

BULLETIN HIGHLIGHTS

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ORIGINAL ARTICLE: IMPACT OF BASIC SURGICAL SKILL TRAINING FOR MEDICAL INTERNS: AN INTERVENTIONAL STUDY ON SUTURING COMPETENCY

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Introduction

The transition from medical student to independent clinical practitioner is a critical phase of medical education, during which interns are expected to demonstrate competence in essential procedural skills such as suturing and wound management. However, opportunities for structured, supervised, and repetitive practice are often limited in traditional apprenticeship-based training. The increasing emphasis on Competency-Based Medical Education (CBME) highlights the need for structured approaches that ensure acquisition of essential clinical skills before independent patient care.

Suturing is a fundamental procedural skill that requires psychomotor coordination, appropriate tissue handling, knot security, instrument handling, and adherence to aseptic principles. Simulation-based education provides a safe and standardized environment for learners to acquire and repeatedly practise these skills without compromising patient safety. Structured suturing workshops may therefore represent an effective strategy to improve interns' procedural competence and confidence. Evaluating the effectiveness of such interventions can provide evidence for integrating simulation-based procedural training into undergraduate and internship medical education.

This study aims to fill this gap by assessing the effect of a basic surgical skill workshop with a structured blueprint on the intern in medical college.

Material and Methods

This was a single-centre prospective interventional pre- and post-study carried out in the Department of Obstetrics & Gynaecology, KIMS. NKP. The study population included the medical interns of regular batches, supplementary batches, foreign medical graduates (FMG) and referred batches. all trainees (active, informed) in the clinical postings of the Department of Obstetrics & Gynaecology who gave written informed consent.

205 participants were originally enrolled and complete pre- and post-intervention data were available for 198 (96.6%) participants. The workshop was designed using Peyton's skill training model where the 4 steps were followed - demonstration, deconstruction, comprehension and execution. The workshop was completely hands-on, simulation-based, one day training course based on adult learning theory, deliberate practice principles and competency-based progression. The curriculum was designed through extensive needs analysis, which revealed a lack of theoretical knowledge, confidence in procedures and competency framework awareness among early career trainees.



Sessions were started with briefing of the basics of wound healing, characteristics of suture materials, needle geometry and aseptic technique. Participants were then assigned to a small group ($n=8-10$) and then rotated through the four dedicated skill stations: (1) Instrument Handling & Ergonomics, (2) Knot-Tying & Suture Placement, (3) Tissue Handling & Layered Closure, and (4) Universal Precautions & Aseptic Workflow. Experienced faculty trainers followed Peyton's method for training and supervised each station and gave immediate and formative feedback, rectified technical mistakes and led the repetitive practice to develop psychomotor memory.

The idea of progressive difficulty was stressed, starting with interrupted sutures and ending with running subcuticular sutures and complex layered approximations. Advanced Refinement & Teaching Methodologies emphasized skill refinement, speed building and teaching skills. Participants participated in timed suturing drills, peer-to-peer teaching sessions, and competency self-assessment sessions.

The data were gathered from a **validated pretest and post-test questionnaire** which was paper based and based on the institutional training blueprint. The instrument included the following **five main domains**:

- Q1: Do students need to know how to suture as a required competency for logbook certification (Yes/No)?**
- Q2: Do you feel proficient in knowledge, attitude and real-time suturing (Yes/No).**
- Q3: Does the student know Miller's competency framework (KNOWS, KNOWS HOW, SHOWS, SHOWS HOW, DOES) (Yes/No).**
- Q4: Self-graded competency hierarchy (Unconscious Incompetence/Novice, Conscious Incompetence/Beginner, Conscious Competence/Proficient, Unconscious Competence/Expert).**
- Q5: Participation in educational research - informed consent (Yes/No).**

The questionnaire was content validated by three senior faculty members in the field of surgical education and pilot tested on a group of 15 non-participating interns for clarity, face validity and reliability. The instrument showed a good internal consistency with Cronbach's alpha equal to 0.84.

Statistical Analysis:

The data were recorded in a structured spreadsheet and analyzed using a computer program IBM SPSS Statistics (Version 26.0). For categorical variables (Q1-Q3, Q5) the frequencies and percentages were reported, and paired comparisons were conducted using McNemar's Chi-square test. The Wilcoxon signed-rank tests were used to determine distributional shifts for ordinal data (Q4 competency hierarchy). A p-value of <0.05 was considered statistically significant. Pearson's chi-square test was used to check the comparability of the baselines across batches.

Results

The data completion rate was 96.6% with 198 participants completing both pre- and post-assessment.

Table 1: Pre- vs Post-Test Awareness of various study domains (Q1-Q3)

	Response	Pretest (n=198)	Post-test (n=198)	p-value
Awareness of MBBS Logbook requirement	Yes	157 (79.3%)	194 (98.0%)	<0.001
	No	41 (20.7%)	4 (2.0%)	<0.001
Self-Reported Proficiency in Knowledge, Attitude & Real-Time Suturing	Yes	126 (63.6%)	179 (90.4%)	<0.001
	No	72 (36.4%)	19 (9.6%)	<0.001
Awareness of Competency Framework (KNOWS to DOES)	Yes	106 (53.5%)	183 (92.4%)	<0.001
	No	92 (46.5%)	15 (7.6%)	<0.001

McNemar's test. Statistical significance set at $p<0.05$.

Table 2: Distribution of Self-Graded Competency Hierarchy Pre and Post -Intervention (Q4-Q5)

Competency Level	Pretest (n=198)	Post-test (n=198)	p-value
A (Novice)	24 (12.1%)	8 (4.0%)	<0.001
B (Beginner)	106 (53.5%)	26 (13.1%)	<0.001
C (Proficient)	64 (32.3%)	132 (66.7%)	<0.001
D (Expert)	4 (2.0%)	32 (16.2%)	<0.001

Competency self-grading shifted markedly to the right. The percentage of participants who rated their proficiency or expertise increased from 34.3% to 82.8%, and the percentage who rated themselves as novice/beginner decreased significantly.

Discussion

The current study shows that a basic surgical skills workshop that is structured and simulation-based can achieve statistically significant and clinically relevant increases in interns' cognitive awareness, self-efficacy, understanding of the framework and self-assessment of competency. The results are in line with the current educational literature that stresses the benefits of hands-on and deliberate practice in education in contrast to the conventional observational apprenticeship model ^[15].

This significant shift in awareness of mandatory logbook requirements (79.3% to 98.0%) fills an important gap in transparency of what is taught in the curriculum, with trainees becoming aware of these as formal, rather informal, milestones in the process of learning. Such awareness is especially crucial in competency-based medical education systems, in which documentation plays a significant role in progression and certification ^[16]. The improvement in self-reported proficiency (from 63.6% to 90.4%) is consistent with the psychological and pedagogical advantages of low-stakes simulation environments ^[17].

The most interesting is the shift in self-perceived competency hierarchy, which occurred in an ordinal fashion. The results show a successful shift towards the proficient/expert end of the Dreyfus model from a beginner dominant distribution to a proficient/expert dominant distribution (53.5% to 82.9%) ^[18]. The findings align with recent meta-analyses that revealed that simulated surgical training methods led to a 30-50% decrease in technical errors and 2-3 months faster time to competency when compared with conventional clinical training ^[19].

Peer-to-peer teaching, which is rarely considered in procedural workshops, was used to reinforce metacognitive skills and communication competencies, consistent with the modern EPA framework which prioritizes teaching as a part of a professional activity ^[20]. Self-assessment is a valid assessment metric in education, but future research may include objective structured assessment of technical skills (OSATS) or video-based performance scoring to confirm results ^[22].

Basic surgical skills workshops that are part of the pre-clinical curriculum could provide a consistent pathway towards acquiring the skills, minimise variability in procedure and improve safety for patients.¹. Also, the use of digital logbook with competency checkpoints may help to simplify the certification process and alleviate administrative overhead.

The present study shows that the educational benefits of even resource optimised workshops are significant, thus further emphasising the viability of mainstreaming the work. Future studies should investigate cost-effectiveness, long-term retention of the learning, and correlations with clinical outcomes to further validate simulation training paradigms. This study is empirical and strengthens the belief that hands-on structured and cognitive training of basic surgical skills is effective in improving cognitive awareness, self-efficacy, understanding of the framework, and progression in competency among early career medical trainees.

Conclusion

A basic surgical skills training program using Peyton's method on a simulation not only enhances theoretical understanding, self-assessment, framework of competency but also hierarchical skill grading of medical interns. This intervention was effective in moving participants from conscious incompetence to competent/expert competency, confirming the effectiveness of pedagogy that is hands-on and provides feedback. It is recommended that these workshops be integrated into the clinical curriculum, particularly early in training, to improve competency achievement, boost procedural confidence and align with national medical education curricula.

References

1. Singh R, et al. Simulation-based surgical training for medical interns: A multicenter randomized controlled trial. *Journal of Surgical Education*. 2023;80(4):112-125.
2. Sharma A et al. Competency-based assessment in basic surgical skills: Bridging the gap between theory and practice. *Medical Teacher*. 2022;44(7):789-798.
3. Kumar V et al. Impact of deliberate practice on suturing proficiency among first-year postgraduate residents. *Indian Journal of Surgery*. 2024;86(2):345-352.

CASE REPORT 1: A RARE COMBINATION OF GENETIC CARRIER STATUS, CONSANGUINITY, MATERNAL THROMBOPHILIA, AND RECURRENT PREGNANCY LOSS: SUCCESSFUL OUTCOME AFTER TARGETED VARIANT TESTING FOR AN EVC (ELLIS-VAN CREVELD) GENE SPLICE VARIANT

Authors: Dr Kafeel Khan¹ | Dr Alasani Manasa Reddy² | Dr Mudigonda Amrusha²

Affiliations: 1 Professor, Paediatrics | 2 Junior Resident, Paediatrics

Introduction

Recurrent pregnancy loss (RPL) is multifactorial, with genetic, anatomical, autoimmune, endocrine, and thrombophilic factors contributing¹. Consanguinity increases the risk of autosomal recessive disorders such as Ellis-van Creveld (EVC) syndrome, a rare chondrodysplasia caused by biallelic pathogenic variants in **EVC/EVC2**^{2,3}. This case highlights the interplay of consanguinity, a shared **EVC** pathogenic variant, maternal thrombophilia and autoimmune markers, and recurrent adverse pregnancy outcomes, with targeted prenatal diagnosis enabling a successful birth.

Case Presentation

Maternal Background: 29-year-old woman, fourth-degree consanguineous marriage, with Chronic hypothyroidism (10 years), Hyperprolactinemia, ANA and Lupus anticoagulant positive, Protein C and Protein S deficiency, Antithrombin III deficiency, Vitamin D deficiency, Recurrent UTIs pre-conception, Cervical smear: normal and was on **Thyronorm** for hypothyroidism and **cabergoline** for hyperprolactinemia pre-conception, with the below obstetric history.

Gravida	Gestational Age / Timing	Outcome / Type	Fetal / Neonatal Findings	Management / Notes
G1, G2, G4-G6	8 weeks	Missed Abortion	Not specified	Managed by D&C or not specified
G3	Term	Live Birth (female)	Cleft lip and Cleft Palate; congenital Heart Defect (ASD/VSD) that closed Spontaneously	Surgical corrections for Cleft lip / palate done later
G7	~6 months (Second trimester)	Termination for lethal skeletal dysplasia	Micromelia, narrow thorax, bell-shaped chest, pulmonary hypoplasia, AV canal defect (classical EVC phenotype)	Pregnancy terminated at 6 months
G8	Term (Current Pregnancy)	Live Birth (male)	Normal Phenotype Heterozygous EVC carrier	Referred for further evaluation

Genetic Evaluation:

Because of the patient's history and consanguinity, both partners underwent whole exome-based carrier screening⁵.

Both parents were **heterozygous carriers** of: **EVC gene intron 13 splice variant c.1886+5G>A** (Autosomal recessive, pathogenic)⁶

The phenotype of the prior lethal dysplasia (G7) matched classical EVC syndrome.

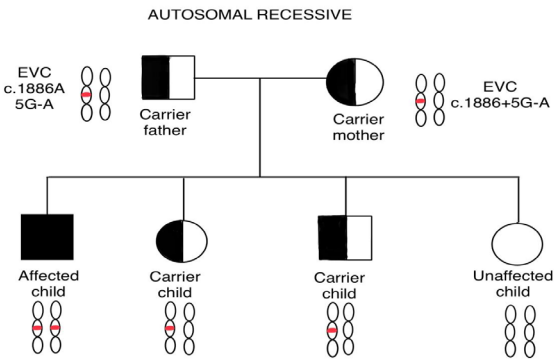
Prenatal Diagnosis in Current Pregnancy:

Amniocentesis (17 weeks): QF-PCR: No aneuploidy
Targeted variant analysis: Fetus heterozygous only, not affected.

Serial Ultrasound Findings: Normal long bones, Normal thoracic size and ribs, no micromelia or dysplasia. Normal placenta and amniotic fluid, FHR appropriate.

Fetal Echocardiography: Structurally normal heart, Normal outflow tracts, no AV canal defect (which was seen in previous affected fetus).

Delivery and Neonatal Outcome: A healthy newborn was delivered at term, with normal birth weight, no dysmorphic



features, normal limb proportions, no cardiac malformations, feeding well, and screened for neonatal metabolic disorders. The baby is a clinically normal heterozygous carrier for the EVC gene variant.

Discussion:

This case demonstrates a rare confluence of:

- **Genetic Etiology:** Both partners carried an autosomal recessive **EVC splice-site mutation**⁷ increasing the likelihood of EVC-affected pregnancies.
- **Consanguinity:** Fourth-degree consanguinity increased the chance of shared pathogenic alleles.
- **Maternal Factors Contributing to RPL:** Combined Protein C, Protein S, and Antithrombin III deficiency, ANA and Lupus anticoagulant positivity, Endocrine causes (hypothyroidism, hyperprolactinemia).

These significantly increase the rate of: early pregnancy loss, placental failure, fetal growth problems, Pre-eclampsia, fetal demise.

Lethal Skeletal Dysplasia in Previous Pregnancy (G7): The findings of micromelia, narrow thorax, pulmonary hypoplasia, AV canal defect was classical for EVC syndrome, supporting that the pregnancy was likely EVC homozygous.

Significance of Prenatal Targeted Variant Testing⁸: Amniocentesis clarified that the current fetus was **only a carrier**, avoiding an unnecessary termination. This case underscores the importance of: Carrier screening for consanguineous couples, Molecular confirmation of suspected skeletal dysplasias, Integrated multidisciplinary care in RPL.

Conclusion:

This case highlights the interplay of genetic carrier status, consanguinity, and maternal thrombophilia in recurrent pregnancy losses and a prior lethal EVC-affected fetus. Targeted prenatal molecular diagnosis enabled a successful carrier pregnancy and birth of a healthy infant.

Early comprehensive genetic evaluation is crucial for accurate diagnosis, informed reproductive planning, and avoiding unnecessary pregnancy termination.

References:

1. Practice Committee of the American Society for Reproductive Medicine. Evaluation and treatment of recurrent pregnancy loss: a committee opinion. *Fertil Steril*. 2020;113(3):533-545.
2. Ellis R, van Crevelde S. A syndrome characterized by ectodermal dysplasia, polydactyly, chondro-dysplasia and congenital morbus cordis: report of three cases. *Arch Dis Child*. 1940;15(82):65-84.
3. Bittles AH, Black ML. Evolution in health and medicine Sackler colloquium: consanguinity, human evolution, and complex diseases. *Proc Natl Acad Sci USA*. 2010;107(Suppl 1):1779-1786

CASE REPORT 2: BEYOND CHRONIC LIVER DISEASE: MALIGNANT ASCITES REVEALING GASTRIC SIGNET RING CELL CARCINOMA

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Affiliations: 1 Assistant Professor, GM | 2 Senior Resident, GM | 3 Junior Resident, GM | 4 Professor & HOD, GM

Introduction

Malignant ascites usually indicates advanced intra-abdominal malignancy. Gastric signet ring cell carcinoma (SRCC) is a rare, aggressive subtype characterized by diffuse gastric infiltration, early peritoneal spread, and subtle clinical presentation. We report a case presenting with malignant ascites, highlighting the need to consider gastrointestinal malignancy in patients with unexplained ascites and high ascitic fluid protein.

Case Details

A 59-year-old woman presented with progressive abdominal distension, early satiety, anorexia, and abdominal pain. She also had pedal oedema. There was no significant history suggestive of chronic liver disease, tuberculosis, or cardiac illness. On examination, she was pale, cachectic, and had gross ascites. Laboratory evaluation showed severe anaemia with haemoglobin of 6.5 g/dL, while renal function was within normal limits. Ultrasonography demonstrated gross ascites with diffuse peritoneal thickening, raising suspicion for a malignant or infective process.

Ascitic Fluid Cytology

Diagnostic paracentesis yielded straw-colored, turbid ascitic fluid. The fluid protein concentration was 4.2 g/dL, with a total cell count of approximately 1,250 cells/mm³, comprising 80% lymphocytes and 20% neutrophils. Ascitic fluid adenosine deaminase (ADA) was 15.4 U/L. Cytological examination demonstrated numerous malignant cell clusters with glandular architecture, marked nuclear pleomorphism, hyperchromasia, increased nuclear-to-cytoplasmic ratio, irregular chromatin clumping, and prominent nucleoli. Occasional signet ring cells were identified within the specimen, strongly suggesting metastatic adenocarcinoma with peritoneal involvement. Gram stain showed no organisms, while Ziehl-Neelsen staining was negative.

Endoscopy and Histopathology

Upper GI Endoscopy revealed an irregular ulcerated lesion in the stomach, from which biopsy samples were obtained. Histopathological examination showed a poorly differentiated carcinoma composed predominantly of signet ring cells, confirming gastric signet ring cell adenocarcinoma.

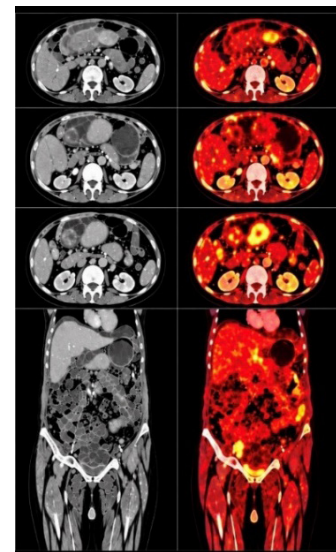
Immunohistochemistry demonstrated HER2 negativity and a PD-L1 combined positive score (CPS) of 3. Immunostaining for mismatch repair proteins showed preserved expression of MSH2, MSH6, MLH1, and PMS2, indicating mismatch repair proficiency (pMMR).

Imaging

Contrast-enhanced CT and FDG PET-CT demonstrated diffuse FDG-avid peritoneal and omental deposits with extensive peritoneal carcinomatosis, moderate malignant ascites, and scalloping of the liver surface. The imaging findings were consistent with disseminated metastatic disease and correlated with the malignant ascitic fluid cytology.

Diagnosis and Treatment

Metastatic gastric signet ring cell adenocarcinoma presenting with malignant ascites and diffuse peritoneal carcinomatosis. The patient was initiated on palliative SOX chemotherapy (S-1 plus oxaliplatin); currently on Cycle 2 with good tolerance.



Discussion

Gastric signet ring cell carcinoma is an aggressive malignancy often diagnosed at an advanced stage due to subtle or atypical presentations. Although ascitic fluid cytology has limited sensitivity, a positive result is diagnostically significant. Histopathology with IHC profiling (HER2, PD-L1, and MMR) and PET-CT aid in therapeutic planning and accurate staging. Malignant ascites as the initial presentation is uncommon and poses a diagnostic challenge, particularly without chronic liver disease. This case highlights the need for a high index of suspicion for gastrointestinal malignancy in unexplained ascites and emphasizes a multidisciplinary approach for timely diagnosis and management.

Conclusion

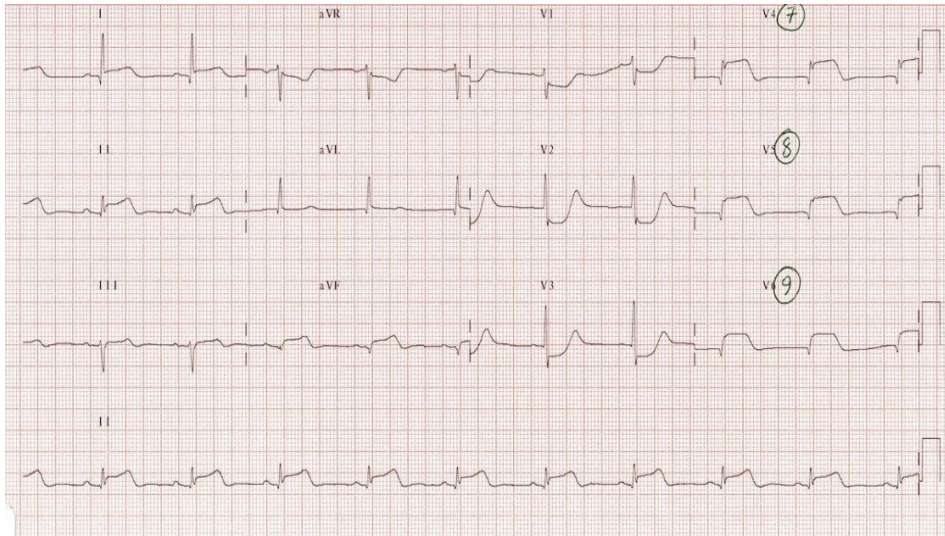
Malignant ascites can rarely be the initial presentation of gastric signet ring cell carcinoma. In patients with ascites without an obvious hepatic, cardiac, or infectious cause, careful cytological evaluation and timely upper gastrointestinal endoscopy can reveal an occult primary malignancy. This case reinforces the diagnostic value of ascitic fluid cytology and emphasizes the need for early, systematic evaluation of unexplained ascites.

References

1. NCCN Clinical Practice Guidelines in Oncology: Gastric Cancer. Version 2.2026.
2. Lordick F, et al. Gastric cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol*. 2022;33(10):1005–1020.
3. Smyth EC, et al. Gastric signet ring cell carcinoma: a review. *J Clin Pathol*. 2021;74(5):305–310.

QUIZ

A. Middle aged patient presenting with central chest pain. Posterior leads V7-9. What does the ECG show?



B. 74 yo male ex-smoker presents with worsening breathlessness.



- Q1. Abnormal findings
Q2. Complete diagnosis
Q3. What are the treatment options?

- Q1. TEN STEP evaluation & Abnormal findings.
Q2. Complete diagnosis.
Q3. What is/are the plan of treatment options?

Previous Quiz Winner

Dr. RAKESH, Final Year PG

in Emergency Medicine and Critical Care Unit at Kamineni Institute of Medical Sciences, Narketpally.

Complete answers to be communicated to

kims.bulletin.journal@gmail.com

before **25.10.2026**.

The names of students who answer the quiz correctly will be published in the next issue of the Medical Times, and a certificate will be provided at the clinical meeting on Thursday.

EVENTS, ACHIEVEMENT, AND SERVICE ACTIVITIES AT KIMS, NARKETPALLY

GUEST LECTURES



The Department of Radiodiagnosis organised a guest lecture on 7th July 2026, on “Magnet Serves Mankind” delivered by **Dr. J. Jagan Mohan Reddy**, Professor of Radiodiagnosis at Maheswara Medical College, Telangana. Dr. Manjiri Joshi, Professor, Radiodiagnosis at KIMS presided over the session along with faculty members, senior residents, postgraduate students, and interns. Dr. Reddy offered a comprehensive perspective on the evolution and expanding clinical applications of MRI technology in modern diagnosis and patient care.



Akkinepallivari Lingotam, Telangana,

Department of Pharmacology organized a Guest Lecture on 15th July 2026 on the topic “Newer Agents for Obesity” delivered by **Dr. D. Shailendra**, MD, Professor and Head, Department of Pharmacology and Vice-Principal (Research), Mediciti Institute of Medical Sciences (MIMS), Ghanpur, chaired by Dr. B. Raghuvver, Professor and HOD, Pharmacology, and was attended by faculty members, postgraduates, and interns. The lecture provided valuable updates on emerging pharmacological approaches in the management of obesity, enriching the clinical and academic knowledge of the attendees.

CPD



The Department of Obstetrics & Gynaecology, KIMS Narketpally, organized a CPD Workshop on “Mastering the Basics of Infertility – From Evaluation to Insemination (IUI Hands-On)” on 31st July 2026. The event featured expert lectures on infertility evaluation, ovulation induction, and IUI technique by eminent specialists, followed by hands-on training in sperm preparation and IUI procedure for postgraduates. The programme provided participants a strong foundation in evidence-based infertility management.



The Medical Education Unit, KIMS Narketpally, organized a Regional CPD in Medical Education on the theme “Challenges in Implementing CBME” on 29th August 2026 at Dhanvantari Lecture Hall. The programme featured engaging sessions on Gen-Z learners, 360-degree evaluation, mentoring, and electives, along with a lively debate and panel discussion on bridging the gap between CBME vision and practice. Internees also presented skits based on AETCOM modules, adding an interactive dimension to the day. Eminent speakers and chairpersons from KIMS and partner institutions enriched the sessions with their expertise, under the coordination of Dr. K. Sai Leela and Dr. Hima Bindu G. The event, organized under the guidance of the KIMS administration, offered valuable insights into contemporary medical education practices.



The Department of Medical Education, KIMS Narketpally, organized a three-day Basic Course in Medical Education (BCME) workshop from 10th to 12th August 2026, under the aegis of the National Medical Commission. Conducted in affiliation with the NMC Nodal Centre, Bhaskar Medical College, Moinabad, the workshop aimed to orient faculty members in competency-based medical education practices. The programme featured structured sessions on effective teaching-learning methods and assessment strategies.

STUDENT ACHIEVEMENTS



Dr. MD Farooq Ershad Abdullah and Dr. Raman Kavya Sindhu from the Department of Paediatrics secured the **Runner-up** position in the **IAP Postgraduate Quiz – Divisional Round**, held at AIIMS Bibinagar on **25th August 2026**.



Two undergraduate students, Aneesh K. and Joy Stephen K., have secured **Runner-up** position in the **IAP Undergraduate Quiz – Nalgonda Division**, held on **7th September 2026** at AIIMS Bibinagar.

AWARENESS PROGRAMMES



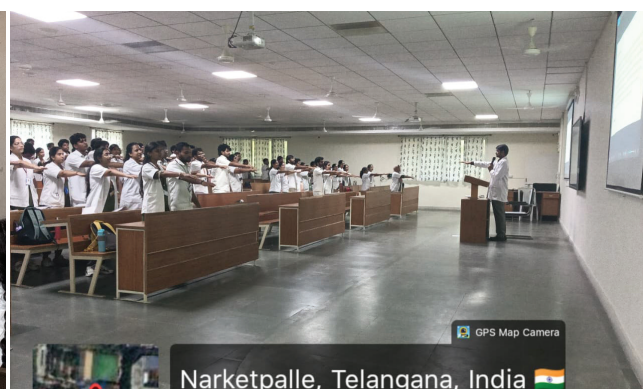
As part of **National Nutrition Week celebrations**, a Nutrition Week program was held on **2nd September 2026** at the Panagal Anganwadi School. Awareness was created about methods of obtaining nutrition through every day, low-cost items available at home. Fruit and vegetable saplings and seeds were distributed. Principal Dr. Babasaheb Laxman Singh Kudagi, Dr. Maruthi Varaprasad, Dr. Balaraju, Baddam Nagesh, and others participated in the program.



The **Department of Paediatrics**, KIMS Narketpally, in collaboration with KIMS College of Nursing, celebrated **World Breastfeeding Week 2026** from **1st –7th August** under the theme **“Breastfeeding for a Sustainable Start in Life: Strengthen What Works.”** A week-long programme included awareness sessions, seminars, parent counselling, poster-making and quiz competitions, and a debate. More than 200 MBBS students, PGs and interns enthusiastically participated.



KIMS, Narketpally organized an **Organ Donation Awareness Programme – 2026**, themed **“Gift Life... Leave a Legacy,”** on **4th August 2026**. The event was held in association with the Lions Club of Nalgonda Charitable Trust Eye, Body & Organ Donation Centre, under the chairmanship of Dr. G. Chinnapu Reddy. The session aimed to dispel myths and foster a culture of voluntary organ donation.



As the Nasha Mukta Bharat Abhiyaan enters its sixth year, the Department of Social Justice & Empowerment (DoSJE), Government of India, celebrated this milestone by organizing a **“National Pledge Against Drug Abuse”** on **August 18th, 2026**. On our campus, the MBBS students participated from the **Department of Psychiatry**, taking this pledge and demonstrating their commitment to an anti-drug abuse stance.



On the occasion of **World Suicide Prevention Day on 10th September 2026**, with the theme **Changing the narrative on Suicide**, the **Department of Psychiatry**, with the unwavering support of the KIMS management, conducted an awareness programme for UG students, Interns, PGs, and faculty. An **awareness talks** emphasizing on collective responsibility and the importance of creating a supportive environment for suicide prevention was given by the faculty. **Awareness pamphlets** containing suicide risk factors, warning signs, early identification, empathetic communication, timely professional help, and information on available mental health support services including 24*7 helpline number were also distributed.

SERVICE ACTIVITIES



పుడయం

Khammam 09 Aug 2026 Page 9
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యూపీ బియ్యం, నూనె, వంటనూనె, కాలకంబూలు వ్యాధి నివారణ.

కొట్టయ్యగూడెంలో ఉచిత వైద్య శిబిరం



చందూరు, ఆగస్టు 8 (పుడయం): గ్రామీణ ప్రాంత ప్రజలకు నాణ్యమైన వైద్య సేవలు అందించడమే ధ్యేయంగా మండల పరిధిలోని కొట్టయ్యగూడెంలో శనివారం ఉచిత వైద్య శిబిరం ఘనంగా జరిగింది. కామినేని ఇనిస్టిట్యూట్ ఆఫ్ మెడికల్ సైన్సెస్ వారి సౌజన్యంతో నిర్వహించిన ఈ శిబిరంలో ఆసుపత్రికి చెందిన నిపుణులైన వైద్య బృందం గ్రామస్థులకు పలు ఆరోగ్య పరీక్షలు నిర్వహించింది. రక్తపోటు, మధుమేహం, ఇతర సాధారణ రుగ్మతలతో బాధపడుతున్న వారికి తగిన వైద్య సలహాలు అందించి, అవసరమైన వారికి ఉచితంగా మందులను పంపిణీ చేశారు. ఈ సందర్భంగా పలువురు

మాట్లాడుతూ... కార్పొరేట్ స్థాయి వైద్య సేవలను కామినేని ఆసుపత్రి సౌజన్యంతో గ్రామీణ ప్రజల ముంగిట తీసుకురావడం ఎంతో అభినందనీయమని కొనియాడారు. మారుమూల ప్రాంతాల్లో ఇటువంటి హెల్త్ క్యాంపులు నిర్వహించడం వల్ల పేదలకు ఎంతో లబ్ధి చేకూరుతుందని పేర్కొన్నారు. వర్రాకాలంలో ప్రజల సేవనీ వ్యాధుల పట్ల ప్రజలు అప్రమత్తంగా ఉండాలని, పరిసరాల పరిశుభ్రత పాటించాలని వైద్యులు ఈ సందర్భంగా అవగాహన కల్పించారు. ఈ కార్యక్రమంలో గ్రామ సర్పంచ్ గాలెంక రాంబాబు, కామినేని వైద్య బృందం నభ్యులు, వార్డు వెంబిరెడ్డి, స్థానిక నాయకులు, ఆశా కార్యకర్తలు గ్రామస్థులు పెద్ద సంఖ్యలో పాల్గొన్నారు.

As part of the Family Adoption Programme, the Department of Community Medicine, KIMS Narketpally, continues regular visits to adopted villages to monitor the health and well-being of families. The programme provides free health check-ups, medicines, and essential healthcare services, reflecting KIMS Narketpally's commitment to accessible care, preventive healthcare, and community welfare.

FOUNDATION DAY



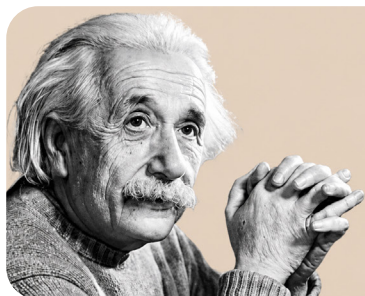
KIMS Narketpally celebrated its **Foundation Day on 9th August 2026**, commemorating 26 remarkable years of excellence, learning, and inspiration. The event began with the ceremonial lighting of the lamp in loving memory of the Kamineni Education Society's Founder, Late Smt. Kamineni Indira Devi Garu, by Shri Kamineni Suryanarayana Garu, CMD of KES, along with Dr. Kamineni Shashidhar, MD of KES, Dr. Babasaheb Laxman Singh Kudagi, Principal, KIMS and other dignitaries. As part of the celebrations, Best Performance Awards were presented to students in recognition of their outstanding achievements. All employees and students of the institution actively participated, making the event a memorable one. The celebration truly reflected the spirit of togetherness and pride that defines the KIMS family.

FOUNDATION DAY MERIT LIST-2026

S. No	Amin no	Name	Year	Subject	Award Name
1	2461030	Anwesha Rout	I MBBS	Human Anatomy	Dr. Kollipara Rajendra Babu Merit Certificate Of Excellence
2	2462064	R Sravani	I MBBS	Human Anatomy	Dr. Kollipara Rajendra Babu Merit Certificate Of Excellence
3	2461030	Anwesha Rout	I MBBS	Physiology	Smt. Kamineni Saraswathamma Merit Certificate Of Excellence
4	2462002	Ayesha Sabaha	I MBBS	Biochemistry	Smt. Kolli Seethamma Merit Certificate Of Excellence
5	2461030	Anwesha Rout	I MBBS	Over All	Smt. Kamineni Indira Devi Merit Certificate Of Excellence
6	2361083	Disha Maity	II MBBS	Pharmacology	Sri. Kolli Laxmaiah Merit Certificate Of Excellence
7	2362002	Garapati Yudheshna	II MBBS	Pathology	Sri. Kamineni Giridhar Merit Certificate Of Excellence
8	2361083	Disha Maity	II MBBS	Microbiology	Sri. Kamineni Subbaiah Merit Certificate Of Excellence
9	2361083	Disha Maity	II MBBS	Over All	Kamineni Education Society Merit Certificate Of Excellence
10	2262068	Ravula Haritha	III MBBS	SPM	Kamineni Health Services Merit Certificate Of Excellence
11	2262095	Kandikattu Sai Shri Vardhan	III MBBS	FMT	Oil Country Tubular Ltd Merit Certificate Of Excellence
12	2261079	Tammana Venkata Srivalli Tanuja	III MBBS	Over All	Sri. Kamineni Giridhar Merit Certificate Of Excellence
13	2161135	Anipeddi Sri Venkata Lakshmi Aiswarya	IV MBBS	OBG	Kamineni Hospital Limited Merit Certificate Of Excellence
14	2163031	Cheeti Gunni	IV MBBS	Paediatrics	Sri. Nuthalapati Ganapathi Rao Merit Certificate Of Excellence
15	2162094	E Roma Reddy	IV MBBS	GM	Kamineni Merit Certificate Of Excellence
16	2161094	Maguluri Bhanu Yeshwanth	IV MBBS	Ophthalmology	Sri Nandamuri Sai Krishna Merit Certificate Of Excellence
17	2161102	Pediredla Rukmini Sriya	IV MBBS	ENT	Sri. Gondi Venkataratnam Merit Certificate Of Excellence
18	2161002	Rachamalli Leela Shankar	IV MBBS	GS	Kamineni Merit Certificate Of Excellence
19	2162033	Tejaswi Alluri	IV MBBS	Over All	Kamineni Foundation Merit Certificate Of Excellence
20	PG(M)/CQ/22/03	Dr. D Priyamvada	PG	MD-Anaesthesiology	Sri. Beeram Radha Krishna Rao Certificate Of Excellence

BEST OUT-GOING STUDENT AWARD

S. No	Admin No	Name	Division	Year	Revised Award Name
1	2061130	Dr. Gajula Sai Karthik	First Class	Intern	Sri. Kamineni Suryanarayana Certificate Of Excellence

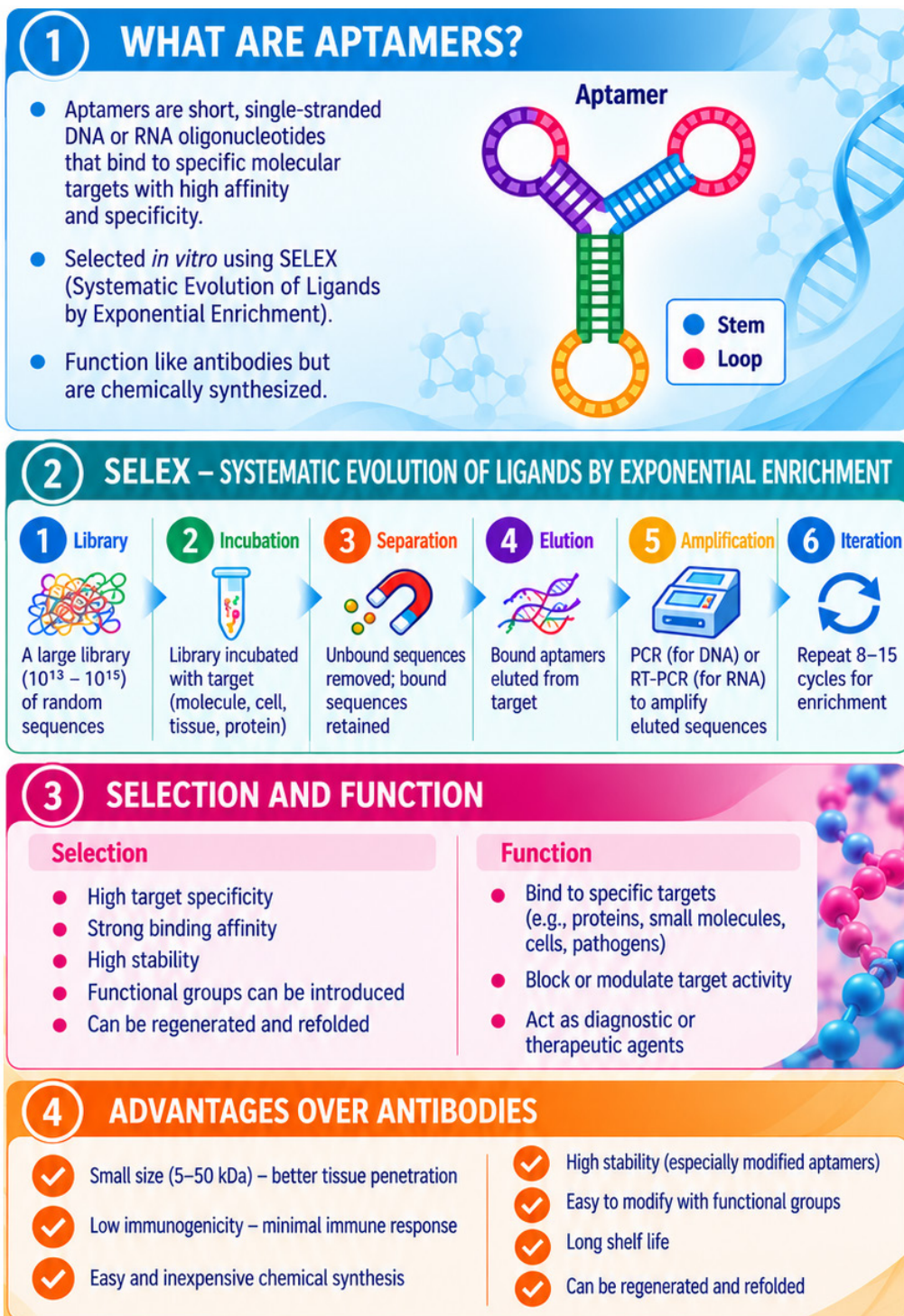


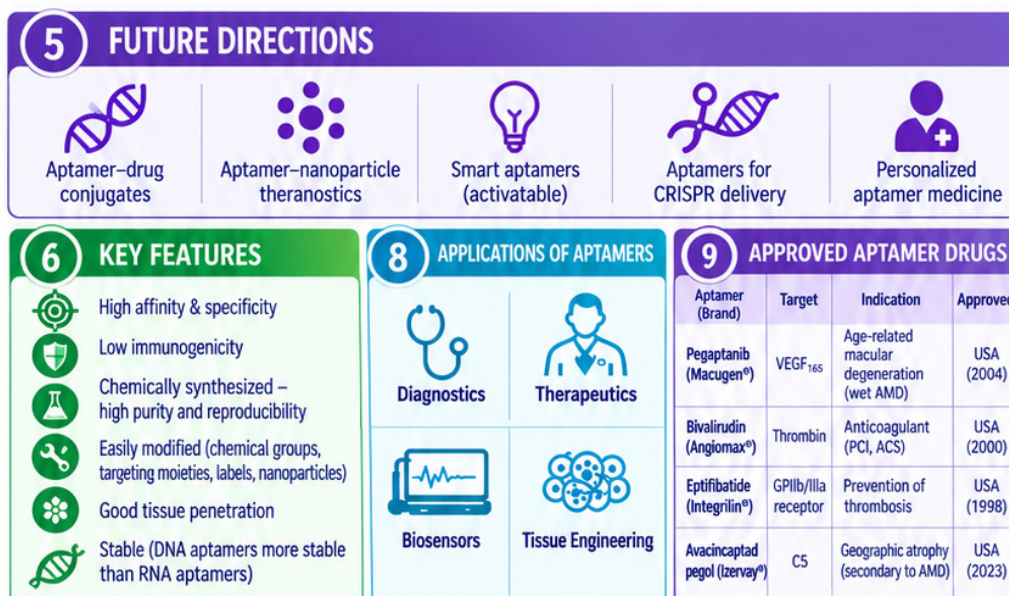
“Education is not the learning of facts, but the training of the mind to think.”

— Albert Einstein

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By Dept. of Microbiology, KIMS, Narketpally





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