

CRITERIA 7.2.1 – INSTITUTIONAL BEST PRACTICES

A best practice is supposed to be any practice/practices that have been in existence for at least 3 years. It should be one internally evolved and made a positive impact on the regular functioning of the institution.

Best Practice 1:

Title of the Practice: Community Health Outreach Programs.

Objectives:

- To provide the utmost care in multidisciplinary oral health, 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 and bring about a sense of social responsibility** to the budding doctors, whose service matters to the community.
- It includes but not limited to
 - **Community health outreach oral screening camps for overall oral and dental health and diagnosing premalignant/malignant diseases that need immediate care.**
 - **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.**
 - **Awareness to prohibit the use of tobacco, drugs, to bring about gender equality, to care for the elderly and the poor, etc.**
 - **Organized referral system to help the patients procure their unmet needs etc. by visiting their villages and offering treatment and referring patients with complex procedures to the hospital for utmost care.**

- 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 ethically put in use patient centric care.
- To imbibe in the students a spirit of social consciousness and an urge for protection of rural health.

Context:

- Although, the number of dentists has increased each year, ignorance of dental care is still on the rise and do not consider to save their natural teeth. Pain is the only reason these patients visit a dentist and prefer tooth extraction to any other treatment modalities.
- The patients who are school children, pregnant women, lactating mothers, geriatric group, physically and mentally challenged have the maximum need for dental care.
- The urban areas have easy access to a dentist than people at rural areas. This has led to the creation of wide gap in the accessibility of dental services by the rural people, which in a developing country like India holds a huge percentage of people.
- The lack of awareness, affordability, inherent cultural practices, myths, beliefs of the community and the compounding role of dearth of dental public health.

Practice:

- This practice has been practiced since the induction of the institution with over 1000 camps conducted over the past years catering to a huge number of patients.
- Conducting oral health screening camps in nearby communities such as schools, colleges, old age homes, orphanages, factories, churches, home for the differently-abled, IT companies, Government bodies and local community centers including special needs and referring patients back to the college for advanced dental care.
- Village adoption and a provision for Satellite centers at Poonjeri and Venpurusham villages help identify and educate the people on oral diseases and the importance of teeth.
- Buses to transport patients for special oral care from and to the villages twice a week and making sure their needs are fulfilled has been a long term practice at the institution.
- 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.
- The Rural Health Training Centre of the department at Poonjeri caters to the oral health needs of population of Mahabalipuram, Paiyanur, Perumaleri, Manamai, and Salavankuppam among other areas.
- Our institution goes a step ahead in being patient to care for the differently abled, both physically and mentally and to care for the geriatric population, especially at old age homes, who are victims of neglect.

Evidence of Success:

The outreach programs have persuaded many individuals to care for their oral cavity and teeth. There have been 27437 patients benefitted from these outreach programs, for the year 2022-2023 and 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. This was evident in the immense response and positive feedback received by the community and beneficiary institutions in the forms of :



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- Revisit from patients, where outreach programs were conducted.
- Spreading the word to fellow and family members and showing concern
- Appreciation letters
- Mementoes to thank the team conducting outreach activities

| Year | No. of camps | No. of benefiteres |
|-----------|--------------|--------------------|
| 2020-2021 | 93 | 5833 |
| 2021-2022 | 145 | 16037 |
| 2022-2023 | 180 | 27437 |

COMMUNITY HEALTH OUTREACH PROGRAMS



Best Practice 2 Title: E-Learning using iPad

Objectives:

- To simulate the real-world and live teaching and interaction experience using the best possible means of online portable technology, thereby to promote e-learning throughout the day as scenario-based learning.
- To incorporate a common portal of learning for students and teaching faculties in order to use organized iPad gadget in a productive way.
- To make learning easy with video assisted skill transfer, scenario-based learning, flip classes, mind-mapping, demo videos for preclinical work and debates.
- To promote digital learning and reduce the use of paper by providing e-dental books in all subjects in the course.
- To make lectures and activities available for reference at any time of the day to aid to slow learners.

The Context:

We live in a world dominated by technology and the youth of today solely depend on it. Exploitation is the major drawback to the use of technology which could be directed in a positive way to impart education through e- learning. Growing with technology can be attributed to bringing about a change in learning techniques that make it more understandable and amusing to students than monotonous lectures. Thus, our institute quickly adapted to usage of handheld teaching tools **using iPad learning methodology.**

The Practice:

The presentations for the classes, videos educating students on procedures (both pre-clinical and clinical scenario-based videos) will be uploaded in the Institute's LMS portal (Learning Management system), so that the students who have missed their classes for the day or for future reference can download the files. Each student and teaching staff are provided with id passwords to open their accounts and upload/download files. This has brought about a better understanding of subject by students who are slow learners and need a few reads of the content to understand. Student education videos, Patient education videos, demo videos for pre-clinical work, lecture classes according to DCI norms, mind mapping records, question papers from past years can engage the student in a less tiresome and break the chain from a monotonous learning technique. 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, so that knowledge transfer is done in a more efficient way. Students will be assessed by online tools - Google forms on each topic and are assessed. The attendance and internal assessment marks of the students are uploaded onto the LMS portal which enables the parent to periodically view the same. There is a centrally distributed Wi-Fi access to the handheld iPads of these students so that there shall be no restriction in the usage of the device for academic purposes at any place in the college campus. Online apps to conduct quizzes are available which are made to be used by students during class, where students work in teams to answer every question posed.

Evidence of Success

- a. The students are provided with I-pads during their first year of study and has been in practice for about 7 years.
- b. The students are benefitted as the presentations are concise forms of the text book chapters that they read and are able to perform better in their internal examinations and score high marks in the university examinations.
- c. The students make exhaustive use of e-books and this exploits the online time that the students spend every day with their gadgets.
- d. The teaching has become more effective and the learning more interesting instead of a tiresome exercise.
- e. Student centric learning by studying the minds of students and improving teaching methods has brought about a better understanding of subjects and has helped slow learners, make progress in comprehending the subjects.

Problems Encountered and Resources Required

During initial stages of implementation of iPad learning, both the students and the faculty had difficulty in getting adapted to newer software and procedures that was relatively newer when compared to the existing extensively penetrated Android and Google based devices. Repeated training sessions from the authorized Apple training center and the IT team have made the students master the use of them and the learning management system at our Institution.

LEARNING MADE INTERESTING USING IPAD

