

INSTITUTIONAL BEST PRACTICES

Best Practice 1:

Title of the Practice : Community Health Outreach Programs during COVID-19 Lockdown

Objectives:

- To act as a fore-runner in providing primary Health care disseminating emergency and multidisciplinary oral health care, directing health promotion and disease prevention activities, and using advanced treatment modalities to the underprivileged and non-affordable community through **completely organized community outreach programs**.
- It includes but not limited to
 - **Community health outreach oral screening camps**
 - **Commemoration of National and International days of Public Health importance along with screening and treatment camps, awareness campaigns, rally, use of mass media to reach the remote populations.**
 - **Community Needs Assessment Survey (CNA Survey) to identify the felt and expressed needs of the population.**
 - **Organized referral system to help the patients procure their unmet needs etc.**
- Diagnose the oral health problems and their effects on the community and to identify the most common community oral health problems in order to effectively tackle the endemic problems of the locality.
- To apply scientific principles to the provision of oral health care.
- To utilize the values of professional ethics, lifelong learning, and patient centric care, adaptability, and acceptance of cultural diversity.
- To imbibe in the students a spirit of social consciousness and an urge for protection of rural health.

Context:

- Evidence suggests that the unmet oral health needs of a population are considerably high in a developing country like India.
- The subgroups of the population like school children, pregnant women, lactating

mothers, geriatric group, physically and mentally challenged have the maximum need for the dental care.

- The unusually high settlement of dental practitioners in the urban areas has led to the creation of wide gap in the accessibility of dental services by the rural people which constitute about 70% of population.
- The lack of awareness, affordability, inherent cultural practices, myths, beliefs of the community and the compounding role of dearth of dental public health.

Practice:

- Conducting camps in nearby communities such as schools, colleges, old age homes, orphanages, factories, churches, IT companies, Government bodies and local community centres including special needs.
- Satellite centres at Poonjeri village for rural oral health care service which caters to the clustered villages around.
- Patients in need of advanced treatment are referred to the institution and are also provided access to free transport from Primary Health Training Centre – Poonjeri, twice a week for procurement of care at the tertiary level.
- The Urban Health Training Centre of the department at Karapakkam caters to the oral health needs of population of Sholinganallur, Karapakkam, Kannagi Nagar, Thoraipakkam among other areas.
- Oral health awareness and care for the DIVYANGJAN (specially-abled) mentally and physically) groups and their care givers through regular campaigns of reaching them
- The geriatric population has one of the highest dental treatment needs and hence initiatives to reach them are taken
- Outreach activities are carried out on special days such as World Oral Health Day, World Health Day

Evidence of Success:

Through this program the college has made efforts to enable the students to be prepared in a variety of ways to disseminate General Health and Oral health knowledge, awareness and imprint positive treatment seeking attitudes among the masses even in the times of lockdown. This was evident in the immense response and positive feedback received by the community and beneficiary institutions in the forms of

- Appreciation letters
- Mementoes to thank the team conducting outreach activities
- Referral of patients from various marginalized groups like the Sculptors, Gypsies, Fishermen and construction workers even in the times of various levels of lockdown restrictions

Problems Encountered:

- The major obstacle faced by the institution is the intermittently imposed COVID-19 lockdown that restricted the ease of access to the populations in need, thereby limiting the disposal of fully organized Outreach activities
- The transport of oral healthcare personnel to distance areas along with the equipment and necessary infrastructure becomes an issue of logistics.



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Best Practice 2:

Title: E-Learning and E-assessment of students

Though the COVID-19 lockdown restrictions limited the contact time of students with teachers and the faculty alongside with restricting laboratory access, with the advent of computers and internet, e-learning and e-assessment is playing a vital role in the area of education.

Objectives:

- To simulate the real-world and live teaching and interaction experience using the best possible means of online technology, thereby to reduce the opportunity of interaction lost due to cancellation of live classes due to COVID-19 lockdown
- To incorporate a common portal of learning for students and teaching faculties in order to use gadgets in a productive way.
- To get recognition through academia pursuits.
- To enhance the pedagogy and learning outcomes with the total involvement of teachers and students.
- To use the latest of technology for assessment of student's subject knowledge and practical skills without losing the live interaction gained by offline classrooms and examination centres.

Context:

Technological advancements are to be accepted and necessary adaptations are to be made so as to enhance our knowledge and grow with the world. Students are more inclined towards usage of gadgets which could be exploited in a positive way to impart education through e-learning. Thus, our institute quickly adapted to online teaching portals like Zoom, Google Meet, Microsoft Teams, Google Classroom and Forms etc, for teaching and assessment.

The Practice:

The weblinks for the classes will be made ready and uploaded by students and faculty alike, much before the actual class timings. Students and teachers would be able to log-on to the classes 5 minutes in advance of the actual class timing. The online teaching portals are enabled with live

voice and video recording. Once the class is recorded, the file will be updated in the appropriate LMS portal so that students can have unrestricted access to the classroom content any time in the near future. This makes sure that any students who are absent from the live class, also had unabridged access to the wealth of knowledge. Google forms will be used to get the feedback after every classes so that a critical appraisal will be done to improve the methods of teaching and enable the student to forget the absence of live lectures and clinical postings. Students will be assessed by online tools like Survey Monkey and Google forms.

The attendance and internal assessment marks of the students are uploaded onto the LMS portal which enables the parent to periodically view the same. Apart from this, we have access to various applications inclusive of Classroom app, through which the student can directly view the presentations.

Evidence of Success

- a. The entire student community is benefitted by this facility. Many of them are able to perform better in their internal examinations and score high marks in the university examinations.
- b. The students make exhaustive use of e-books and this exploits the online time that the students spend everyday with their gadgets.
- c. The teaching has become more effective and the learning more interesting instead of a tiresome exercise.

Problems Encountered and Resources Required

During initial stages of implementation of online classes, both the students and the faculty had difficulty in getting adapted to newer software and procedures. But with repeated training sessions, the problems were overcome.



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