

Internal Quality Assurance Cell

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

Ref : JSSCPT / IQAC/ 02/ 2019-20

Dated : 06/11/2020

IQAC Annual Report 2019-20

I. IQAC reconstitution:

The new members' considered for the various vacant positions took these resolutions as taken during the meeting held in 28 August 2019 due to change of faculty responsibilities and resignations. Mrs. Tejaswini appointed as the faculty member, and Mrs. Aarabhi appointed as an alumni member; the composition of the IQAC committee is as follows


Sl.No	Chairperson	Dr Kavitha Raja. Principal
i.	Senior administrative officer	Mr. Mahadevappa (Accounts) Mrs. Drakshyani (General Affairs) Mrs. Suvarna (Librarian)
ii.	Faculty members	Mrs Renukadevi M, Professor (Academic in charge) Mrs. Tejaswini, Associate Professor Mr. Kundan Das, Assistant Professor Mr. Prashanth V Mangalvedhe, Assistant Professor Ms. Pallabi Nandi, Lecturer
iii.	Member from Management	Shri R Mahesh, Director of Medical Education, JSSMVP
iv.	Member Hospital	Dr. Guruswamy M, Medical Superintendent. JSSH
v.	Nominee from Alumni	Mr. Nagendra, Physiotherapist, JSSH Mrs. Aarabhi. S, Physiotherapist, Brunga Physiotherapy Clinic, Mysore
vi.	Co-ordinator	Mr Vijay Samuel Raj V – (Clinical in charge)
vii.	Member	Mr Niranjana, Lab assistant

1. Quality Audit:

The resolutions on the annual meeting 2019 and action plan reviewed, and the following remedial measures carried out by the IQAC team and the faculty members. A regular audit was carried out between October 2019 and March 2020.


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The audit process was interrupted on a physical basis due to the lockdown and closure of the Institute due to COVID -19. Online meetings and feedback from the staff was carried out on a regular basis. Audits, feedback analysis were conducted in the following areas.

- a. **CLINICAL:** - Audits were carried out in the JSS hospital, considering the following objectives

Student clinical postings: Adherence to dress code was monitored. Infection control measures were monitored. The COVID-19 precautions and screening were adopted on a regular basis. The students and staff were given orientation on the UGC guidelines on infection control and safety.

Documentation Audit: Documentation was reviewed on a regular basis- PGs, staff, and faculty were instructed to send their daily documentation through the mail, the contents were audited and corrective measures taken immediately.

Feedback Analysis:

1. The stakeholders' feedback was obtained and analyzed.
2. Patient care qualities were analyzed through feedback received.
3. Due to COVID-19 lockdown and a decrease in the patient attendance at OPD and inpatients, the patient care was analyzed. Based on the evidence and the resources available, suitable methods of patient care were adopted.

Revision:

1. Patient care pathway card revision was initiated, and due to the lockdown, the revision was not completed.

ACADEMIC:

- i. Classes and lesson plans were audited; adherence to the unit plan was checked and analyzed.
- ii. Audit on adherence to the Lesson Plan, Practical manual, and SCALB were regularly monitored by the academic in-charge. The feedback of the Lesson plan, Practical manual, and SCALB were received by the curriculum committee.
- iii. Mentoring reports received and analyzed.


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- iv. Due to CoVID-19, the suspension of classes was closely monitored, and the classes and practical sessions planning through online mode was carried out.
- v. Feedback on online classes was taken, and it was analyzed.
- vi. Students are returning from home after the lockdown was closely monitored to follow the UGC guidelines and infection control.

c. ADMINISTRATIVE

- i. The administrative audit was regularly carried out through a checklist, and weekly reports were presented.
- ii. Monthly administrative audit to be done and report submitted in the monthly meeting.
- iii. Office document filing was audited, and few points to improve were noted.
- iv. Office attender resignation and related workload were analyzed in the month of March 2020.
- v. Annual stock verification of lab, infrastructure, library, and sports completed and SOPs revised and reported submitted to IQAC in June 1st week.
- vi. External audit (Finance) completed and reported obtained. Internal audit objections cleared.
- vii. Need for the addition of disabled-friendly toilets noted.

In view of the COVID 19 lockdown situation, the college was closed from March 22nd to May 3rd. From May 4th, 33% of staff reported for work, and from 3rd week, 50% of staff reported.

All staff except four, who were in other states, came for duty from May 17th, 2020.

The non-teaching staff was called for work in-between as and when required with a planned schedule. Classes were happening online for UGs and PGs since lockdown.


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III Action taken

1. CLINICAL: - The following corrective measures were taken; which were based on the audits and analyses,
 - Dress code – was finalized and implemented to have scrubs for the students, staff, and faculty.
 - Documentation will be carried out through Google drive and on excel.
 - A format for all conditions was made and implemented, which was based on the recent advances. A faculty development program and in-service training were carried out during these phases.
 - Department Evaluation Forms were made and implemented in the year 2020
 - In collaboration with the FDP committee, a workshop was organized on February 24th, 2020- Guidelines on Clinical documentation of Evaluation, Progress note, and Discharge forms.
 - Other workshops to bring in quality inpatient care were organized by the FDP committee, and some are as follows.
 - March 10th, 2020 - Standard Precautions in Patient Safety
 - January 25th, 2020- Work is Worship
 - February 20th, 2020- Demonstration of Hoist with Patient
 - 10th March 2020- Standard/ Universal precautions and hand hygiene techniques-Orientation class
 - SOPs were review, and New SOPs were added. The following new SoPs were added.
 - 1 RM tests
 - Procedure for applying Pneumatic Compression Device
 - Procedure for a whirlpool bath
 - Gait analysis and postural analysis
 - Twenty four hours (24hrs) physiotherapy service proposed and started from November 2nd, 2019
 - Started Cardiac Rehabilitation program as a multidisciplinary team from October 2019


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Plan of action 2021: The department head and staff will carry out a regular Documentation audit. The SoP review is the schedule for the year 2021, which will be carried out extensively through recent advances and based on evidence.

Workshops and training will be carried out in 2021 to enhance the quality of care in clinical teaching and patient care

1. ACADEMIC:

- Lesson plan, SCALB, PM reviewed.
- The academic calendar for the year 2020-21 was not framed due to the COVID -19 lockdown and reschedule of exams and college re-opening. The schedule was planned based on circulars received from the RGUHS and will be planned accordingly. The resolutions will be taken once the calendar is received from the university.
- Due to the COVID-19 lockdown, the classes were scheduled online. Platforms like Zoom, Microsoft Teams, and Webex Meet were used to deliver the classes.
- The details of online classes are as follows, which include -Theory, Practical, Squdia, Online examination, and Clinical discussion hours.

SI No	Year	Online Classes	March 2020	April 2020	May 2020	June 2020	July 2020	Aug2020	Sept 2020
01	1 st Year BPT	Total classes	04	41	68	69	12	06	-
		Average students attended	59/class	57/class	58/class	58/class	59/class	59/class	-
02	2 nd Year BPT	Total classes	10	30	35	70	92	88	115
		Average students attended	48/class	49/class	49/class	49/class	49/class	79/class	79/class
03	3 rd Year BPT	Total classes	23	94	134	156	77	128	102
		Average students attended	30/class	37/class	37/class	37/class	63/class	75/class	75/class
04	4 th Year BPT	Total classes	19	75	28	24	32	67	47
		Average students attended	31/class	30/class	30/class	51/class	51/class	58/class	58/class


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- Mentoring reports submission was mandated to be submitted every three months.
- Clinical skills recording and practical recording were initiated by the class.
- The lecture capturing system (LCS) for the lessons and practical skills was undertaken and recorded.

Action Plan 2021: Add-on courses were not implemented in 2019-20 due to COVID-19. This will be taken up based on the requirement and academic plan.


c. ADMINISTRATIVE

- The policy was reviewed, and an infection control policy was made and implemented. New guidelines were added based on the feedback and meeting resolutions.
- Addition of COVID-19, Infection control & contagious diseases control guidelines on May 2020
- The second revision was done in the month of May 2020 and was revised and validated.
- Additions were made to the disabled-friendly toilets.
- During the October meeting, it was decided to maintain the leave-log as Microsoft excel for all staff, as many non-teaching staff and attenders do not know to send emails.
- Recreation activities and fitness programs were implemented through the physical education instructor to all faculty and staff during COVID-19. Infection control measures and precaution were carried out during these events to maintain an optimal health.
- Proposal for the continuation of affiliation to RGUHS for the year 2020-21 filled and submitted to the university.
- Leave policies were reviewed, and orientation sessions were organized for all non-teaching staff, attenders, and ayahs.
- Sports room provided with an intercom as per request from sports instructor.
- Filing of records to be completed and verified.
- IQAC meeting being conducted daily - work being monitored closely.


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Action Plan 2021

- Review of infrastructure and lab requirements for the year 2020-21
- Infection control measures to follow and modifications to be carried out if any, based on the need.

Highlights and key activities carried out and initiated by the IQAC during the academic year 2019-20 are as follows.

- LMS through Goggle Classroom, Microsoft teams, Zoom, Webex Meet, Google meet, was used by all students and teachers
- Several online resources have been subscribed to and are being used by teachers and students, and these include Physiopedia, PhysioPlus, kenhub, Laerd, PhysioU, Hep2Go, and software like Drillbit, Grammarly, Kenhub, Dr. Najeeb Anatomy & Physiology video. The Faculty Development Programmes organized special training on these.
- COVID -19 preventive measures carried out efficiently.



Fig 1. Screening and precautionary measures ensured by institute



Fig 2. Demarcation lines to remind the students and staff safe distancing

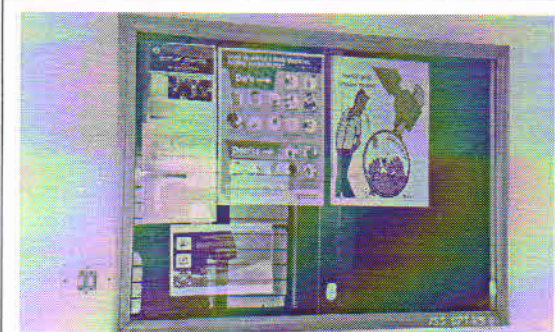


Fig 3 Awareness posters displayed



Fig 4 Disinfection and Sanitization procedures

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- Several Outreach activities and regular programs, and camps were organized by the institute.
- **Tele Rehab** (Tele Physiotherapy) started during the lockdown session and is functioning. PhysioPlus and HEP from HEP2GO application create tailor-made exercise programs (videos/pictures) and delivered them to patients
- Departmentalization has been done as per RGUHS guidelines.
- Website has been upgraded and is now comprehensive and interactive.
- Reorganization of faculty responsibilities was done in order to maintain standards of care in the hospital.
- Number of research publication and submission to indexed journals increased substantially.
- Two faculties have been recognized to represent the BOS. Two faculties have been nominated by the RGUS as members to frame the MPT curriculum.
- Submitted the NIRF
- As to improve the quality standards, the institute, with the initiative of the IQAC, has submitted the application for the QS I-Gauge, review under process, awaiting results.
- Financial stability achieved with an increase in the capital and revenue budgets.

Accreditation Status:

- NAAC – DVV approved and dates for Peer team inspection tentatively were fixed in the month of Dec 2020.
- Final SSR copy is under review
- Indian Association of Physiotherapists Certificate for 2020-21 received.


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