

branches are important during diagnostic procedures and abdominal surgery.

In view of the variations of abdominal aorta, its branches and their vertebral level and consequently the clinical importance depend on the vascular development of the aorta. The present study was carried out in the human fetuses of Manipuri origin.

Material and methods: Thirty fetuses ranging from 14 to 40 weeks of gestational age were collected. Prior permission and consent was taken from the institutional ethics committee and concerned parents. The fetuses were divided into four groups: Gr. I – 14–20 weeks, Gr. II – 21–27 weeks, Gr. III – 28–34 weeks and Gr. IV – 35–40 weeks. The level of termination of abdominal aorta, branches and their variations were examined thoroughly.

Results: The findings of the present study are documented as follows: Termination of abdominal aorta at L₃ – 2 cases (6.66%) and L₅ – 5 cases (16.66%). Celiac trunk communicated superior mesenteric artery – 3 cases (10%), Inferior phrenic artery arises as single trunk from celiac artery – 3 cases (10%) and arises from abdominal aorta – 2 cases (6.66%). Renal artery: double in 7 cases (23.33%) – Rt-2 (6.66%) and Lt-5 (16.66%). Accessory renal artery in 9 cases (30%) – Rt-5 (16.66%) and Lt-4 (13.33%). Gonadal artery arises as common trunk in 4 cases (13.33%), double (unilateral) gonadal artery – 9 cases (30%) – Rt-5 (16.66%) and Lt-4 (13.33%). Absence (agenesis) of middle sacral artery – 3 cases (10%). The variations of abdominal aorta and its branches are tabulated, discussed and compared with those of the previous workers.

Conflicts of interest

The author has none to declare.

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Change in faculty's perspective after sensitization for need of competency based curriculum

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Aims and objectives: Over the years it has been realized that the medical graduates are failing to serve the health needs of the society and this has compelled medical educationist to do reforms in medical curriculum. MCI is planning to implement competency based curriculum (CBC) so that Indian Medical Graduate can serve as 'Physician of first contact'. As we move towards developing a competency-based approach to medical education in our country, it is crucial to sensitize and prepare the faculty for the change. The aim of present study was to sensitize faculty for need of implementation of CBC for medical graduates and training them to develop competency based curriculum.

Material and methods: A workshop was conducted on 'Developing Competency based curriculum' at KG Medical University, Lucknow. There were total 35 participants and they were divided into 5 groups of 7 each. Interactive sessions were held focusing on forming learning objectives and understanding competencies. In group activities, participants were given opportunity to frame learning objectives, prepare domains of learning and levels of com-

petency in their subject. Each group finally prepared and presented a curriculum with objectives, competency addressed, teaching-learning methods and assessment. Feedback of participants was taken and analysed.

Results: After workshop, the belief of participants that Competency based medical education has potential to make medical education more meaningful for students and society increased from 52.1% to 76%, and 44% to 82.4% respectively. Before workshop 70.98% participants stated that they have little or no ability to design CBC whereas after workshop 92.8% found themselves moderately to nearly completely competent.

Conclusion: Such faculty development workshops are effective way of sensitizing the faculty as it helps them in understanding the underlying motive and changing their perspective. Hands on training help them in giving concept of framing competency based curriculum in their own subject.

Conflicts of interest

The authors have none to declare.

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Exploring webpages and publications related to 3D medical animations and discussing its scopes of implications in medical education



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Aims and objectives: The study aimed at discovering the available materials in the field of 3D medical animations over the Internet and their current uses; simultaneously evaluating their possible integration in medical education and practice.

Material and methods: The study was performed at Department of Anatomy, PDU Medical College, Civil Hospital, Rajkot, Gujarat, India in June 2015, which consisted of a series of keyword searching into Google and exploring various web pages related to 3D animations in medical field. Additionally, it was supplemented by use of browsing assistant tools called browser plugins/Add-Ons. The websites were bookmarked, classified and arranged into bookmark folders according to their categories.

Results: Most of the websites belonged to commercial categories operated by various animation institutes, commercial, pharmaceutical or related companies, and developers in waiting period of bulk orders from the institutions, also promoting their works in YouTube and other video websites to expand them. These results were interpreted based on the contents they wrote in their pages. Only few websites are found as an open source which provided free downloadable animations for educational purpose. So more extended versions of this study are planned to serve the current study objectives further.

Conclusion: Bigger e learning start-ups who follow usually their own strategies of delivering contents into education field needs to be integrated. A handful of webs are found which actually serve. The GOOGLE WAY, i.e. delivering basic services free to their terminal users.

Conflicts of interest

The authors have none to declare.

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