

Perception of students regarding the foundation programme at entry level - experience at a government medical college

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Abstract

Background and objective: The foundation course has now made mandatory by the Medical Council of India and made as a part of the new Curriculum Based Medical Education.

As the medical profession not only needs tremendous knowledge and skills but also a lot of challenges to face. This study is undertaken to sensitize the students to equip themselves to acquire these knowledge and skills, to lay the foundation to face the challenges and to imbibe confidence for an efficient and smooth travel throughout the course.

Method: Medical Education Unit in consultation with the administrative heads of the college developed and implemented a foundation course for 1month in the college.

The faculties of various departments having expertise in the respective fields were selected to deliver the topics. A structured questionnaire was developed and distributed to all the 150 students who were included in the study with a view to elicit students’ perception of the course. Results were analyzed based on the students’ feedback.

Results: The students graded Excellent for Orientation to Hospital sessions (91%), Clinical sessions (79%), and Bio-ethics and Curriculum (65%), graded Very Good for General sessions (62%) and Alternate medical system (51%), and Good for Para-clinical sessions (61%) and pre-clinical sessions (56%).

Conclusion: The foundation Course no doubt allayed their initial hesitation and fears, equipped them to adapt to a new campus, friends, and faculties and at the same time get themselves oriented to the challenging medical education with adequate knowledge and skills, effective attitude, and appropriate interactions to peruse the medical course and subsequently their future endeavors in their medical career.

Keywords: Foundation course, curriculum, feedback, questionnaire.

Introduction

For many years the Orientation courses ranging from 1 to 8 days were followed in Indian Schools. But the concept of Foundation Course was put forth by the Medical Commission of India as part of the Curriculum based Medical Education¹.

In order to bridge the gap between secondary school education and initiation of Medical Curriculum the students are sensitized to meet out the challenges of their upcoming carrier in a more efficient way.

Medical students from different parts of India with different cultures and languages, different economic and social constraints and with different educational Boards² are brought under one roof.

So, this study is undertaken to focus on the conduction of the Foundation Course so as to provide orientation to the new environment, awareness of the knowledge and skills required for their future course, to inculcate in them the proper standards of behavior and appropriate attitudes³ and also to motivate them to the challenges of medical education and to mould themselves to it.

Materials and methods

Based on this idea, this cross-sectional study was carried out for 150 students at the entry level. The Medical education Unit in consultation with the Administrative Heads of this Institution took an initiative and formed a committee and decided to conduct a 1-month Foundation

course for the first time for 150 students in the Institution during February– March ‘22. The faculties of various departments having expertise in their respective fields were selected to deliver the topics.

The selected faculties were oriented towards the purpose and objectives of the course. Different teaching and learning methods were adopted to deliver the topics selected by the Committee. Eleven faculties from the pre-clinical and para- clinical departments were chosen to co-ordinate this program.

The Committee decided various topics for the program which were delivered by Professors, Associate Professors and Assistant Professors.

The program started first with a brief introductory session by the Dean of the College and addressed to both students and their parents. Then the following topics were delivered from day 1 to day 30 involving various departments as possible as in Table 1:

Table 1: Topics of the sessions

Sn.	Topic	Teaching method	Faculty	Department
1	History and Foundation of College	Lecture	1	Medical Superintendent
2	The Medical Profession	Lecture	1	General Medicine
3	Why you chose to be a doctor?	Group task	Moderator 1 coordinators 5	All departments
4	Experience as a doctor	Panel Discussion	Moderator 1 Panelists 3	All departments
5	What is a cadaver? Dead teaches the living	SGD	6	Anatomy
6	Body as a system	Lecture	1	Physiology
7	Chemistry of life	Lecture	1	Biochemistry
8	Health situations in India /problems/ challenges Indian medical Graduate- MCI vision 2021	Lecture	1	Medicine
9	Doctor as a lifelong learner Doctor as a social leader Doctor as a life saver Doctor as a Family Practitioner Doctor as an Economist and Administrator Doctor as a researcher	Lecture	1	Medicine

	Doctor too has a family			
10	Communication skills in Medical Practice	Lecture	1	Community medicine
11	Dead tell more tales	SGD	6	Forensic medicine
12	Biosafety and Biomedical waste management	Group task	6	Microbiology
13	Central Research Lab	Lecture	1	Pathology
14	The life begins here	SGD	6	Obstetrics and Gynecology
15	We cut to save	SGD	6	Surgery
16	Stress burster – how and lifestyle modification	Lecture	1	Psychiatry
17	Bioethics and curriculum	Lecture	1	Pharmacology
18	Seminar, CME, Quiz, ICMR importance	Group Task	6	Physiology
19	Basic Life support	SGD	6	Anesthesia
20	Depression /substance abuse	Group Task	6	Psychiatry
21	Alternative medicine system/Yoga	Lecture	1	Siddha/ Yoga / naturopathy/ homeopathy
22	Vaccination and personal Hygiene	Lecture	1	Microbiology
23	Environment and Health	Lecture	1	Community Medicine
24	What is a hospital?	Lecture	1	Surgery
25	Doctor patient relationship	Lecture	1	Medicine
26	Emergency Room	Field visit	1 guide	Casualty Medical Officer
27	Visit to Faculty block	Field visit	1 guide	Physiology
28	Visit to Library	Field visit	1 guide	Pharmacology
29	Visit to Mortuary	Field visit	1 guide	Forensic medicine
30	Hospital visit	Field visit	1 guide	Emergency medical Officer
31	Interaction with patient and Bystanders	Field visit	4 guides	Ophthalmology, ENT, Pediatrics, Dermatology
32	Lab visit	Field visit	4 guides	Pathology, Microbiology, Biochemistry, Blood bank

SGD – small group discussion, CME – continuing medical education, ICMR – Indian council of medical research

After the completion of all these sessions, a structured questionnaire was prepared with a view to understanding the student’s perception of this program in respect to their prior knowledge, gain in knowledge and need for further knowledge. The students were first instructed regarding how to answer the questions and then

instructed to answer Yes or No accordingly in the questionnaire. The students were given adequate time to express and share their views regarding the overall impression of the program, so that this effort may lead to develop confidence and insight to successfully pursue a carrier in medicine. The questionnaire was collected from the students and the Data was analyzed in Microsoft Excel 2010 version.

Table 2: Structured questionnaire

S.No	Topic	Knowledge prior to session (n=150)			Knowledge gain after session (n=150)			Knowledge essential for medical profession (n=150)		
		Yes	No	Not attempted	Yes	No	Not attempted	Yes	No	Not attempted
1	History and Foundation of College	35	115	0	103	46	1	99	49	2
2	The Medical Profession	70	80	0	120	28	2	117	30	3
3	Why you chose to be a doctor?	18	132	0	109	46	0	115	34	1
4	Experience as a doctor	34	114	2	93	57	2	115	35	0
5	What is a cadaver? Dead teaches the living	35	114	1	117	31	2	121	27	2
6	Body as a system	52	96	2	76	69	5	101	45	4
7	Chemistry of life	72	77	1	86	64	0	97	50	3
8	Health situations in India/problems/challenge	66	82	2	80	67	3	101	47	2
9	Indian medical Graduate- nmc vision 2021	21	129	0	107	41	2	102	48	0
10	Doctor as a lifelong learner, Doctor as a social leader, Doctor as a life saver, Doctor as a Family Practitioner, Doctor as an Economist and Administrator Doctor as a researcher Doctor too has a family	62	88	0	121	25	4	124	24	2
11	Communication skills in Medical Practice	50	98	2	100	47	3	109	38	3
12	Dead tell more tales	33	112	5	141	9	0	86	62	2
13	Biosafety and Biomedical waste management	66	74	10	90	59	1	98	51	1
14	Central Research Lab	26	120	4	104	42	4	73	70	7
15	The life begins here	71	77	2	92	55	3	94	52	4
16	We cut to save	52	92	6	100	48	2	91	55	4
17	Stress burster – how and lifestyle modification	52	97	1	125	25	0	93	55	2
18	Bioethics and curriculum	46	102	2	107	40	3	80	66	4
19	Seminar, CME, Quiz, ICMR importance	31	119	0	77	73	0	83	63	4

20	Basic Life support	70	80	0	98	48	4	103	45	2
21	Depression /substance abuse	52	96	2	76	74	0	78	72	0
22	Alternative medicine system/ Yoga/ Siddha/Naturopathy/Homeopathy	47	102	1	76	65	9	73	73	4
23	Vaccination and personal Hygiene	28	121	1	103	44	7	110	38	2
24	Environment and Health	20	128	2	103	45	2	99	51	0
25	What is a hospital?	26	120	4	111	36	3	109	41	0
26	Doctor patient relationship	60	83	7	108	42	0	128	21	1
27	Emergency Room	40	102	8	107	43	0	102	46	2
28	Visit to Faculty block	29	121	0	140	10	0	76	74	0
29	Visit to Library	77	73	0	78	70	2	92	55	3
30	Visit to Mortuary	3	147	0	145	5	0	108	42	0
31	Hospital visit	68	82	0	83	67	0	84	66	0
32	Interaction with patient and Bystanders	11	139	0	137	13	0	111	38	1
33	Lab visit	34	116	0	98	52	0	78	66	6

Results

The foundation course was conducted for a period of 1month in Government medical college, Pudukkottai. A total of 150 students were involved and a structured

Table 3: Consolidated Feedback percentage of the program

Sn.	Topics	Knowledge prior to session			Knowledge gain after session			Knowledge essential for medical profession		
		Yes	No	Not attempted	Yes	No	Not attempted	Yes	No	Not attempted
1	General topics	29%	71%	0%	65%	35%	0%	76%	23%	1%
2	Preclinical sessions	35%	64%	1%	62%	37%	1%	71%	27%	2%
3	Paraclinical sessions	26%	72%	2%	69%	30%	1%	65%	34%	1%
4	Clinical sessions	40%	59%	1%	62%	36%	2%	61%	37%	2%
5	Bio-ethics and curriculum	26%	74%	0%	61%	38%	1%	54%	43%	3%
6	Alternate medical system	31%	68%	1%	51%	43%	6%	49%	49%	2%
7	Orientation to hospital environment	26%	73%	1%	75%	25%	0%	66%	33%	1%

The general topics included History and foundation of college, the medical profession, why you chose to be a doctor? Experience as a doctor, Doctor as a lifelong learner, Doctor as a social leader, Doctor as a life saver, Doctor as a Family Practitioner, Doctor as an Economist and Administrator, Doctor as a researcher, Doctor too has a family. The preclinical sessions included What is

questionnaire was analyzed for the feedback by the students. The feedback percentage was arrived as in table 3.

Cadaver? Dead teaches the living, Body as a system, and of life. The paraclinical sessions included Health situations in India/problems/challenges, Indian medical Graduate- NMC vision 2021, Communication skills in medical practice, Dead tell more tales, Biosafety and Biomedical waste management, Central Research Lab, Vaccination and personal hygiene and Environment and

Health. The Clinical sessions included the life begins here, we cut to save, Stress burster-how and lifestyle modification, Basic life support and Depression/ substance abuse. Orientation to hospital environment included What is a hospital? Doctor patient relationship, Emergency room, Visit to Faculty block, Visit to Library, Visit to Mortuary, Hospital visit, Interaction with patient and Bystanders and Lab visit.

71% of students said No knowledge prior to session in general topics, 64% in Preclinical sessions, 72% in paraclinical sessions, 59% in clinical sessions, 74% in Bio-ethics and Curriculum, 68% in Alternate medical system and 73% Orientation to Hospital Environment.

Table 4: Grading percentage of Students perception

Sn.	Sessions N=150	Excellent	Very Good	Good	Fair	Poor
1	General sessions	41%	62%	42%	5%	0%
2	Pre-clinical sessions	32%	42%	56%	15%	5%
3	Para-clinical sessions	45%	34%	61%	9%	1%
4	Clinical sessions	79%	52%	12%	7%	0%
5	Bio-ethics and curriculum	65%	30%	15%	21%	19%
6	Alternate medical system	39%	51%	29%	23%	8%
7	Orientation to Hospital sessions	91%	45%	12%	2%	0%

The students graded Excellent for Orientation to Hospital sessions (91%), Clinical sessions (79%), and Bio-ethics and Curriculum (65%), graded Very Good for General sessions (62%) and Alternate medical system (51%), and Good for Para-clinical sessions (61%) and pre-clinical sessions (56%).

Discussion

As MCI had introduced the Foundation Course in their new curriculum, we made a maiden attempt to introduce this Foundation course for 1 month duration in our Institution also. A committee was formed to discuss the content, duration, subjects, design, implementation, and feedback about the program. It was also decided to analyze and publish our experiences in order to get feedbacks from different sides. Even before the

65% of students opted Yes for knowledge gain after session in general topics, 62% in Preclinical sessions, 69% in paraclinical sessions, 62% in clinical sessions, 61% in Bio-ethics and Curriculum, 51% in Alternate medical system and 75% Orientation to Hospital Environment.

76% of students opted Yes for knowledge essential in medical profession in general topics, 71% in Preclinical sessions, 65% in paraclinical sessions, 61% in clinical sessions, 54% in Bio-ethics and Curriculum, 49% in Alternate medical system and 66% Orientation to Hospital Environment. The student’s perception was also graded for all the sessions as in Table 4.

foundation course was introduced by the MCI similar orientation programs were conducted in many Institutions⁴, though has proved its effectiveness but these courses were conducted for a short-term period. These kinds of programs were conducted in most of the higher institutions all over the world with the prime aim to orient their freshers to their professional academic challenges⁵. Apart from medical profession various other disciplines had conducted these kinds of Orientation Programs in order to develop a community of learning for their various under graduate students which consisted of agriculture, pharmacy, physical sciences, biological sciences, business, arts and social sciences⁶.

As suggested by MCI a newer concept of conductance of foundation course for one month was really a challenge

from our perspective indeed. The purpose for conducting the foundation course for 1 month was to make the students feel themselves adapted to the new place and feel free to adhere to the new professional environment. Though a great challenging task on our side we decided to divide the topics under seven categories so that it will be easy for the students to imbibe the stages of curriculum and get sensitized with the required knowledge and skills⁷ and also for easy delivery of the designed contents and plan the manpower accordingly.

The introductory sessions were about general topics which were constructed to make the students to be at ease with the new environment and familiarize themselves with the new faculties. The main aim of these sessions were to make them oriented to the new learning environment, teaching schedules, rules and regulations, procedures, and protocols, personnels including staffs, mentors and faculties⁸. Positive feedback of 41% to 62% were given by the students for these sessions.

The pre-clinical sessions were framed to create complete awareness in the students about the first-year subjects and their faculties and to give them ultimate exposure to the first-year subjects Anatomy, Physiology and Biochemistry. 'What is a cadaver? Dead teaches the living' was the session that focused on the importance of the cadaver and the protocols for handling the cadaver were emphasized⁹. Cadaveric dissection, though very ancient but a powerful learning tool for medical students¹⁰ in the first year subject Anatomy. The dissection of a body must be carried out in a respectful manner to show continued reverence towards the deceased person until the very end¹¹. The students undergo such training from the beginning of their curriculum with the intention of sensitizing them towards the handling of the cadavers and allowing them to understand the significance of the donors' contribution

thus creating a remarkable impact on the attitude to the cadavers¹². The basic science sessions should always be emphasized in such a way that they provoke enthusiasm among the students. This can be achieved by integrating the basic sciences with other basic science subjects and also with the clinical subjects. It has been observed that the basic science knowledge learned in clinical context is better comprehended and more easily applied by the students as shown by this study¹³. This study was also created to make an impact on the students mind that basic sciences make a strong foundation to their future clinical study and for their practice as a doctor. 32% to 56% of students gave good feedback for these sessions.

In the para-clinical sessions students came to know the second phase departments getting oriented to the second-year subjects, working environment, faculties and Lab technicians and students were made to understand the integration of these subjects with the clinical ones. The best part of it is the communication skills as graded by 45% to 61% graded 'Excellent' to 'Good' for these sessions. Communication is a fundamental clinical skill that results in a truly therapeutic alliance. If performed competently and efficiently facilitates a relationship of trust between the medical staff and the patient-customer as shown in the study¹⁴. Health situations in India their problems and challenges at the primary health care levels were emphasized among students. Community orientation is an important aspect of the primary health care system because this only allows improvements in the recognition, prevention, and management of diseases through knowledge of all community members. Researchers and policy makers also believe that to recognize and address social and environmental health determinants can be achieved only through participation and actions at community levels.¹⁵

The clinical sessions showed more interactions and involvement by the students as it threw light on the essential skills which were necessary for the career of the medical student. This also provided that students coming from diverse learning environment to cope up with the essential skills and knowledge which were required for the updation in this rapidly evolving health care systems¹⁶. 'Basic life support' and 'The life begins here' were the most attractive sessions for the students and there was maximum participation and utmost interaction were noted. As seen by the feedback these sessions were followed by the 'stress burster' sessions as there is need for interventions that promote better coping skills in medical professionals in order to prevent distress and burnout¹⁷. 'We cut to save' and 'substance abuse' received greater involvement and appreciation as shown by 79% students graded excellent for these sessions.

The Bioethics and curriculum was a sensitizing session about broad educational domains creating awareness about the competencies and skills to be demonstrated by the students¹⁸. Bio-ethics and curriculum was a major subject of importance to throw lights on. Owing to the complexity of the healthcare system, many factors have been accompanied by ethical and legal issues that needed to be addressed systematically and consistently which can only achieved through integrating such issues in the medical education.¹⁹ This study states that problem-based teaching is more effective than mere lectures. This study also puts forth the most effective ways of medical curriculum through problem or case based learning and effective integration of all subjects. The program also focused on the students ICMR project to emphasize research skills. A medical student has to master multiple research skills during their under-graduation period to ensure effective patient care as well as enhance their skills in medical research. In order to achieve this the

research activities should be integrated within the curriculum throughout the duration of medical training²⁰. Group learning was also focused on this program so that inculcating these skills at an early stage would be a great attempt to help to sensitize them with their curriculum. Also self-directed learning, case-based learning, collaborative and interaction were addressed for better learning of students⁸. These sessions were graded 65% Excellent by the students.

The alternate medical systems were included in this program as it is recognized by Government of India (AYUSH) so that it provides an understanding pattern of utilization of these systems as rural areas and lower economic households has a high turnover towards this system especially for chronic diseases and for skin and Musculo-skeletal ailments²¹. 51% graded very good feedback for these sessions.

Orientation to hospital sessions were the most exciting sessions for all the students as graded excellent 91% by the students. Hospital tour to the Central laboratories, mortuary enabled the students to imbibe the daily routines of the lab work and sample processing, and they were interested to see how postmortem was conducted, the pre-requisites 'dos and don'ts in the mortuary setup. In the hospital visit the students were exposed to knowledge about the doctor patient relationship. Knowledge about the psychological aspects of the doctor-patient relationship helps students to comprehend their experiences and this followed by interdisciplinary discussions that deal with the technical aspects of cases and the doctor-patient relationship. So gradual contact between student and medical practice from the beginning of the course is advised as in this study²². They also had the opportunity to interact with the nurses, nursing assistants, ward boy, lab technicians, paramedical teams including the paramedical students. Apart from the

medical personnel's competence, the paramedical staff's willingness, kindness, openness, and attention offered to the patients-customers manifested during consultation and the way the staffs responds to the patients need and requests will definitely boost the performance, increases the prestige of the medical unit thus enabling a growing interest of patients-customers in it as in study of Chichirez CM et al.¹⁴

The foundation Course no doubt allayed their initial hesitation and fears, equipped them to adapt to a new campus, friends, and faculties and at the same time get themselves oriented to the challenging medical education with adequate knowledge and skills, effective attitude, and appropriate interactions to peruse the course. Limitations of this program were both on students and on the organizers side. Some of the students were found unable to mingle with others and noted with lack of interaction to co-ordinate with their team members. Some students were reluctant to come forward to deliver their conclusions and only the same students repeatedly interacted. It was challenging indeed to motivate and reassure them to try to participate actively and was a great task indeed for the coordinating faculties to encourage them to participate in group tasks at least when their turn comes. More challenging was to co-ordinate the resource faculties as they were of different departments for the whole 1-month period and arranging the same faculties for longer periods were exhaustive for the course coordinators. Space constraints and accommodating large group activities, acoustics and technical failure of teaching learning methods also added to the limitations. Also, the majority of the students were in need of extracurricular activities towards the mid-month as they felt introductory, and the pre-clinical sessions were quite exhaustive to them. As this program did not address sports and extra-curricular activities

emphasize was laid for the future programs to include this. The topics that should be included, small group teaching importance and its arrangements in future for effective learning and student involvement, and other technical and academic defects were identified and better arrangement of faculties and coordinators throughout the whole month was addressed to the higher authorities so that there will be necessary modifications into all the challenges and rectify and remodel the program for a better implementation next time.

Conclusion

The Foundation Course was really a great success as majority of students had given excellent feedback to this program. From the positive feedback it can be concluded that the foundation Course recommended by the MCI attributes a strong base in transforming a young and fresh entrant into a capable and skilled medical graduate over their courses' tenure. However, decisions have been made to make some modifications and planning in accordance with the students and faculty's opinions so that it may provide a good platform towards more reforms and precision in the conductance of the course and more coordination of the program. It is definitely a great step taken by the MCI towards the metamorphosis of the students during their medical study.

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