JSS College of Physiotherapy

Internal Quality Assurance Cell

MG Road, Mysore-570 004. Email: iqac_jsscpt@jssonline.org. Phone: +91-821-2548234

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IQAC Annual Report 2018-19

2.1 IQAC reconstitution:

The Internal Quality Assurance Cell (IQAC) of the college as a team during the academic year 2018-19 has worked towards the developing quality and monitoring performance indicators for the institution. Based on the feedback received, there was a need to monitor activities under Academics, Administrative & Clinical. The IQAC was re-constituted based on the NAAC guidelines on 30th July, 2019. The composition of the IQAC committee is as follows

1. Chairperson : Dr Kavitha Raja. Principal
2. Senior administrative officer : Mr. Mahadevappa (Accounts)
   Mrs. Dhraksyani (General Affairs)
   Mrs. Suvarna (Librarian)
3. Faculty members : Mrs Renukadevi M, Professor(Academic in charge)
   Mrs. Vijaya Jyothi, Associate Professor
   Mr. Kundan Das, Assistant Professor
   Mr. Prashanth V Mangalvedhe, Lecturer
   Ms. Pallabi Nandi
4. Member from Management Education, JSSMVP : Shri R Mahesh, Director of Medical
5. Member Hospital Superintendent. JSSH : Dr. Guruswamy M, Medical
6. Nominee from Alumni : Mr. Nagendra, Physiotherapist, JSSH
   Ms. Priyanka, Physiotherapist, JSSH
7. Co-ordinator : Mr Vijay Samuel Raj - Clinical in charge.
8. Member : Mr Niranjan, Lab assistant

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2.2 Quality Audit

Audits were conducted in the following areas

2.2.1 CLINICAL: - Audits were carried out in the JSS hospital, considering the following objectives

1. Students clinical postings : Dress code was monitored and changes were recommended
2. The stakeholders' feedback was obtained and analysed, dress code policy was made.
3. Documentation was reviewed; it required a standard format from each department.
4. SCALB was audited and the details entered was found incomplete
5. Postings for students and their objectives were analysed
6. Duration of the clinical posting was monitored.
7. Patient care pathway card required revision and addition based on recent advances
8. Patient care quality was analysed through feedback received.

2.2.2. ACADEMIC:

1. Classes and lesson plan were audited, adherence to unit plan was checked and analysed.
2. Class coordinators reports were analysed, few reports were found to be incomplete
3. Internal assessments, Parents teachers meeting feedback reports were reviewed and analysed.
4. Attendance of theory and practical classes, clinical posting hours were reviewed
5. Mentoring reports were received.
6. Three months rotation of faculty for teaching and clinical was followed this year, the feedback received was analysed.

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7. Audio Visual aids – Feedback received from students and faculty for video demo at labs.
8. Plagiarism check – Need was noted
9. Need for renovation sports facilities was noted
10. Requirement of add-on courses and choice based system was brought forwarded through quality audit

2.2.3 ADMINISTRATIVE

- Administrative audit was carried out and grand rounds were conducted on 29th July 2019 on infrastructure.
- The report was analysed and possible remedial factors were discussed. A final report on infrastructure with an action plan was submitted by the IQAC on 31st July 2019.
- Changes on waste management and re-organisation of the labs were carried out.
- Need for sanitary disposal was noted through feedback
- Need for addition of disabled friendly toilets noted.

2. 3 Action taken

2.3.1 CLINICAL: - Based on the audits and analyses the following corrective measures were taken.

- Dress code – Policy was reviewed. Stakeholder feedback was received
- A meeting was conducted with the staff and students on 13/7/2019, to discuss the dress code. The dress code was suggested to the Head of the institution and further to the Administration for approval.

Plan of action: Uniform for 2019-20 batches of students with colour code will be implemented.

- **Documentation**: Regular training and in service training to be conducted. Each department has come up with a standard assessment format to have a uniform pattern.

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- Based on the SCALB review the students were instructed to submit the SCALB book to the staff and the principal for evaluation every day in the morning.
- Orientation to clinical evaluation was organised.
- Supervised clinical teaching with emphasis on CR and evaluation was incorporated
- NABH audit and inspection – Internal quality team was instituted; regular quality training was initiated for all staff.
- **Patient care pathway cards** were reviewed and reprinted except the following cards which required evidence based treatment to be added.

  Action plan: Revision and reprint of spinal cord injury management, ICU – Chest care, fractures around the wrist will be carried out by December 2019

2.3.2 ACADEMIC:

- Lesson plan, SCALB, PM reviewed.
- Academic calendar for the year 2019-20 was framed
- Class coordinators were instructed and training was conducted by the UG coordinator and IQAC coordinator on the " Coordinator Reports" and its importance
- New faculty awareness on method of curriculum delivery was given through workshops and department orientation.
- Internal assessments, Parents teachers meeting feedback reports were reviewed and analysed.
- **Attendance**: Biometrics was introduced for the sign in and out and in between at the clinical place. Mobile biometric equipment was procured and was in place.
- Mentoring reports submission was mandated to be submitted every 3 months.
- Digital smart TVs were installed in all the practical halls
- Lecture capturing system (LCS) for the classes and practical skills was initiated and recorded.

- Anti plagiarism software - Drill Bit was installed and is being used by the faculty.
- Sports equipments were procured.
- Separate sports courts for volleyball, throw ball, kabbadi and basketball at the college campus were developed.
- Electronic Vehicle (Green initiative) – Buggy was made available at the campus for the patients and visitors.

Action Plan: Add-on courses identify and will be added in the 2019-20 academic year.

2.3.3 ADMINISTRATIVE

- Policy was reviewed and printed. New policies were added based on the feedback and meeting resolutions.
- Administrative policy was translated into Kannada language.
- The report was analysed and possible remedial factors were discussed. A final report on infrastructure with action plan was submitted by the IQAC before on 31st July 2019.
- Changes on waste management and re-organisation of the labs were carried out.
- Sanitary napkin incinerator was installed in the girls common room
- Infrastructure – Temporary ramp for the disabled accessibility was replaced with a permanent ramp
- Additions were made to the disabled friendly toilets

Oct 26, 2019

26th Oct, 2019

Chairperson | Member | Coordinator