CHAPTER – VIII

RAMAKRISHNA MISSION IN THE FIELD OF MEDICAL EDUCATION

"Experience is the only teacher we have."-Swami Vivekananda

INTRODUCTION

Human resource is measured as a critical issue for active facility and provision of quality health care to India's gigantic population. It helps in nurturing the epoch changing goals of improving maternal health and plummeting juvenile mortality and to realise the national health policy goals (Anand and Barnighausen 2004; Mathur and Dua 2005). Also, India's directive for universal health coverage (UHC) — budding a framework for providing easily available and reasonable health care to all the Indians — depends, to a great extent, on sufficient and effective health staff providing care at primary, secondary and tertiary levels. Various studies have argued that the obtainability of health workers is an significant determinant of the health status of populations, i.e. human resources ensure health outputs and outcomes, including immunisation levels, outreach of primary care, and, infant, child and maternal survival (WHO 2006; Anand and Barnighausen 2004, 2007; Mitchell et al 2008; Rao et al 2008; Krupp and Madhivanan 2009; Rao et al 2012). However, even with the appreciation of the importance of health workforce for retrieving better health care, their present-day availability in India offers a drab representation. World Health Statistics Report (2014) discloses that in India, between 2006 and 2013, there were 24 health workers per 10,000 population (seven doctors and 17 nurses and midwives) — almost half of the global average of 43 workers per 10,000 population (14 doctors and 29 nursing and midwifery personnel). The availability of human resources (doctors, nurses and midwives) in India is less than the established threshold of 25 health workers per 10,000 population by the Joint Learning Initiative (JLI) of WHO in 2004. As per the WHO's Global Atlas of the Health Workforce (2010a) data India ranked 52 of the 57 countries, facing human resources for health (HRH) crisis.

It is claimed that states are struggling with the difficulties of escalating human resource expenses, further request for health workforce, irregular distribution, and

skill-mix inequities in India and the intervention of private sector is advised as a potential substitute in answering these issues (Jilani et al 2008; Shehnaz 2010, 2011; Davey et al 2014). Thus, in the preceding several decades, there has been a larger participation of the private sector in building up of the health manpower in India, particularly by establishing a large number of medical and nursing schools. However, there is lack of evidence on how the government of India has succeeded opening the passage for the private sector and how this sector contributes to the health system by generating human resources. Against the current odd scenario, even before the independence of India, Ramakrishna Mission a non-governmental, non-political and non-sectarian spiritual organization which has been engaged in various forms of humanitarian, social service activities for more than a century voluntarily started Ramakrishna Mission Seva Pratishthan, i.e. the institution of the study, formerly known as "Ramakrishna Mission Sishumangal Pratishthan" in 1932. Initially it was established as a 50-bed maternity hospital and gained wide recognition as a model maternity and child welfare centre. Since its beginning the Seva Pratishthan has grown into a 650 bed multi-specialty hospital with a strong objective of providing quality health care at a low cost to patients of the socio-economically weaker section and middle class and to provide charity services to deserving persons from even lower socio-economic strata. The Hospital has the following departments and units: Medicine, General Surgery, Obstetrics, Gynaecology, Paediatric Medicine, Ophthalmology, E.N.T. Surgery, Dentistry / Maxillofacial Surgery, Dermatology, Orthopaedics, Neurology, Paediatirc Sugery Unit, Urology Unit and Neuro Surgery Unit. It also has special clinics for Anaesthesiology, Heart, Diabetes, Gastroenterology, Nephrology, Psychiatry, Hearing and Speech Therapy, Physiotherapy, Postpartum (Family Welfare), Thoracic Surgery, Club-foot. Arthroscopy, Glaucoma, Retina, Immunization, Well-Baby and Haematology. The special needs of these departments and units are met by the departments of Radiodiagnosis, Blood Bank, Pathology, Biochemistry and Human Genetics & Chemotherapy Unit. The Community Health Service unit serves both urban and rural patients. Interestingly, the institution had been training midwives since its inception in 1932 and it was recognised as a training centre for Junior and Senior Midwives in 1944. When the institution expanded into a General Hospital in 1956, the school was recognised for the raining of Auxiliary Nurse-Midwives, later known as Multipurpose Health Workers, and in the following year for General Nurse-Midwives as well. The

other educational activities of Ramakrishna Mission Seva Pratishthan are: The College of Nursing with 4-year's BSc (Honours) nursing course, recognised by West Bengal University of Health Science and the Indian Nursing Council; degree courses in Physiotherapy (BPT), Optometry (BOptom), Critical Care Technology (BCCT) and Operation Theatre Technology (BOPT), and diploma courses in Radio Diagnosis Technique (DRD Tech) and medical laboratory technology (DMLT). The 'Vivekananda Institute of Medical Sciences', a postgraduate medical college and research centre, affiliated to the University of Calcutta and recognized by the Medical Council of India, Indian Council of Medical Research and the University Grants Commission, conducts the postgraduate courses (MD, MS and DNB) as well as diploma courses in gynaecology and obstetrics (DGO), child health (DCH), otorhino-laryngology (DLO), ophthalmology (DO), anaesthesiology (DA).

The overall aim of this present study is to analyse the role of Ramakrishna Mission and especially Ramakrishna Mission Seva Pratishthan in medical education, particularly its growth and development. Besides this, the chapter also seeks to explore educational atmosphere, living condition of students and their life, infrastructure and facilities available and quality of education in terms of teaching learning process, class room transaction and challenges in the institutional level. More clearly, it examines quality issues in medical education, specifically focusing on the role of the Ramakrishna Mission. The study assumed qualitative case study approach which helped to explore phenomena within its context using a variety of data sources. The features of qualitative case study research method such as collecting data from the natural setting with the help of qualitative data gathering tools, e.g. interviews, observation, focus group discussion; use of triangulation (i.e. collecting the data from multiple sources using multiple methods); and making research holistic as well as descriptive were taken into account. The paper has used the data obtained from MCI, Ministry of Health and Family Welfare, and World Health Organisation. The discussion on the quality aspect of medical education is based on evidences provided in the literature, major policy documents, and reports of various committees and commissions.

MEDICAL EDUCATION IN INDIA: WHAT STUDIES SAY?

There exists a substantial amount of literature on the development of Medical Education in India. A brief review is worthwhile in order to highlight what has already been done in the field. Choudhury, P.K. (2014) in his Working Paper overviewed that India has seen a speedy development in the medical education sector—one of the largest in the world. Starting with 28 teaching institutions at the under graduate level in 1950 reached a total of 384 colleges in 2014 with a total intake capacity of about 50,000 medical students. Customarily, medical institutions in India were mostly funded by the government and the contribution of private sector was negligible (Rao et al 2008). But with the implementation of new economic policy of 1991, broadly known as Structural Adjustment Programme (SAP), the trend shifted towards private funding of medical education and the growth of private medical institutions has been impressive. The private medical institutions have augmented by 405 per cent (from 41 to 209) in the last two and a half decades (1990 to 2014), whereas the government-run medical institutions have amplified only by 72 per cent (from 102 to 176), with an overall development of 169 per cent during this period. The share of private sector in total number of medical institutions has increased from 3.6 per cent in 1950 to 54.3 per cent in 2014. Similarly, the enrolment share in these colleges currently accounts for more than half (52.1 per cent), in comparison to merely 1.4 per cent in 1950. The annual average growth rate of private medical institutions during 1950 to 2014 is 8.7 per cent compared to 3 per cent in government sector, with a more or less similar growth trend for enrolment figures. Thus, the growth of medical institutions and their intake capacity in India has been driven largely by developments in the private sector and in some states it grew to such a level that in relative size, the public sector became infinitesimally small. Following the Bhore Committee Report (1946), urged for the 3-tier system of healthcare: primary, secondary and tertiary. Somewhere over the years this objective and goals are lost. Health oriented training became more and more urbanized, doctor centred, technology driven, rather than care driven, rural and poor oriented and equity conscious for the common man. The National Knowledge Commission (NKC-2005) observed that the medical graduates are urban oriented and their mind-set and training prepares them for service in urban areas or equips them for further training in their chosen fields of specialization. The training of nurses lacks planning both in quantity and quality with a doctor to nurse ratio of 1:1.35 where as in the developed world it is 1:3. The doctor population ratio is 1:1722. In this scenario the vast majority of the population living in

rural areas and urban slums get no organized healthcare primary secondary or tertiary and have to depend on the many voluntary agencies or committed NGO's that work in the field and render valuable services. However their numbers are few and far between for the millions who require primary care. Therefore, quacks have dominated the healthcare scene. The population have no choice but to seek their help because they are locally available, whether urban or rural, although the care they render is suspect and far from satisfactory with long term disastrous effects. Bajaj, Prof. J.S. (1989) prepared a draft National Education Policy in Health Sciences and which noted at the start that it: (1) sets out the changes required to be brought in the curricular contents and training programmes of medical and health personnel, at various levels of functioning; (2) takes into account the need for establishing essential inter-relations between functionaries of various grades; (3) provides guidelines for the production of health personnel on the basis of realistically assessed manpower requirements (4) seeks to resolve the existing sharp regional imbalances in their availability; and (5) ensures that personnel at all level are socially motivated towards the rendering of community health services. With reference to medical education and its aims, the Bhore Committee (1946) and Mudaliar Committee (1961) spoke of a "social physician", Patel report (1971) spoke of a "basic doctor", Srivastava Report (1975) spoke about the "family and community oriented practitioner" with social responsibility and, finally, the Bajaj report (1989) spoke of the "Community Physician". Whenever feasible relevant quotes from earlier expert groups have been included. The National Knowledge Commission (NKC-2005) strongly felt the necessity of creating specific specialty boards with responsibility of subject specific curriculum and training with the aim of a national assessment at the end of 3/5 years of training, assessing skills development, research aptitude and ensuring an enquiring mind willing to push the frontiers of knowledge forward with a hunger for lifelong learning.

However in the above studies Ramakrishna Mission's role and contribution in the field of medical education is next to unnoticeable.

AN OVERVIEW OF MEDICAL EDUCATION IN RAMAKRISHNA MISSION

The educational services rendered by the Ramakrishna Mission which resembles very much the concept of vidya-dana-yajna is going on and growing steadily in size. There is great public appreciation of the work. There is also a tremendous demand for more institutions, more schools, colleges, students' homes, hostels, and so on (Atmapriyananda, Swami 2010). Amidst this rich educational contributory background of the Ramakrishna Mission in the domain of Medical Education in its various forms has several institutions which can be seen from table- 1 as follows:

Table-20 (Medical Education Institutions under Ramakrishna Mission)

Types of Medical Education Institutions	**Institutions of Ramakrishna Mission in the field (State wise)**
Nurses' Training Centre	Arunachal Pradesh: Itanagar Kerala: Thiruvananthapuram Uttar Pradesh: Lucknow and Vrindavan West Bengal: Seva Pratisthan
Medical Science Institutes	Uttar Pradesh: Lucknow
Research Centre	West Bengal: Seva Pratisthan

Source: April 2013 to March 2014. (2015). The general report of Ramakrishna Math and Ramakrishna Mission

The Ramakrishna Mission Hospital School of Nursing, Itanagar, Arunachal Pradesh which is one of the north eastern states of India started in the year 1985 for training tribal as well as non-tribal girls of Arunachal Pradesh. The school offers a three-year certificate course in General Nursing and Midwifery. The School was accorded recognition and was affiliated to the Assam Council for Nurses, Midwives, and Health Visitors in the year 1987. It is also registered and licensed under the Indian Nursing Council. The School of Nursing, apart from conducting its regular course, also extends its course to a good number of in-trainees deputed from various hospitals of the State who come to the hospital at regular intervals. The trainees are given training in different departments of nursing in batches and issued certificates by the School of Nursing. The Mission's another residential School of Nursing in Thiruvananthapuram, Kerala, for general nursing-cum-midwifery training has provision for 96 trainees. The School of Nursing under Ramakrishna Mission

Sevashrama, Vrindavan, Uttar Pradesh, started in 1980 for General Nursing and Midwifery (GNM) to have well-trained & compassionate nurses, to serve the sick in the hospital, with skill and love. The School of Nursing has capacity for 30 trainees and enjoys the recognition of the Nursing Council, New Delhi and the U.P. State Medical Faculty. In order to fulfil the acute shortage of trained nursing personnel, the Vivekananda Polyclinic School of Nursing of Ramakrishna Mission Lucknow, Uttar Pradesh, was established in July 1987 and was attached to the Polyclinic, offering Three Years' Diploma Course in General Nursing and Midwifery (GNM) following the Indian Nursing Council Syllabus, as well as the State Medical Faculty Regulations. At present it is being managed by a well-qualified faculty and is well known for its high standard of Nursing Education and excellence in academic achievement. Vivekananda Polyclinic School of Nursing offers a three year integrated course with 20 seats. After successful completion of the training the UP State Nursing Council gives the trainees a Diploma in General Nursing and Midwifery. This training is given to the nursing students absolutely free. Vivekananda College of Nursing is the first college in Uttar Pradesh for graduate programme in nursing, with 50 seats, has been running successfully from last four years. Sanction of the Indian Nursing Council (INC) as well as approval of the U.P. Nurses and Midwives' Council has been obtained. The College is affiliated with Chhatrapati Shahuji Maharaj Medical University (C.S.M.M.U.), Lucknow. The Vivekananda College of Nursing, under the same institution takes pride for being the first private sector organisation in U.P to offer B.Sc. Nursing, a professional degree course for girls, which started from August 2005. Now the College is offering M.Sc. Nursing (a post graduate programme in nursing), starting from October 2015. It is the first nursing college in Lucknow. It has been affiliated to King George's Medical University, Chowk, Lucknow, Uttar Pradesh. The College is sanctioned by the Indian Nursing Council (INC), the apex Nursing body of the country, as well as duly approved by the U.P. Nurses and Midwives Council. Infrastructure Facilities include Spacious classroom and conference hall equipped with modern teaching aids and provided with comfortable and conducive environment for learning; Library having medical, nursing and other books and journals as well as international journals and periodicals; Reading Room which provides up-to-date reference books, journals, newspapers and magazines; Audio Visual Lab with a good number of audio-visual aids; Computer Lab with latest softwares; modern and fully equipped laboratories; Hostel facility where each student

is provided in residing room with a bed, a locker, a table and a chair; Immunisation against Hepatitis A, Hepatitis B and Typhoid on payment; Medical facilities at the Vivekananda Polyclinic; College transport for institutional needs; Extra Curricular, Cultural and spiritual activities throughout the year; Indoor and outdoor games; Educational tours and picnics.

RAMAKRISHNA MISSION SEVA PRATISHTHAN: SELECTING THE CASE AND ITS PROFILE

Ramakrishna Mission Seva Pratishthan in Kolkata, West Bengal, is the largest medical centre of the Ramakrishna Mission by the volume of its multifarious activities. It all was started by Swami Dayananda in a rented house at Bakulbagan in South Calcutta in July 1932. His main objectives were to educate the people about proper care of expectant and nursing mothers, to arrange for free care of mothers and their babies and also to train women in midwifery and child care. Miss Helan Rubel of the United States of America (renamed Sister Bhakti) gave an annual donation of Rs.50007- in the beginning which was indeed a great help in those days. Miss Pfeffer, a German nurse (renamed Sister Roma), Mrs.Lillian Engstrand (an American nurse) and Miss Ramabai Palekar (a Maharashtrian nurse renamed Sister Saraswati) provided honorary services. They conducted Sunday clinics for expectant mothers and bi-weekly baby clinic. Workers of the Pratishthan went from house to house and distributed leaflets giving information on antenatal and postnatal care of mothers and their babies, and extended experts' service to the mothers during home confinements and also at the Pratishthan. As a matter of fact, in the beginning they could help more mothers prior to and during confinement at their homes than at the Pratishthan because the idea of being hospitalised for child-birth was foreign to them then. In the second year the indoor section started with 7 beds for mothers and 7 for babies. The day the first expectant mother was received in the indoor section became a landmark in the history of Shishumangal Pratishthan. One of the midwives of the Pratishthan of those days recollected many years later saying "on an auspicious day, we brought in a pregnant young girl, bathed her, wrapped her in a new saree with red border, garlanded her and put vermilion and bangles on her. The girl clutched the end of her mother-in-law's saree all the while We fed them all the goodies we could cook, blew on the conch and after the girl had rested on one of the new indoor beds for some

time, we escorted her home." That was the humble but auspicious beginning of the Shishumangal Pratishthan.

The Initial Growth Within a short period of its existence, the institution became very popular. The Mission's General Report (1933) said, "The institution has succeeded in winning universal admiration as an ideal Child Welfare Centre." Indian national leaders like Netaji Subhas Chandra Bose, Shri Jawaharlal Nehru, Dr. Sarvepalli Radhakrishnan visited the institution and commended its services. In less than two years the institution succeeded in creating much awareness among the people of the locality as to the needs of proper care of expectant mothers and babies. The result was immediately visible in that mortality rate among the babies of the mothers who had availed of the services of the Pratishthan came down to nearly zero by December 1933 itself. In 1938 a plot of land at 99, Lansdowne Road (now Sarat Bose Road) was purchased from the Calcutta Municipal Corporation for further expansion. The two storied building was completed in 1939 and accommodated 50 beds. In 1943 the Bengal Nursing Council recognised the Pratishthan as a training centre for senior and junior midwives. To meet popular demand the number of beds continued to increase over the years and it reached 150 by 1950. A nurses' hostel was constructed in 1955. The Shishumangal Pratishthan indeed expanded into a general hospital in 1956 by adding 60 beds for medical and surgical patients with total bed strength rose to 210.

The process of transformation that started in 1956 gathered momentum and forged ahead speedily. To match the change in its constitution, the institution was renamed "Seva Pratishthan" in 1957. The West Bengal Nursing Council recognised its School of Nursing in 1956 for training of Auxiliary Nurse - Midwives and in 1957 for General Nurse-Midwives. The Calcutta University Recognition for postgraduate teaching and research in medical sciences came in 1963, and the wing was named as ‘Vivekananda Institute of Medical Sciences’ (VIMS). The University gradually started placing students of MO, MD and MS degree for their advanced training and undertaking dissertations. Since then Research in various branches of the medical science has been a regular feature of the Pratishthan's activities. Several postgraduate diploma courses of the University were started in phases from 1974 onwards. Courses of Diploma in Child Health (DCH), Diploma in Gynaecology and Obstetrics (DGO), Diploma in Ophthalmology (DO), Diploma in Otolaryngology (DLO), Diploma in Orthopaedics (D.Orth.) of the University of Calcutta are being conducted since then.

The Medical Council of India recognised the 'Vivekananda Institute of Medical Sciences' (VIMS) for postgraduate teaching and research in 1978. The Indian Council of Medical Research recognised it as a medical Research Centre soon thereafter. The University Grants Commission recognition came in 1987. The Institute started publication of a bi-annual Medical Journal of its own in 1978 called the Journal of the Vivekananda Institute of Medical Sciences. It is being published uninterruptedly since then and has gained wide recognition. The School of Nursing of the Seva Pratishthan is recognised by both the Indian Nursing Council and West Bengal Nursing Council for over 40 years and it has been adjudged as one of the best schools of the kind in West Bengal. The school is a wholly residential one and has provision for free training of 200 girls coming mostly from low income families, in the three-year General Nursing-Midwifery course. The examination results of the students of the school have been consistently good over the years. 'Vivekananda Institute of Medical Sciences' (VIMS) is inviting and attracting eminent medical scientists from many other institutions of India as well as from other countries to its various seminars, and continuing medical education programmes, and conferences. Medical students from UK, USA and Germany are frequently coming to the institution for gaining experience in treatment of tropical diseases in particular which is a part of their curriculum.

The distribution of activities in various fields of Medical Education by the Ramakrishna Mission Seva Pratishthan can be seen from table- 2 as follows:

Table -21 (Medical Education courses at Seva Pratishthan)

Type of the Course	*Name of the Course*
Diploma Courses	D.GO.
	D.C.H.
	D.L.O.
	D.O.
	D.Ortho
	D.M.R.D
	D.A.
	D.N.B.
Post Graduate Courses	M.D. (Med)
	M.S.(Obs&Gyn)

	M.D. (Radiodiag)
	M.S(Opth)
	M.S.(ENT)
	M.S. (Surgery)
	M.D. (Paed)
	M.D. (Anaesth)
	M.D. (Pathology)
	M.S.(Orthopaed)
Nursing Course	General Nursing-Midwifery Course
	B.Sc in Nursing Course
Research Programme	Under 'Vivekananda Institute of Medical Sciences' (VIMS)
Other Courses	B.P.T (Bachelor of Physiotherapy)
	C.C.T & O.T.T. (Critical Care Technician & Operation Theatre Technician
	DMLT & DRD-Tech

Source: Data provided during interview of the Secretary, Ramakrishna Mission Seva Pratishthan to the researcher

CONDUCTING FIELD WORK

The field work was participatory in nature. The researcher visited the Ramakrishna Mission Seva Pratishthan in working days from January 11 – January 12, 2016 to make thorough interaction with the authorities and the various functionaries, including beneficiary students, teachers, members of community and non-teaching staff on the variables and aspects of the study.

OBSERVATIONS ON KEY ASPECTS

Academic Climate:

The Ramakrishna Mission Seva Pratishthan Vivekananda Institute of Medical Sciences (VIMS) was recognised by the University of Calcutta for post-graduate training and research in Medicine in 1963. The Indian Council of Medical Research (ICMR) recognises it as a research centre. The Medical Council of India which recognised the Seva Pratishthan in 1966 for compulsory rotatory training of fresh medical graduates, also recognised it in 1979 for post-graduate degree courses. The Institute has also been recognised by the University Grants Commission since 1987.

The academic activities of the Vivekananda Institute of Medical Sciences were guided by an Academic Council upto 1981-82. Since 1982-83 a Governing Body is looking

after it. Qualified and experienced doctors are carrying on research work at the Pratishthan in different subjects. The results of their investigations are published in medical journals in India and abroad.

DNB Course of the National Board of Examinations is also being conducted in as many as 11 disciplines. Diploma in Medical Laboratory Technique (DMLT) and Diplomain Radio Diagnosis Technique (DRD-Tech) courses of the State Medical Faculty of West Bengal are also being conducted. The Bachelor of Physiotherapy (BPT) course was started from 2006. The Bachelor of Critical Care Technology (BCCT) and Bachelor of Operation Theatre Technology (BOTT) courses started functioning from September 2009. The academic affairs of the Vivekananda Institute of Medical Sciences are guided by a Governing Body. A good number of doctors do their dissertation for post graduate degree of MD in Gynaecology, MS in General Surgery, MD in Paediatrics, MD in General Medicine, MD in Radiology and Annesthesiology etc.

School/College of Nursing gets opportunities for regular programme of in-service training for qualified nurses is conducted by the institution to improve and maintain a high standard to prepare them for higher courses. The nursing tutors and other members of the nursing staff are also encouraged to acquire higher professional qualifications. The aim of Diploma in General Nursing & Midwifery course is to prepare nurses with a sound educational programme along with personality development and with professional efficiency so that they can contribute maximum to the society. The institutions keep the course up to date with latest professional and technological developments in nursing care services.

Library:

The Vivekananda Institute of Medical Sciences has a medical library with 3160 books and 2301 journals and subscribes to 14 medical journals. The Institute has another medical library with over 4,500 books and subscribes to a large number of medical journals. Since 1978, the Institute publishes its own journal. The number of bound volume of medical journals in the library is 2947 with around 350 Thesis Papers. The Nursing school has a library with about 6,700 books and 4 periodicals.

Residential facilities:

Since the nursing courses are residential courses, students need to stay in the Nursing Hostel for 3 to 4 years. Students are expected to abide by the Hostel rules and regulations. Anti-Ragging committees, squad and monitoring cell are well paced in the institution.

Other facilities:

The institution has two fully air-conditioned Seminar Halls namely Dayananda Hall and Gahanananda Hall with capacity of 365 and 100 respectively. Modern projection and audio systems are available in the halls. There is another auditorium with larger seating capacity. Class and demonstration rooms well equipped with modern facilities. Shrine and prayer halls are also available in the institution. A Scholarship Fund has been created out of donations received for awarding scholarships and prizes to student nurses of the institution.

Cultural and Co-curricular Activities:

The Annual Swami Vivekananda Birth Centenary Memorial Competition in music, painting, recitation and elocution for student nurses of West Bengal are held every year. Student Nurses from different Schools and Colleges of Nursing in and around Kolkata participate in the said competitions. Educational trip are arranged during the courses and students bear the full expense of the trip. Among the other cultural and religious functions held during the year are Saraswati Puja, Christmas Eve, Independence Day and Republic Day. These are celebrated with great aplomb, with impressive parades and folk dances, tableaus and patriotic songs as befitting the different occasions.

Findings:

1. The students of the Medical institutions of the Mission are to some extent more caring towards their patients. This can be attributed to the strict supervision of the consultants and less number of patients allotted to each student

2. The students have freedom to express their views, and even space for argument with the teachers. They are also always encouraged to follow and satisfy their academic quest in terms of doing uncommon investigations and advising costly medicines, if justified, without hesitancy. The credit goes to the management who are

affectionate, ready to accept new views and advancements even being obviously the semi-charitable institution providing financial support to the patients.

3. The students learn as a unit rather than an individual. The intra and inter-departmental collaborations are outstanding. Any academic case in the institution never goes unnoticed even by a single student. The great concern of the teachers as well as the management for the students' academic excellence is largely noticeable.

4. As trainees, in contrast to other institutions, the students are advised to meet patients' relatives daily to discuss patients' current status and plan of further management. This provide an opportunity to think of a patient as a person and to share the practical difficulties of the family members.

5. The Mission takes care of the students to develop a holistic and practical treatment approach in place of mechanical disease oriented view.

6. The Laboratories are highly updated and up to mark as per the National Medical Board criteria. The academics of the Mission are always engaged in research, publishing papers in international Journals and activities like arranging Seminars, Symposia, Consortium and Conferences.

7. The high demand in the society of the Mission pass outs attracts good students and thereby the whole academic atmosphere is motivated towards excellence.

8. The management takes care to attract experienced doctors and researchers by creating ideal environment and facilities which gives the students opportunities to learn from the erudite and for timely career counselling.

9. The mandatory duty in the Mobile Medical Unites of the Mission serve as the ready at hand field of practice to the students which is and the provides various cases for their brainstorming.

End Note:

Seva Pratishthan is primarily a 650 bed multi-specialty non profitable private hospital. The institution has a strong objective of providing quality health care at a low cost to the patients of the socio-economically weaker section and middle class and to provide charity services to deserving persons from even lower socio-economic strata. It also has 1200 numbers of out patients treatment load daily in average in extremely low

cost ticket i.e. Rs. 10/- which is again valid for one month. Therefore, it is needless to say that the motivation for both the institution and its students to serve such huge numbers of patients with utmost care and responsibility without having unmentionable Governmental support can be traced back to the strong philosophical background of the Ramakrishna Mission i.e. 'for the good of the many, for the happiness of the many'. The varieties of case samples readily available for the involved students on the other hand profusely helps them to emerge as India's much need human resource for quality health care for its populace. At large both the sides enjoy immense benefit in every way. Seva Pratishthan, therefore, is really may be followed as a role model among India's health care establishments.