



DIKSOOCHI

.....Road ahead for new entrants to Medical College
in India

Dr. Sumangala Patil MD

Prof and Head, Department of Physiology, Member Medical Education
BLDE(DU)Shri.B.M.Patil Medical College, Hospital and Research
Centre Vijayapur

Dr. Lata. Mullur, MD, PhD, ACME

Professor, Dept of Physiology, Member Medical Education
BLDE(DU)Shri.B.M.Patil Medical College, Hospital
and Research Centre Vijayapur

Dr. Deepa. Sajjanar MD, ACME

Associate Professor, Dept of Biochemistry, Member Medical Education
BLDE(DU) Shri BM Patil Medical College, Hospital
and Research Centre Vijayapur





DIKSOOCHI



.....Road ahead for new entrants to Medical College in India



**Authors : Dr. Sumangala Patil
Dr. Lata Mullur
Dr. Deepa Sajjanar**



ISBN : 978-93-88672-73-3



Publisher : SARA BOOK PUBLICATION
303, Maharana Pratap Complex
Opp. Kapadia Guest House, B/H. V. S. Hospital
Paldi, Ahmedabad - 380006. Gujarat. (INDIA).
Phone: +91 8866 00 3636, +91 8866 11 3636

First Edition : October 2020

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, resold, hired out, or otherwise circulated without the publisher's prior written consent in any form of binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser and without limiting the rights under copyright reserved above, no part of this publication may be reproduced, stored in or introduced into a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise), without the prior written permission of both the copyright owner and the above-mentioned publisher of this book.

Copyright© 2020\ Sara Book Publication, Ahmedabad



Topics

SECTION 1

GENERAL

5

Role of a Doctor in the Present Scenario

SECTION 2

SOCIAL

16

General Rules for Conduct and Discipline

SECTION 3

PERSONAL

34

Stress Management



SECTION 1
GENERAL

Dr. Sumangala Patil, MD

Prof and Head, Department of Physiology
Member, Medical Education
BLDE(DU)Shri.B.M.Patil Medical College,
Hospital and Research Centre Vijayapur

Role of a Doctor in the Present Scenario

What today's doctor needs to learn?

Is a big question mark?..... for the budding doctors

What they really have to inculcate during their professional course, is to understand today's Societal expectations and give their best service to the community, for which they have to learn :

1. Professional attitudes
2. Scientific attitudes
3. Principles of disease in clinical practice
4. Psychological and social attitudes
5. Principles of 'Learning how to learn'

To achieve the above said qualities the undergraduate medical curriculum of the medical council of India is created to ensure that the medical doctor who emerges from the MBBS training program is capable of assisting the nation to achieve its goal of health for all. In addition, it aspires to ensure that the “graduate” meets or exceeds global bench-mark in knowledge, attitude, skills and communication. This intent is at the core of the Graduate Medical Regulations, 2019.

Indian Medical Graduate should be able to recognize health for all as a national goal and able to fulfill his/her societal obligations.

The areas identified were such that they would be helpful to initiate the process of curricular reforms from first year of the undergraduate course. These areas are Foundation course, Early Clinical Exposure, Integrated teaching & Learning & Skill development & training.

The Foundation course which will be of 1-month duration after admission, aims to orient the students to national health scenarios, medical ethics, health economics, learning skills & communication, Basic Life Support, computer learning, sociology & demographics, biohazard safety, environmental issues and community orientation. Foundation course also includes.

1) Orientation program 2) language and computer skills 3) communication skills and 4) time management skills and 5) Professional development program highlighting ethical and humanities issues.

A. Foundation Course: This is a one month to orient medical learners to MBBS program and provide them with requisite knowledge, communication (including electronic), technical and language skills.

B. Early clinical exposure: The clinical training would start in the first year, focusing on communication, basic clinical skills and professionalism. There would be sufficient clinical exposure at the primary care level and this would be integrated with the learning of basic and laboratory sciences. Introduction of case scenarios for classroom discussion/case-based learning would be emphasized. It will be done as a coordinated effort by the pre-clinical, para-clinical and clinical faculty.

C. Integrated teaching and learning: The innovative new curriculum have been structured to facilitate horizontal and vertical integration between and among disciplines, bridge the gaps between theory & practice, between hospital-based medicine and community medicine. Basic and laboratory sciences (integrated with their clinical relevance) would be maximum in the first year and will progressively decrease in the second and third year of the training when clinical exposure and learning would be dominant

D. Skill development and learning (throughout curriculum): A mandatory & desirable comprehensive list of skills has been planned and would be recommended for the Indian Medical Graduate. Certification of skills would be necessary before licensure.

E. Electives: The aim of adding electives is to allow flexible learning options in the curriculum and may offer a variety of options including clinical electives, laboratory postings or community exposure in areas that students are not normally exposed as a part of regular curriculum. This will also provide opportunity for students to do a project, enhance self-directed learning, critical thinking and research abilities. Examples: Bio-Informatics, Tissue Culture, Tissue Engineering/Processing, Computer and Computer applications, Immunology, Genetics, Human Nutrition, Sports Medicine, Laboratory Sciences, Research Methodology, Ethics, Accident and Emergencies (A&E), Community Projects, HIV Medicine, Pharmacokinetics/ Pharmacodynamics/ Pharmacoeconomics, Assisted Reproductive Technology, Ethics & Medical Education.

EARLY CLINICAL EXPOSURE

Objectives: The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

- A. Recognize the relevance of basic sciences in diagnosis, patient care and treatment
- B. Provide a context that will enhance basic science learning
- C. Relate to experience of patients as a motivation to learn

D. Recognize attitude, ethics and professionalism as integral to the doctor-patient relationship

E. Understand the socio-cultural context of disease through the study of humanities

Elements

A. Basic science correlation: i.e. apply and correlate principles of basic sciences as they relate to the care of the patient (this will be part of integrated modules).

B. Clinical skills: to include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training will be imparted in the time allotted for early clinical exposure).

Humanities: To introduce learners to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

AETCOM MODULE:

The overall goal of undergraduate medical education program as envisaged in the revised Graduate Medical Education Regulations - 2019 is to create an “Indian Medical Graduate” (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. In order to fulfill this goal, the IMG must be able to function appropriately, ethically and effectively in her/his roles as clinician, leader and member of the health care team and system, communicator, lifelong learner and as a professional.

Medical Council of India has proposed new teaching learning approaches including a structured longitudinal programme on attitude, ethics and communication[AETCOM]

The global competencies identified as defining the roles of the Indian Medical Graduate are the broad competencies that the learner has to aspire to achieve.

(Extract from the Graduate Medical Education Regulations, 2018)

Role of a doctor has been clearly mentioned by GMER, 2018

Goals for Indian Medical Graduate must be able to function in the following roles appropriately and effectively:-

2.3.1. **Clinician** who understands and provides preventive, promotive, curative, palliative and holistic care with compassion. 2.3.2. **Leader and member of the**

health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.

2.3.3. **Communicator** with patients, families, colleagues and community.

2.3.4. **Lifelong learner** committed to continuous improvement of skills and knowledge.

2.3.5. **Professional**, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

3.1.1 Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioral and social perspective.

3.1.3 Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.

3.1.4 Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values

3.1.7 Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.8 Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.

3.1.9 Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

3.1.10 Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frameworks.

3.1.11 Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

3.1.12 Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following:

- i) Disease prevention,
- ii) Health promotion and cure,
- iii) Pain and distress alleviation, and
- iv) Rehabilitation and palliation.

3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.

3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.

3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

3.2. Leader and member of the health care team and system

3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.

3.2.6 Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases and b) cancer, in collaboration with other members of the health care team.

3.3. Communicator with patients, families, colleagues and community

3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.

3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.

3.3.4 Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision making.

3.4. Lifelong learner committed to continuous improvement of skills and knowledge

3.4.1. Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

3.4.2. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

3.4.3. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

3.4.4. Demonstrate ability to search (including through electronic means), and critically reevaluate the medical literature and apply the information in the care of the patient

3.4.5. Be able to identify and select an appropriate career path

3.5. Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

3.5.1. Practice selflessness, integrity, responsibility, accountability and respect.

3.5.2. Respect and maintain professional boundaries between patients, colleagues and society.

3.5.3. Demonstrate ability to recognize and manage ethical and professional conflicts.

3.5.4. Abide by prescribed ethical and legal codes of conduct and practice.

3.5.5. Demonstrate a commitment to the growth of the medical profession as a whole. way that is professionally rewarding and personally fulfilling

Cited from-Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 1; pg-(15-20.)

Future Challenges and Responsibilities of Young doctors

“Young Doctors of today must equip themselves with the new global outbreaks”
The role of Doctor is changing in response to new health priorities and newer pandemic threats to community health in future. Medical students both postgraduate and undergraduate, in their career will have to adopt novel changes in the delivery of healthcare in the coming years with needs of tomorrow's world; Traditional role of doctor with single doctor-patient relationship is evolving. The interaction of the patient with the entire healthcare unit, is the emerging new concept. With clinical knowledge and experience the doctor needs to have the competence and responsibility for definitive decisions in complex situations, in various stages of the life as lifelong learner

The future needs of the society

In future rather than continuous care and the management of chronic conditions. much focus on episodic encounters and acute events is required from the hospital at the expense of primary care. The vision should be

1. All health professionals should be educated to mobilize knowledge to remote parts of the country
2. Engaging in critical reasoning and ethical conduct, be competent to participate in patient- population-centered health systems as responsive and globally connected teams.

3. To assure universal coverage by those high-quality comprehensive services that are essential to advance opportunities for health equity within and between countries.

Much of the challenge for the future is based around the gap between the urban and rural health facility. Doctors will be asked to play a central role in 'doing more with less' and addressing preventive issues.

Health Promotion and Prevention

The future role of the doctor is to enhance focus on health promotion and prevention of illness. The doctor must be responsive to society in meeting the needs of people and populations in the area in which he or she works.

It is not enough for today's medical schools to educate the doctors of tomorrow solely to meet the needs in their own society. They must be prepared to take on a more global role, and be ready to serve in remote places with health workforce efficiently. The role of doctor should not only comprise cognitive and technical competences, but also include complex skills to improve and develop personally. Once this complex role is defined, the process of medical education and of lifelong learning, to produce a person equipped to fulfil that role with health challenges in the society of today and of the future should be met.

The role of the doctor as communicator to patients, fellow doctors and to healthcare professionals is need of the time, but this role in relation to society is often neglected. It is an added skill in special situations than everyday work. Several publications have in recent years addressed the communication skills and competence of future doctors in medical education.



Professionalism in medicine?

Development of professional attitudes in young budding doctors is an important responsibility of the medical school. In addition to professionalism, fostering understanding of the :

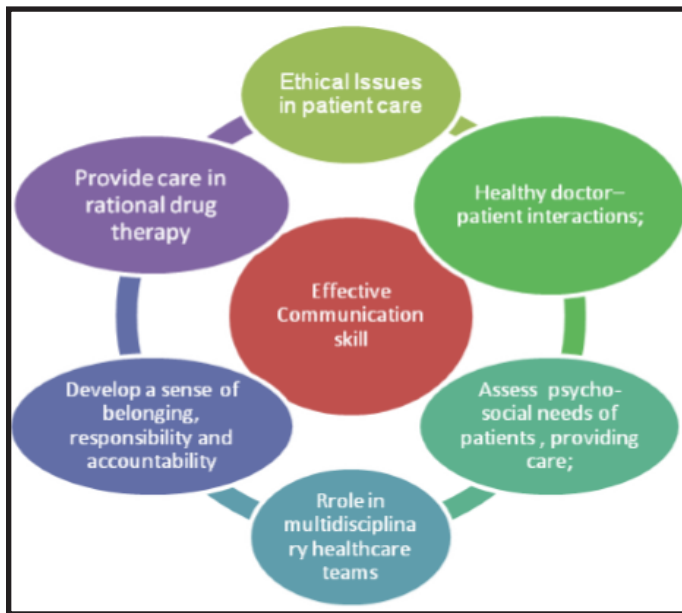
1. Need for continuing professional development

2. A critical and scientific approach

3. Ability to function in multi professional teams and systems as a leader

4. Culture of innovation, continuous improvement and social accountability are central to the educational responsibilities of universities. Because there is an increased focus on team-based delivery of healthcare, the definition of the professional role of the doctor cannot be done in isolation from other professions.

- To achieve all this, medical schools must work in close partnership with other important stakeholders in health and related areas, to improve the performance of the healthcare system. The competencies that doctors must acquire include those relating to ethics, teamwork, cultural competence, leadership and communication.



The duty of doctors to examine their responsiveness and accountability to society as a whole is important, because without such self-analysis the profession may blindly continue to do what it believes has always been done.

Undergraduate medical education must always be devoted to the needs of the future and not to the pressures of today. Education of the doctor for an ever-changing and developing career, which may extend for 30 or more years, is required, and simple training for medical practice today is not enough. In considering how medicine will develop we need to know what is meant by medical professionalism; to understand the needs of society and how medicine should respond to them, particularly the needs for disease prevention and health promotion; to think of all the future roles of the doctor.

- The traditional role of the doctor is changing. We must prepare our students to be lifelong learners, adaptable to the changing health needs and practices of the future.
- Ensuring that professionalism remains the key contract of medicine with society is vital; that doctors retain a moral obligation to use their skills for the good of society .
- The globalisation of society and the medical workforce requires the role of the doctor to be global, not regional or culture-specific.
- Population growth and the increasing cost of healthcare require a refocusing of attention to health promotion and disease prevention; of working within teams and across professions for the benefit of all.

Reference

1. Medical Council of India. Competency based undergraduate curriculum for the Indian Medical Graduate. 2018;1:3-4. Available from: www.mciindia.org/CMS/information-desk/for-colleges/ug-curriculum.
2. Frenk, J., Chen, L., Bhutta, Z., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Ke, Y., Kelley, P., Kistnasamy, B., Meleis, A., Naylor, D., Pablos-Mendez, A., Reddy, S., Scrimshaw, S., Sepulveda, J., Serwadda, D. and Zurayk, H. (2010) 'Health professionals for a new century: transforming education to strengthen health systems in an interdependent world.' *Lancet*, 376, 9756: 1923–58.
3. Global Consensus for Social Accountability of Medical Schools (2010) *C o n s e n s u s d o c u m e n t . O n l i n e . A v a i l a b l e H T T P : <http://healthsocialaccountability.org> (accessed 23 August 2013).*
4. Gordon, D. and Karle, H. (2012) 'The state of medical and healthcare education: A review and commen- tary on the Lancet commission report,' *World Medical & Health Policy*, 4(1): 1–18.
5. Lindgren, S. and Gordon, D. (2011) 'The doctors we are educating for a future global role in healthcare,' *Medical Teacher*, 33(7): 551–4.
6. Medical Council of India (2011) Vision 2015 New Delhi: Medical Council of India. Online. Available HTTP: www.mciindia.org/tools/announcement/MCI_booklet.pdf (accessed 8 April 2014).

SECTION 2
SOCIAL

Dr. Lata.Mullur, MD, PhD, ACME

Professor, Dept of Physiology
Member, Medical Education
BLDE(DU)Shri.B.M.Patil Medical College,
Hospital and Research Centre Vijayapur

2.1 General Rules for Conduct and Discipline



The University expects all students to adhere to the high standards of behavior expected of doctor during all academic and patient care activities. **All students must follow the standards of the medical profession.** They should be respectful to patients, staff members, their peers, and the community. Medical students who fail to meet these expectations may be subjected to disciplinary action.

1. All students should carry their valid Identity Card in any of the premises in the campus and the same should be produced if demanded by the authorities or the security personnel.
2. Students should co-operate in carrying out maintenance work and vacate their rooms completely when the Hostel administration requires the rooms for this purpose. On such occasions, the management will try to provide alternate accommodation. If any maintenance work is to be carried out when the room is under occupation, it is the occupant's responsibility to make the room available for the maintenance work. The students should themselves protect their valuable belongings when maintenance staff are working in their rooms.
3. Hostel residents are required to maintain standards of behavior expected of the students of a prestigious institution and the noble profession.
4. Every student should understand that the roommates have the same rights and privileges as herself / himself. Hence every student should behave in such a way

no action should disturb the others. The students admitted to the hostel (Ladies & Gents) shall cooperate with the roommates and maintain discipline.

5. The students are not allowed to keep with them any fire arms or weapons in the rooms or in the hostel or college premises even if they possess license.

6. Hostel residents are required to maintain standards of behavior expected of the students of a prestigious institution and the noble profession.

7. Every student should understand that the roommates have the same rights and privileges as herself / himself. Hence every student should behave in such a way no action should disturb the others. The students admitted to the hostel (Ladies & Gents) shall cooperate with the roommates and maintain discipline.

8. In the hostel premises following are strictly prohibited:

- Smoking
- Consumption of alcoholic drinks/Drugs.
- Gambling
- Intimidation or violence
- Fight among the room mates, batch mates, between juniors and seniors.
- Entertaining outsiders in the hostel and involving in fight or violence with outsiders.
- Willful damage to college or hostel property.
- Entering the hostel premises in intoxicated state.
- Shouting and using abusive language in their own hostel or in other hostel premises and campus.
- Employing unauthorized persons for personal work such as washing cloths, etc.
- Cooking in room.

9. Misuse of mobile phones inside or outside hostel and college premises will lead to strict disciplinary action.

10. Residents shall not arrange picnic or entertaining trips within or outside city without prior permission from Principal and Warden. They must submit authorization letters from their parents permitting them to go for picnic or trips.

The College in no way can be held responsible for anything that happens to the students if they behave contrary to the above.

11. Hostel related complaints shall be dealt with by the Hostel Committee, whose decision shall be final.

Specific rules for Girls Hostel

The residents of Ladies Hostel, in addition to general rules for conduct and discipline, shall abide by the following rules:

1. Candidate alone must take occupancy in the rooms after admission. Parents or lady relatives are not allowed in the hostel along with the candidate. Mother/sisters or first degree lady relatives may be allowed to stay, with prior permission just for a few days depending on the circumstances. The College may charge some fees for such a stay.

2. All the inmates both under-graduates and post-graduates have to be back in the hostel by 9-PM. Inmates who are coming back to hostel after the specified time have to enter into the late-comers book the time & reason for being late. Furnishing wrong information will attract disciplinary action.

3. First year MBBS students have to be back to the hostel by 7-30 PM. Those who are late must enter in the latecomers' book kept at the hostel entrance gate. There will be daily attendance at 7.30 PM.

4. For inmates who comes late regularly after **stipulated time** for more than four times, an explanation will be called for along with intimation to their parents and a penalty will be imposed.

5. If a girl student needs to stay out of the hostel after the **stipulated time** due to any reason, she has to apply for and take prior written permission from the Warden. On emergencies an immediate SMS be sent to the Chief Warden. Violation of this rule may lead to disciplinary action including expulsion from the hostel.

6. The inmates are supposed to maintain the cleanness in the hostel. Do not crush-in sanitary napkins into toilets, which can lead to drainage block. Used sanitary napkins have to be disposed into the dust bins that are provided near the toilets.

7. Male students/visitors are not allowed inside the girls' hostel. However, father/brothers/close relatives can meet their wards in the visitor's room at the entrance gate of the ladies hostel between 7.00AM to 6.00PM. They must make due entry in the visitors book with their address and mobile phone numbers.

8. Inmates are not allowed in to the any outside technician for repairs of gadgets or appliances. Any such repair must be dealt at the entrance gate with prior permission from warden.

9. Local students (girls only) may be allowed inside the ladies hostel only during day time. Those who would want to stay in the night must seek prior permission from the warden. Entry must be made in the guest book at the hostel entrance gate. Failing to do so disciplinary action will be taken against as deemed fit.

10. Inmates who are going out-of-station must make due entry about the date, time, place with address and purpose in the out going register while going out and re-entry should be made in the incoming register while returning. Inmates who do not follow this rule or furnishing wrong information will attract disciplinary action.

11. Absence from the city of more than 15 days will be counted for mess fee discount if such absence is authorized and with prior intimation of not less than 7 days.

12. Visitors including parents/guardians who are coming to meet the inmates of ladies hostel must make necessary entries in the visitor's book available with the security guard at the hostel entrance gate.

13. Resident should not indulge in practices / activities, which may endanger their own personal safety as well as that of others.

14. The mess in ladies hostel is monitored by the Mess Committee which will decide on the common menu provided for breakfast, lunch and dinner.

Disciplinary measures

1. Any student who is found to be indulging in undesirable activities such as ragging, physical assault, damage to property, causing inconvenience to other inmates, non-compliance of any of the conduct rules, or violation of any other rule will be liable for the following punishments:

a) Expulsion from the hostel.

b) A record of his / her misconduct will be made in the student's personal file.

c) The cost of damage will be fully recovered from the student together with penalty.

d) He/she will also be fined commensurate with the offense committed.

e) Conduct certificate will not be issued to the concerned.

f) Rustication from the Institute.

g) Arrest by police and proceeding with criminal charges.

2. Any student found hosting/harboring an offender will also be liable for the punishments as described above.

3. Any serious offense or crime or any act of indiscipline will invite an enquiry that will be conducted by the hostel committee or separate enquiry committee formed by the Principal. If the student is found guilty, disciplinary action will be taken as decided by the committee as deemed fit.

4. Depending on the case/issues /incident, the college higher administrative authorities reserves the right to take direct disciplinary action, amounting to even expulsion at short notice from the hostel.

2.2 RAGGING



Ragging can be pleasant at first. In the beginning, all newcomers may be ordered to memorize the name, date of birth and hometown of their peers. The main objective of this kind of exercise is said to be increasing the friendship among batch mates.

Ragging is the term used for the so-called "initiation ritual" practiced in higher education institutions in most of the countries globally. Ragging is basically a subset of bullying. It involves abuse, humiliation or harassment of new entrants or junior students by the senior students. It often takes a malignant form wherein the newcomers may be subjected to psychological or physical torture.

Highly reputed Indian colleges have a history of ragging especially medical colleges. It has become increasingly unpopular due to several complaints of serious injury to the victims and stringent laws pertaining to ragging. Ragging is now defined as an act that violates or is perceived to violate an individual student's dignity (Sharma, Naresh; Bodh, Anand (10 March 2009). "Medical student killed in ragging". Times of India. Retrieved 9 November 2016.)

Various forms of ragging:

- The fresher may be asked to dress in a specific dress code and unusual dressing for a particular period of time. It is called **Dress code ragging** which may make fresher feel uncomfortable.
- The fresher may be asked to use an abusive and demeaning nickname to the juniors and they have to be called by that name and are forced to call seniors as sir/madam. This is form of **verbal ragging**.

-
- In **physical abuse**, the fresher are asked to do various tasks, such as sit-ups or push-ups, dancing, sitting in the cock pose, acting, or removing their shirts etc.
 - The seniors may attempt to harass or threaten the junior to complete their assignments.

Preventive measures:

Ragging is strictly banned in all Educational Institutions. It is forewarned that ragging is a criminal offense and will be dealt as such.

1. Fresher should report incidents of ragging immediately. Those who do not do so even when being witnesses or victims, will be considered to be part of this practice, and will also be punished accordingly.
2. When the persons committing or abetting the crime of ragging are not identified, collective punishment on suspected group could be resorted to as a possible deterrent measure.
3. Any violation of this by the senior students will be dealt very severely as per the Institute norms and guidelines issued from time to time by the competent authorities.
4. The Medical College/Institution /University shall set up appropriate committees including the course-in- charge, student advisor, Warden and some senior students to actively monitor, promote and regulate healthy interaction between the fresher and senior students.
5. Ragging in any form is banned inside and outside the campus. Strict action will be taken against those indulging in ragging. Suspension and or withdrawal from the hostel/college is one of the actions taken immediately.
6. Punishment for ragging under the karnataka education act of 1983 can be up to one year imprisonment. Supreme court has also defined ragging as a criminal offence.

Anti-Ragging Helpline

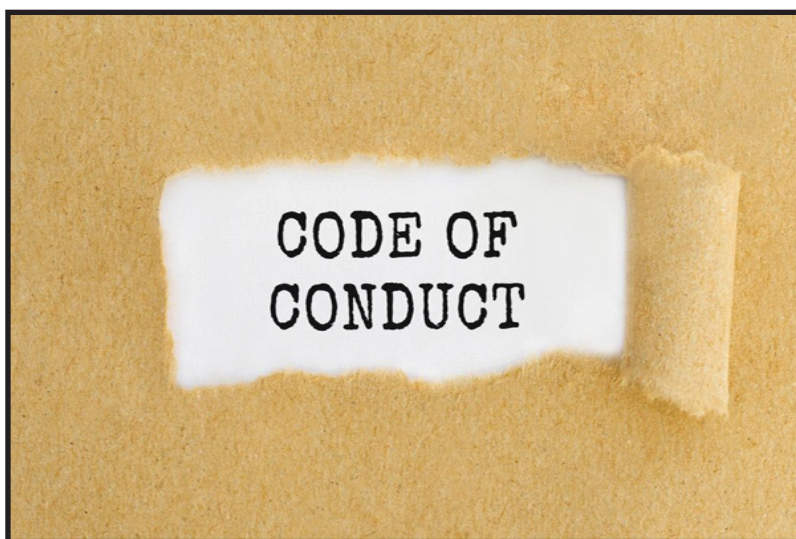
In 1997, the state of Tamil Nadu first passed laws related to ragging. Subsequently, a major boost to anti-ragging efforts was given by a landmark judgement of the Supreme Court of India in May 2001.

India's National Anti-Ragging Helpline started working in June 2009 to help students in distress due to ragging. It consists of an email id and a 24-hour toll-free number.

As per UGC regulations, it is mandatory for a college to register an F.I.R. with police against the culprits if any violence, physical abuse, sexual harassment, confinement etc. takes place with any fresher. (UGC Anti-Ragging Regulation, Point 7" .UGC. 12 October 2009. Retrieved 9 July 2013.) After receiving any such complaint from the helpline, it becomes the duty of the head of the institution to register the F.I.R. with police within 24 hours.



2.3 CODE OF CONDUCT



University is committed to provide the environment that is professional, collegial, supportive of all personnel, and conducive to providing the best possible patient care, teaching, and research. The University places a very high priority on maintaining a work environment for staff, students, and faculty characterized by generosity, integrity, constructive interactions, mentoring, and respect for diversity and differences among members of our community. All staff and students are expected adhere to the behavioural attributes of responsibility, empathy, service excellence, problem solving and continuous improvement, efficiency, cultural competency and teamwork.

In order to uphold the sanctity of the institution, all students are expected to take note of the following:

1. The students are to strictly follow the rules and regulations as well as respect the members of the faculty.

2. Dress Code: The institution has a prescribed dress code to which all the students must abide. Boys should wear formal dress and shoes.

Girls should wear decent salwar kameez only. Hair has to be tied up neatly and not left loose. Girls are expected to retrain from wearing short kurtis. Wearing jeans pants, T-shirts, sleeveless tops is strictly prohibited. No jewels allowed.

Both boys and girls should wear clean white aprons with the college emblem in the campus premises. They should have ID card. To respect the sanctity of profession please do not wear these aprons outside the college campus.

3. Punctuality: Students are expected to be seated 5 minutes before the commencement of the class. Late comers will not be permitted to enter the class.

4. Behaviour: Students are not allowed to shout or make loud noise between the class hours or leisure time while they are in the campus. Students are prohibited from standing in person or in groups on the corridor. Unnecessarily initiating a conversation with stranger is to be avoided.

5. Usage of mobile phones in class rooms, seminar halls, labs and library is strictly prohibited. If found in similar act, the mobile will be confiscated and will not be returned.

6. Smoking, alcohol consumption, drug abuse and any kind of misbehavior or any kind of unlawful activity within the campus is prohibited and will be duly addressed to the parents besides taking strict disciplinary action as per college rules and regulations. Any student found continuing with same behavior even after reasonable notice will be immediately removed from the institution.

7. Students are prohibited from engaging in acts of intimidation, violence or abuse against any of the students, employees, staff and faculty members of the university. Students are expected to show sincere, decent and cordial attitude towards their classmates, students of other programs, staff, faculty and other employees of the university.

8. Students are advised not to indulge in any prohibited, illegal and unethical, immoral activities inside and/or outside the College/University campus, or else, they will be liable for punishment as per University rules.

9. Counselling: Students who faces academic or other problems can approach the head of the Institution, head of the department, mentors or senior staff members for redressal of their grievances.

10. Parents are advised to approach the Dean or Faculty Members regularly to know the progress of their wards. Parents if summoned to discuss about their wards should report to the college without fail immediately as and when required.

Students are expected to maintain decorum in their behavior and habits, at all times, befitting the prestige of the College and the University.

Mentoring is one of the methods of teaching and developing an individual, where a more experienced person (mentor) shares their accumulated knowledge and experience with the less experienced individual (mentee).

Mentoring in education involves a relationship between two people where the mentor plays a supportive and advisory role for the student, the mentee. This relationship promotes "the development and growth of the student's skills and

knowledge through the teacher's experience.¹ Many studies have shown that mentoring has significant behavioral, attitudinal, health-related, relational, motivational, and career benefits.

CLASS RULES

- 1** Be on-time, on-task & prepared to learn **EVERYDAY**
- 2** Keep all personal electronics **PUT AWAY!**
- 3** **BE RESPONSIBLE** for your own learning
- 4** **RESPECT** the teacher
the classroom
other students
- 5** Trash goes in the trashcan! **#NOTYOURMAID**

2.4 MENTOR-WARD SYSTEM



The focus of mentoring is to develop the whole person and so the techniques are broad and require wisdom in order to be used appropriately². Students with following need extra support³.

- Poor learning skills
- Lack of study skills
- Poor learning skills
- Lack of knowledge basis
- Immaturity
- Poor organisational skills
- Poor insight
- Poor mental health
- Major personal crisis

Different techniques may be used by mentors according to the situation and the mindset of the mentee. The five most commonly used techniques:

1. Accompanying: making a commitment in a caring way, which involves taking part in the learning process side-by-side with the learner.

2. Sowing: Sowing is necessary when you know that what you say may not be understood or even acceptable to learners at first but will make sense and have value to the mentee when the situation requires it.

3. Catalyzing: when change reaches a critical level of pressure, learning can escalate. Here the mentor chooses to plunge the learner right into change,

provoking a different way of thinking, a change in identity or a re-ordering of values.

4. *Showing*: this is making something understandable, or using your own example to demonstrate a skill or activity.

5. *Harvesting*: here the mentor focuses on "picking the ripe fruit": it is usually used to create awareness of what was learned by experience and to draw conclusions. The key questions here are: "What have you learned?", "How useful is it?".

The process of mentoring is realized through 4 stages:

1. Developing a plan for mentee- the role of the mentor is observation and minimal assistance in the plan development.

2. Independent learning- mentor help in the maintenance of the mentee's motivation.

3. Support. During this period the mentee will most often appeal to the mentor. However, an experienced mentor should not answer the question, but only point to the source of knowledge.

4. Evaluation of results. Evaluation should be conducted by the mentee, and the mentor should only indicate possible errors in the analysis.

Advantages:

- It will accelerates education, develops skills and mentee learns to speak out their point of view.
- Make it easier for mentee to adapt to the new environment.
- Mentee, under the guidance of the mentor, is unlikely to make mistakes.
- The productivity of the mentor-mentee unit is higher.
- Mentor can also learn new from the mentee and develops leadership and mentoring skills.

2.5 PEER PRESSURE



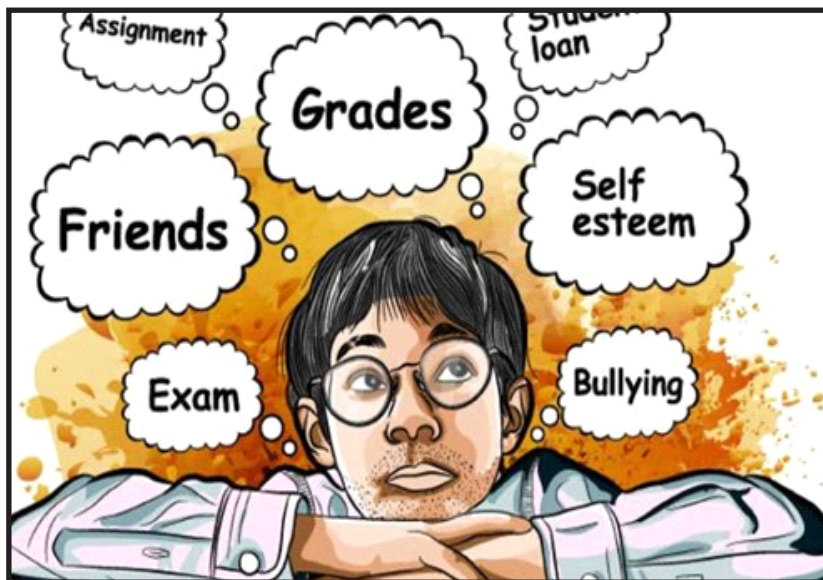
Peer pressure is the fundamental issue that everyone faces in school/college at some time but students struggle to cope with various forms of social pressures like bullying, harassment, loneliness etc.

Is the direct influence on people by peers, or the effect on an individual who gets encouraged to follow their peers by changing their attitudes, values or behaviors to conform to those of the influencing group or individual. This can result in either a positive or negative effect, or both.

Peer pressure can affect individuals of all ethnicity, genders and ages. Peer pressure has moved from strictly face-to-face interaction to digital interaction as well. Social media offers opportunities for adolescents and adults alike to instill and/or experience pressure every day⁴.

Students spend most of the time with friends/classmates during college timings and hence also work with them in groups. Through the process, an individual might feel the need to do the same things as people their own age or in the social group to be liked or accepted. In order to gain respect and place, some students do things that they shouldn't do or the things they might not be ready for. Since we live in a social world where we want to fit, have friends, avoid loneliness. Some individual just give in to peer pressure because they don't want to be rejected by friends.

Common social pressures



1. Smoking cigarettes or tobacco/hookah
2. Trying alcohol
3. Consuming Drugs or intoxicating substances
4. Bunking classes without parents knowledge
5. Cheating in exams
6. Indulging in sexual activity

Taking Diet pills

7. or extreme dieting measures
8. Sometimes, students force their parents to buy them a phone/laptop or expensive gadgets just because their friends have it.

It is believed that peer pressure of excessive drinking in college comes down to three factors; being offered alcohol, modeling and social norms. Offering alcohol can be both as a kind gesture or the other extreme which is forceful. Then you have the modeling which is being a “copycat” and following your friends then finally you have the social norms which are drinking. There are two reasons why people do it; because everyone does it, or as a means to fit into social groups. On entering college most people begin to increase their amount of alcohol intake, this is more so true to those who do not live at home. This would be because you have shifted from being influenced by your parents to being influenced by your college peers⁵.

Peer pressure is widely recognized as a major contributor to the initiation of drug use. It produces a wide array of negative outcomes.

Prevention



Substance use prevention and intervention programs have utilized multiple techniques in order to combat the impact of peer pressure.

1. Just say NO

If you don't feel comfortable about anything that your friends/peers force you to do just say NO. Take your stand by politely saying **No**. Don't always follow to your peers instructions blindly. Try to differentiate between what's right and wrong for you.

2. Spend your time talking to family members

If the pressure still prevails, talk to your parents, teachers, mentors or counsellor at college. The counsellors are meant for helping you to come out of problems you face at college. Share your grieves with them openly.

3. It's better to be alone than a bad company

Sometimes we give in to peer pressure because we feel lonely. So try investing your time to learn something new and beneficial to you rather than involving with bad companies.



4. Choose friends wisely

Remember a true friend is one who will always help you to grow rather than pushing you to do something which is unethical and illegal. Select those with whom you feel comfortable and those who respect your opinion.

5. Make excuses if required

It's OK to use an excuse if the truth is too challenging. For example, if someone offers you a drink and you want to say no but feel awkward, say you're on medication or have to get up early the next day.

Summing up, remember that you can't (and don't have to) please everyone or be liked by everyone. It's a bitter truth that you need to accept.

As the phrase says "As you sow so shall you reap". So don't encourage the groups causing pressures on others or indulge with them. Try to be as far as possible from these.

References

1. Argente-Linares, Eva; Pérez-López, M. Carmen; Ordóñez-Solana, Celia (2016-10-19). "Practical Experience of Blended Mentoring in Higher Education". *Mentoring & Tutoring: Partnership in Learning*. 24 (5): 399–414.
2. ²Daloz, L. A. (1990). *Effective Teaching and Mentoring*. San Francisco: Jossey Bass. p.20.
3. Hays RB, Lawson M, Gray C. 2011. *Problems presented by medical students seeking support: A possible intervention framework*. *Med Teach* 33(2):161–164.
4. Jang, Kyungeun; Park, Namkee; Song, Hayeon (2016-09-01). "Social comparison on Facebook: Its antecedents and psychological outcomes". *Computers in Human Behavior*. 62 (Supplement C): 147–154.
5. Borsari, Brian; Carey, Kate (December 2001). "Peer influences on college drinking: A review of the research". *Journal of Substance Abuse*. 13 (4): Pages 391–424.

SECTION 3

PERSONAL

Dr. Deepa. Sajjanar, MD,ACME

Associate Professor, Dept of Biochemistry
Member, Medical Education
BLDE(DU) Shri BM Patil Medical College,
Hospital and Research Centre Vijayapur

3.1 Stress Management

It is very stressful to define stress!

But over the years many attempts were made to define, understand, dissect, conquer and undo Stress. Only to fail and be stressed about it...

Hans Seyle had stated that stress is "the nonspecific response of the body to any demand made upon it," and it is the rate, at which we live at any moment one at a time. He further added that it cannot be just the nervous tension experienced nor the result of any damage.

“Indeed, complete freedom from stress is death!”

Now that we have evolved and also the definition of stress, it has come to mean our reactions to events, environmental or internal, that strains or exceeds our adaptive assets.

We have another term “Burnout” which is often used interchangeably with stress and is defined as the state of mental and/ or physical exhaustion caused by excessive and prolonged stress.

Sadguru Jaggi Vasudev- a modern day mystic, yogi and a spiritual master who has been invited as an esteemed guest to deliver speeches at such places as the headquarters of the united nations, world economic forum and also at various educational institutions such as Harvard and the university of leads to name a few gives us great insights about the ways to handle our life consciously and speaks of stress as being created in one's own mind.

The need of being equipped with the ways and techniques to handle stress in the life ahead is felt as Medical students and physicians have shown to have the mean anxiety scores which stands one standard deviation more than common people and also their levels of depression.

Disturbance of the HPA axis and also increase in the cortisol levels are seen in about 50% of depression cases and is due to our inability to deal with the stress in our lives.

Why stress about stress?

Stress over a period of time can lead to conditions which tend to have serious repercussions such as

Obesity Metabolic Syndrome Hypertension Tension headache/migraine
Cancer Emotional Overeating Infertility Raynaud's disease,

Infectious Disease Asthma bronchiale, Functional sleep disorders

& Somatoform pain disorder (unspecified type)

“As people get more educated and complex in their minds, their ability to suffer increases, because they can create a wide variety of suffering.”

Get conscious of these EMOTIONS if you want to discern that YOU are indeed stressed.

Fatigue	Irritability/ being easily upset
Headaches	Anxiety/Depression
Difficulty sleeping	Low self esteem
Poor concentration	Relationship distress
Emotional exhaustion	Academic consequences

Possible suicidal thoughts, Gastrointestinal disorders-poor appetite/overeating.

It is also essential to recognize the need to accept the fact that stress is inevitable (Is it?) and we better be equipped with resources to cope with it. A support system in place or a peer Supervision group shall ensure that timely assistance is made available for those in need.

Life is a process & not a problem, the only question is, have you prepared yourself for the process or not.

It is also important to look out for the subtle and the early signs of Stress, in the sense that it can cause behaviors which tend to eat oneself inside out. These can themselves be root cause of many evils of the society and can range from a mere Social withdrawal to Unethical and disruptive behavior, Cynicism, Increased use of substances (alcohol, prescription drugs) to name a few.

DIG FOR THE CAUSE

Stressors:

The stimulation or the cause for the stress is the perceived stressor and are thus considered to be precursor for it.

Identify the cause for your stress...

The point is to remember that any major life events can be stressful, even happy ones at that, like getting into a medical college and the changes associated with it.

1. Physical Stressors: There are chances that you can feel a sense of stress in that your body does not live upto the energy your ideas need. Some of the reasons could be

- Climate/weather/Seasonal change which can be unfavourable to your health.
- Drastic and forced change in your food system.
- Recent Injury/Accident.
- Medications and their effects that you need to take for some medical disease that you suffer from,
- Menstruation and the related physical and emotional agony.

2. Familial Stressors: A balancing act with the family can also be stressful for many...

- You can face competing time demands from family, friends and education.
- You could be living apart from your parents for the first time, so you can miss the adult supervision or parental care.
- Can arise from relationship problems with parents, Siblings n so on / events.

3. Social Stressors: are abundant and can arise in any context where interpersonal relationships exist.

- The loss of contact with friends and family can contribute to feelings of loneliness among busy students and also stress could arise from continued forced contact with individuals with whom they may not share the same values or beliefs.

4. Academic Stressors: The feeling of having no control over the VAST information to be gathered...

- In the early period YOU face competition and fear of failure.
- In the next few years of medical school, perceived need to excel at all costs,
- Increasing time pressure and demands, fears of increasing responsibility, fear of infection or bodily harm from your contacts with the patients, death of patients and discomfort with discussing sexual issues.
- There appears to be no control over the types of patients, or the quality of supervision or role modeling from interns, residents, and attendings.

-
- Due to the lack of free time YOU may not feel nor can establish or maintain adequate support systems, or may feel YOU are showing weakness if you seek support.
 - As YOU are exposed to cynicism and fatalism, and there are chances of becoming disillusioned with your career choice.

No work is stressful, it's our inability to manage our body, mind and emotions that makes us stressful

5. Clinical Stressors: include difficulties in dealing with the chain of command/pecking order common for medical students.

- Coping with hierarchy and the authoritative environment is troubling for students.

6. Spiritual Stressor: Arise when basic spiritual values or beliefs are reformulated, called into question or disregarded.

As humans, we all have an instinctive desire to raise our spiritual quotient and at times of deeper introspection, one can find the void deep inside which can be the cause of subconscious stress.

How to use the above information?

List the stressors in order of how they impact you.

- Which affect your health and well-being the most?
 - a)
 - b)
- Which affect your emotional satisfaction?
 - a)
 - b)
 - c)
- Which affect your work and productivity?
 - a)
 - b)
 - c)

CONQUER THE CAUSE

Once you dig the layers of the self and the stressor is indentified, it's time to hold it by the horns and conquer it.

The concepts which are outlined here are based on years of research and try to

provide the much needed help in managing the stress. These concepts are known to be beneficial for the vast number of people who diligently follow these, of course with subtle changes which suit them.

The importance of developing resources in anticipation of hardships cannot be overstated. It is imperative to emphasize the resource–congruence model developed by Wong PT for managing life stress and also presses the need for acquiring more information as to what coping strategies are suitable for stressor recognized by you as the root cause.

1. Action oriented approaches

a) Be assertive- communication is the key, *don't shut them out.*

On a day to day basis, we face challenges in all the aspects of life and the one thing that can keep us sailing through the storms-small and big is healthy communication. If we want to see things running smoothly on a day to day basis, a simple **MUST** is to keep our communication with everybody-open and clear- a sure shot way to keep the things positive and put the small disputes to rest. Resentment piles up when there is lack of communication or when ego makes a grand entry, so connect and not deal with the people around you. This paves the Way to disconnect stress from your life.

b) Reduce the noise-*cut the clutter.*

In the age of constant and varied stimuli around us, we have forgone the power of silence. “Silence is liberating” realized the ancient science. Medical profession, though late has embraced **MEDIATION AND MINDFULNESS** as a powerful tool in combating stress, depression and anxiety alike and is now being prescribed to patients as first line of management, as adjunctive therapy and also as rehabilitation. Meditation is a process where the patients are encouraged to be silent as being still, quiet and mindful of ones breath makes one to think truthfully about oneself as well as all beings around us in real time, It also helps to get genuine answers beyond ourselves. The experience can be humbling as well as deeply rewarding.

c) Manage your time

Managing this resource can give you the benefits manifold and you can refer to the chapter on time management.

d) Setting boundaries

Striking a right balance in our daily schedules and hence our lives is important and hence the need for setting healthy boundaries. When we have a tendency to take on more responsibilities than we're comfortable with, in our quest to please or be in good books of others around us, we can end up adding stress as we try and navigate through our life which gets busier and we compromise our comfort levels.

Setting healthy boundaries where there is respect for the needs of all involved allows us to have close relationships. Here as allowing others to get close to us, without overwhelming us, is the true goal of boundary-setting; It is a kindness we can do for ourselves as well as for those we are close to.

e) Diet and exercise

~~The great power that resides in us as an evolved species against stress is our ability to choose one thought over another and that is what enables us to have the~~

2. Emotion-oriented approaches which are used to change the way we perceive stressful situations.

One of the foremost approaches which are based on changing our perspective towards the stressors is

A. COGNITIVE RESTRUCTURING:

Dr. Richard Lazarus, who was a professor of law at Harvard rightly pointed that "Stress resides neither in the situation nor in the person, it does depend on a transaction between the two." And thus was born the principle of Cognitive restructuring which includes conditioning our thought process for positivity.

Learned optimism, introduced by psychologist Martin Seligman, who is considered the father of the positive psychology movement helps build a better happiness quotient and keep the stress at bay.

Though the learned optimism is partially hereditary a lot of the optimism levels are also influenced by childhood experiences, including parental warmth and financial stability.

But the better news... is that it's possible to learn the skills that can shape a more optimistic version of yourself.

And the best part is... Anyone can learn these skills, no matter how pessimistic one is, to begin with.

Aren't YOU feeling optimistic about the whole concept of restructuring my thought processing...?

The ABCDE technique

- **Adversity** is the situation that calls for a response
- **Belief** is how we interpret the event
- **Consequence** is the way that we behave, respond, or feel
- **Disputation** is the effort we expend to argue or dispute the belief
- **Energization** is the outcome that emerges from trying to challenge our beliefs

How to use the above information?

Adversity

Think about a recent sort of adversity you have faced. The stressors you recognized in order of how they impact you.

Belief

State your belief about the adversities, be brutally honest and don't lie to yourself.

Consequence

Identify the consequences of your stated beliefs.

Classify them as positive or negative as to what behaviors are aroused from them.

Dispute

Dispute the very beliefs that might be the root cause for the negative outcome and **challenge them**

Energization

Energize towards the newer and a more positive belief that you have built on deliberation.

Remember that any learning takes time and so does the learned optimism.

B. AFFIRMATIONS AND IMAGERY.

When we are more reflective of the way we think we notice that we tend to be more vulnerable and tend to be overwhelmed at things in general. This is where the affirmations and imagery- the positive ones need to be tapped. These work by helping us remember our personal resources that tend to take the backseat, all the more when we are discouraged.

Affirmations are defined as positive statements that help you to challenge and overcome self-sabotaging and negative thoughts. They also redirect us to reflect on our core values and draw inspiration and positivity from the many personal experiences that we've had.

And the magic unfolds when you repeat them often with belief and the same concept is extended to harness the power of visualization by mental projection of the images that are positive and stated in the present tense. Stretch your imagination to add the emotions and bodily sensations you would be feeling if you had already achieved your goal and you can start to make positive changes.

....

It has been put into practice by many who have been the high achievers in their field and have created dream lives for themselves by accomplishing every goal that they set with hyper focus and confidence. It gives you that superpower that every one of us yearns for...

In fact, we all have it within US, but most of us have never been taught or believed to put these into practice to use it effectively.

How to use the above information?

Take out 5 to 10 minutes every day (preferably early morning and before you go to bed, this is when you are most relaxed).

Read your goals or affirmations out loud.

Visualize – see the image of the goal (little, small, big or a great one that matters to you) as already complete in your subconscious mind.

Breathe some life into the goals by smell, taste and importantly add feelings and bodily sensations.

By adding intense emotions to your goals, they will stay locked in your memory forever.

The more passion, excitement and energy you muster during visualization, the more powerful the results will be.

Once you have visualized each goal as complete, it's time to release. Let go of your mental picture, and spend the rest of your day being in the present moment dedicated to realizing them.

Repeat your affirmations every morning and night for a month and they will become an automatic part of your thinking... woven into the very fabric of your being.

c. Acceptance-oriented approaches

The Greek philosopher, Epictetus had it right when he said: *“Men are disturbed not by things but by the views they take of them”*. This is an important concept because we may not always be able to influence what happens to us but we do have a powerful influence in how we interpret what happens to us and how we deal with it.

No matter what happens to us nobody can take this right of ours away from us, where we have say on how we feel. Our very own philosophers stressed this thought, that instead of trying to fix whatever comes our way, if we try and fix ourselves in such a way that whatever comes our way we shall be fine, then there is little that the stressors can have an affect...

Baby steps which help us build resilience in becoming increasingly accepting...

- Build a network of friends

-
- SURROUND yourself with few soul mates (mutually supportive, loving, caring and everything in between)
 - Talk it out many of our worries sound a lot less worrisome when we share them with someone understanding.
 - Meditation and physical relaxation
 - Learn relaxation techniques.
 - Try and get the basics right ...healthy food and sound Sleep as they are proved to be MORE THERAPEUTIC THAN ANY THERAPY.

In a NUTSHELL..

1. Understand your stress: It can be different for everybody. By understanding what stress looks like for you, you can be better prepared, and reach for your stress management toolbox when needed.

2. Learn to recognize stress signals. We all process stress differently so it's important to be aware of your individual stress symptoms. What are your internal alarm bells?

3. Identify your stress sources. What causes you to be stressed? Be it work, family, change or any of the other potential thousand triggers.

4. Strategize:

- a. Can you change your stressors by eliminating them or can avoid.
- b. Can you reduce their intensity; manage them overtime, instead of immediately.
- c. Can you shorten your exposure (take a break, leave..)
- d. Devote time to make necessary change.

5. Implement healthy stress management strategies.

6. Make self-care a priority.

When we make time for ourselves, we put our well-being before others. This can feel selfish to start, but it is like the airplane analogy—we must put our own oxygen mask on before we can assist others. The simplest things that promote well-being, such as enough sleep, food, downtime, and exercise are often the ones that are overlooked.

7. Ask for support when needed

If you're feeling overwhelmed, reach out to a friend or family member you can talk to. Speaking with a healthcare professional can also reduce stress, and help us learn healthier coping strategies.

3.2 TIME MANAGEMENT

Why you need the time management skills is one question to which the answer is known by you deep inside..

In today's world where the sky is the limit in all aspects the only resource where everyone falls short is the TIME and hence the skills to manage become all the more important. And the need of these skills for the students cannot be stressed more.

The advantages of managing time:

You

- *Can get things done faster, and better.*
- Will be Confident of getting more things done.
- Will be more productive.
- Can accomplish more with less effort.
- Can reduce stress.
- Can improve your decision-making ability.

*Mainly the time management skills are all about simplifying how you work.
By managing your time, you'll have more time in hand*

- *To Play,*
- *Rest, and*
- *Doing the things you love.*

Don't try to work hard, invest in working smarter.

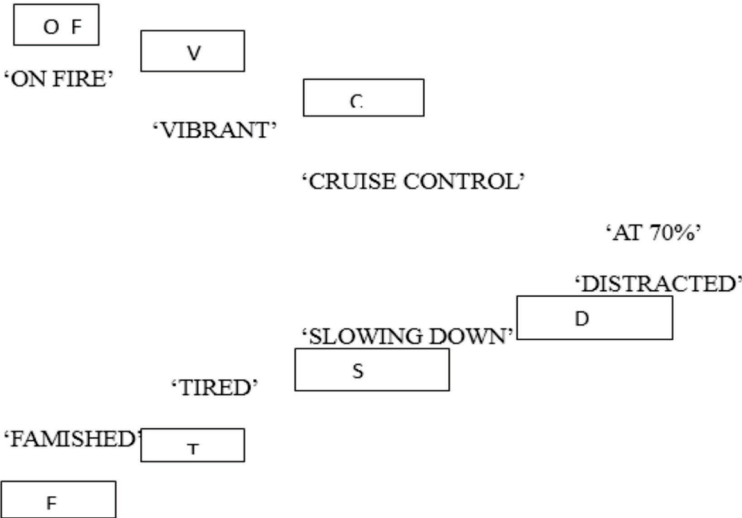
Time management is not a peripheral activity or skill. It is the core skill upon which everything else in life depends.”

— Brian Tracy

There are many books and portals which show you how one can master the time management available in the world at present but all the management skills are a waste if you do not put your MIND to do so. Hence the first thing to push your limits is to motivate yourself. If lack the skill to motivate yourself, you will soon experience the stress n pressure of the tasks. Decision making skills are another asset that you can work to improve. If you are real good at this skill... it can have a great positive impact on all the other aspects...

b) Map your week and plot your day from waking up to going to sleep in hourly blocks.

c) Identify if they are naturally:



Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

6 AM	7	8	9	10	11	12 PM	1	2	3	4	5	6	7	8	9	S	L	E	E	P	Z..	Z..	Z..
																Z..	Z..	Z..	P	E	E	L	S

Your energy introduces you before you even speak.

Some tips to match the energy levels anppd the work schedule on hand on a WEEK-WEEK basis.

- Monday – Set your energy levels to tackle the week ahead, absorb what is happening around you in line with the goals you have set in each area(academic,personal,social,financial,spiritual)
- Tuesday, Wednesday: Peak of energy — tackle the most difficult problems, write, brainstorm, schedule your Make Time.

- Thursday: Energy begins to ebb, hence try to be with people who are enthusiastic, energetic, positive and those who motivate and guide you.
- Friday: Lowest energy levels —Energy ramps out of the weekend — schedule low-demand tasks like open-ended work, setting goals, organizing, and long-term planning, and relationship building.
- Saturday: Recharge, plan the week ahead
- Sunday: Fresh mind, self care, spiritual /connect with thyself.

Some tips for planning your hours on DAILY basis

6-7 AM Fit in some fresh air- stroll, walk, brisk walk, and run, dance/visit a GYM for a more structured Workout, BUT ALWAYS PROGRESS, CHALK YOUR PROGRESS.

7-8 AM Self care.

8AM-1PM Academic commitment.

1-3 PM Healthy foods; try and fit a power nap if possible (reduce the data dose, abstain from social media)

3-6 PM Academic brain storming.

6-8PM Socialize, self care, Plan for next day spend 5 minutes writing the To- Do- List for the next day.

8-10 PM Write assignments, projects and more importantly Reflect on your day. What you enjoyed, what satisfied you, what inspired you what were you happy sad, grateful about..these can be great insights for the next purposeful day ..

10 PM

Z..Z...Z.....Z....Z....Z....Z.....Z.....ZZ..Z.Z...Z.....Z..Z...Z...Z.....Z
.....Z..Z.Z..Z.Z.Z.....Z.....Z.Z.....6AM.

The difference between who u r and who you want to be is what you do... Each day

3. Being organised it a key aspect of being successful at college.

Getting started....

a) Setting your semester calendar.

- Look at the syllabus n the class schedule.

-
- Block all the class n lab timings.
 - Block all other set time obligations.
 - Highlight all exam n assignment due dates.
 - Work backwards from exam dates; set deadlines on your monthly schedule.

b) Laying the work over the month.

- Enter due dates and events as soon as you get the information, though tentative.
- Do not count the Sundays as of now for any intense brain storming work.
- Try to limit the activities that kill time and you know you easily give in to these.(Socializing, have meals out, spending time with new friend for nothing specific.)
- Review your calendar for current and upcoming week. (It takes just a moment to review your calendar and it relieves stress to know you are on top of things.)
- Try to mark the deadlines for all the projects which are prior to actual set deadlines by the authorities.

c) Weekly schedule rules.

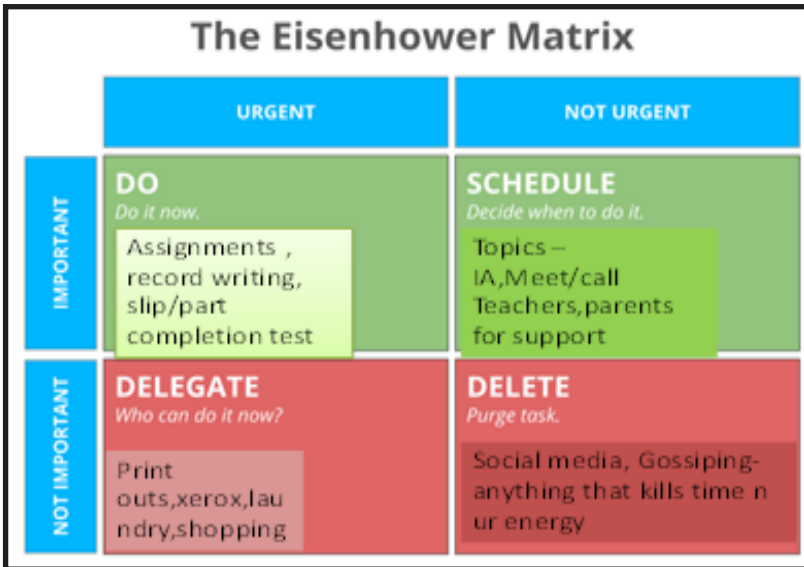
- Don't plan to multitask. Researchers have disproven the multitasking myth. If you believe you can do many things at once and maintain your quality standards, u may be wrong.
- Break down bigger tasks-Break down big tasks into smaller ones to avoid procrastinating and it shall help you stay on track to achieve your personal goal.
- Have a To-Don't List too..- recognize the tasks on hand and also things/events which you can afford to give a miss to achieve your weekly goals (parties, outings etc.)
- Time tracking is a powerful time management technique that forces you to take a hard look at how your work and how you can optimize it
- After a couple of weeks, you'll start noticing patterns and knowing where and how your time is leaking. By being aware of how exactly you are using your time, you can devise a plan to attack your leaks and how to get rid of them.

With organization comes empowerment.

- Recognize, reduce and rearrange the common time thieves...
- Examples: Learn to say: I can't talk right now... I ll get back to u. when an un necessary call interrupts.

- Friends ask to socialise-decline politely when u have scheduled work.
- Study at a place –where no temptations, like social media and others interfere.
- You can use the Eisenhower matrix to prioritize the activities on a week-week basis.

(MFONDOUMAH, TCHINDJANG M, Mfondoum JM, Makouet I. Eisenhower matrix* Saaty AHP= Strong actions prioritization? Theoretical literature and lessons drawn from empirical evidences. IAETSD-Journal for Advanced Research in Applied Sciences. 6:13-27.)



d) Taking charge of your day..

- Start the Day with Critical Work and prioritize.

Your Most Important Task should be the one thing that creates the most impact on your work. Getting it done will give you the momentum and sense of accomplishment early in the day.

That's how big life goals are achieved: Small continuous efforts, day after day.

- “Work expands so as to fill the time available for its completion”,stated Parkinson

(Parkinson CN, Lancaster O. Parkinson's Law or the Pursuit of Progress. London: Murray; 1958.)

-Setting deadlines for tasks even when you don't feel the need to and Scheduling less time to complete tasks shall force your brain to focus and your brain will acknowledge it.

The key is not to prioritize what's on your schedule but to schedule your priorities.

-Being conscious that you only have one hour to complete an assigned work will ensure you don't waste time on social media and the likes.

- Organizing the Workspace – your personal field where you are going to ace the game of managing time.
- It Impacts productivity.
- Boosts your study time.
- Important for all the tasks and deadlines.
- Keep it tidy and organized.

Some tips to do so: Put files, books, pens, notebooks, etc on to a shelf /box Put course notes, photocopies, handouts, journal articles, etc.Pin a weekly timetable - the door.Mark your- exams,Class projects deadlines and ALL other – events onto a board.

Beat Procrastination with the 2-Minute Rule.

- If the task takes less than 2 minutes to complete ...complete it on the go, even if you outrightly do not like to take on it...don't let you WISH get in the way of the goals you have set.

Eliminate Distractions and FOCUS.

- It is proven that when you lose your focus, it can take you twice as long to get back into the groove.
- The internet is a distracting place. Turn-off your Wi-Fi when your tasks don't require internet connectivity.
- Don't browse social media at work at all. If you can't resist, designate “distraction time” and browse it for a couple of minutes. Take out of social media exactly what you want.
- Half an hour completely focused on a task is more productive than 2 hours switching between tasks. Eliminate distractions from your work to avoid task switching costs in terms of the precious resource-TIME.

Take Advantage of Gap Time

- We have around 1–3 hours of “gap time” every day.

Be as strategic about your breaks as you are about your day in general. While these short periods might not be enough to do Deep Work, we can still work on little things that contribute to your work, development, and growth.

Example : -Choose all your outfits for your week on Sunday and hang them in the closet in order.

- Tidy your work/desk area/room – with energizing music on.

Manage your time for it's a great but non renewable resource.

The best preparation for tomorrow is doing your best today.

You study to prepare for a day when you are the only thing between a patient and the grave

The difference between who u r and who you want to be is What You Do...

References

1. Selye H. Stress without distress. In Psychopathology of human adaptation 1976 (pp. 137-146). Springer, Boston, MA.
2. S, Pangambam (17 January 2018). "Sadguru: Developing an Inclusive Consciousness @ Talks at Google (Transcript)". The Singju Post. Retrieved 2 May 2019.
3. Khan MS, Mahmood S, Badshah A, Ali SU, Jamal Y. Prevalence of depression, anxiety and their associated factors among medical students in Karachi, Pakistan. Journal-Pakistan Medical Association. 2006 Dec;56(12):583.
4. Cho HS. Relationship of stress, depression and suicidal tendencies in nursing students. Korean Parent-Child Health Journal. 2009; 12(1):3-14.
5. Wong PT. Effective management of life stress: The resource–congruence model. Stress medicine. 1993 Jan; 9(1):51-60.
6. Jack Canfield. Visualization techniques to affirm your desired outcomes: a step by step guide. Techniques.