

**STUDY REPORT**  
To the  
**EVALUATION TEAM**  
of  
**St. John's Medical College, Bangalore**

by  
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## INTRODUCTION

SRI was first contacted about the evaluation efforts underway at SJMC, Bangalore as far back as April 1981. The contact was revived in May 1982 when SRI was invited to participate in the work of the Evaluation Team. A meeting took place in July 1982 at SJMC, at which SRI was represented by Prof. J. G. Krishnayya. The meeting led, inter alia, to the definition of the mandate for SRI – the areas which SRI was supposed to study. (This mandate is outlined in the minutes of the meeting – See Appendix 1).

Based upon this mandate, SRI developed a framework for conducting the study. One component of this framework was the design of specific questionnaires for (a) the Faculty (b) the (lay) Alumni (c) the Religious Alumni and (d) the Students at SJMC. The design of questionnaires benefited from perceptive comments from members of the Evaluation Team. The questionnaires were then duplicated and dispatched or distributed to the different respondent groups by the Evaluation Team Secretariat at SJMC.

Two members of the SRI staff, Mr. S. K. Sharma and Prof. J. G. Krishnayya, spent over 4 man-weeks in Bangalore collecting data, interviewing various people and doing an on-the-spot study of various SJMC activities, including the rural health centers. A number of completed questionnaires were also collected at this stage. Several questionnaires also arrived at SRI directly by mail from Alumni, for a total of 65 questionnaires. Most had been thoughtfully filled in with many comments. We have quoted some of these comments in the pages that follows.

This report presents an analysis based upon all the different components of the study (the questionnaires, the interviews, the numerical data, observations, etc.). The Introduction is followed by a 'Summary' of the findings. After that the main body of the report looks at various issues related to 'Objectives', 'Faculty', 'Other Courses', 'Rural Service Bond', 'Students', 'Research', 'Religious Sisters', 'Work of Community Health Department', and 'Relevant highlights from the Budget'. Some data and tables are provided in the Appendices.

Though this is primarily an Evaluation study, we have taken the liberty to make some suggestions at appropriate places to improve the situation or to solve a problem. Of course, these suggestions should be considered by the Evaluation Team in light of their overall perspective and made use of accordingly.

Many people have devoted considerable effort to help us in this study. We would like to convey our thanks to all of them, but more specially to Fr. Pinto and Fr. Percy of SJMC and to Mr. Willy Saldanha, formerly the Administrative Officer.

We would also like to thank those others in Poona and Bangalore who gave us freely of their time, especially Dr. Francis, formerly Dean of SJMC.

We are grateful to the faculty members and students who were generous in sharing with us their ideas in person and to all those who were good enough to take time to fill out the questionnaires. The 65 respondents made a strong witness for their experience in the College in writing out their responses and suggestions. The enthusiasm of everyone we met for the mission of SJMC has made this study a pleasure.

M/s O. Unnikrishnan and S. D. Pardeshi of SRI must be thanked for their clear and rapid production of this report.

## **SUMMARY**

From the various analytical instruments of our study we can make the following evaluation of the major issues facing SJMC.

### 1. Objective:

SJMC has been able to provide an opportunity for many Catholic boys and girls to become Medical graduates. SJMC training has been recognised to be of very good quality. On the other hand, even after the change of objectives in 1973, SJMC has not been successful in producing graduates who would serve the poor in the rural areas. SJMC has been partially successful in providing trained manpower for Catholic health care institutions through its training of Religious as Doctors, CHWs etc.

### 2. Rural Service Bond:

This scheme has not been successful. Most people have either paid up the Bond or "deferred" it under some pretext.

### 3. Rural Internship:

This concept has high acceptance, though as yet it has had only limited success. Changes and improvements have been made over time in the way the internship is handled. Some students have shown initiative and have learnt from the experience. However, rural internship for 3 months is now standard all over India, and we need major new innovations.

### 4. Training of Religious Sisters:

So far this can be said to be successful but there is a declining trend in applications which is surprising and needs to be studied.

### 5. No Private Practice for Faculty:

This rule has not worked in the intended fashion. On the contrary it has generated quite a bit of friction and frustration.

6. Team Spirit:

Partly because of the Private Practice issue, the institution appear to comprise a number of groups among the Faculty. The students also are not well homogenised. There seems to be basically a lack of communication among different subsystems (Administration, Faculty, Students). Nevertheless, because of the general religious 'spirit' of St. John's, this has not affected the working of the College as much as it might elsewhere; one should probably not expect any large institution to be perfectly well managed.

7. Research:

The amount of research going on is less than proportionate to the infrastructure available.

8. Short Term Programs:

Short term programs introduced in the last 5-7 years have been fairly successful and have been in the direction of feeding the wholistic concept of Health Care.

We present some suggestions regarding the issues outlined above.

1. **Rural Service Bond:**

- Completion of rural service should be made prompt and inflexible. No escape clauses. Higher Bond amount.
- More support and guidance during rural service.

2. **Rural Internship:**

- Extend and modify rural internship program
- Provide more guidance during the program
- Provide ideas on what projects could be done

3. **Training of Religious Sisters:**

- Liaise more closely with various Congregations to explore the possibility of increasing Religious students.

4. **'No Private Practice' Policy for the Faculty:**

- Uniform policy to be firmly administered
- Improvement in remuneration as well as exploration of non-monetary rewards.

5. **Team Spirit:**

- More interaction needed between - Faculty and Faculty; Faculty and Students; Students and Students; Administration and Faculty and Students. More participative planning.

6. **Quality of Training:**

- Improve clinical side including more exposure to patients
- Ensure student's degree of confidence is higher before he leaves.

7. **Research:**

- Identify research areas relevant to SJMC objectives. Encourage research.

**8. Short-term Programs:**

- Identify felt-needs of Catholic health care institutions and rural medical efforts for now and the future, in the light of their plans, and tailor programs accordingly.