Waste Management, Post Doctoral Certificate in Dialysis Medicine and Post Graduate Diploma in Clinical Cardiology.

Members approved the panels of names of experts for PGDGM, CHCWM, PDCDM and PGDCC Programme presented by the respective Programme Co-ordinators.

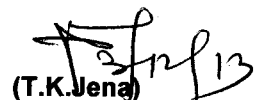
53.11 Any other agenda

53.11.A Approval for signing MOA with Government of Haryana

Director informed the Members that a Multi Media package on Integrated Management of Neonatal and Childhood Illness (IMNCI) was developed by the School in collaboration with NCIDE, IGNOU and funded by UNICEF. The Health Department, Government of Haryana had helped for its field testing. Subsequently, the Health Department through NRHM, has made a provision to train their Doctors and Health Workers including ANM by using the Multi Media package of IGNOU. As IGNOU possess the copyright of the material , the activity can be carried out through only after signing a MOA between IGNOU and National Rural Health Mission, Haryana (NRHM-H).

Members discussed the matter and approved in principle to sign MOA between IGNOU and NRHM-H.

The meeting ended with vote of thanks to the Chairperson and the participants.



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