Key Indicator -7.2 Best Practices

7.2.1 Describe two Institutional Best Practices as per the NAAC format provided in the Manual

I Title of the Practice Welfare of the key stakeholders (students) **-Best Practice**

Objectives of the Practice

- To provide the students a safe, secure, pleasant and conducive living environment.
- To provide an environment which promotes professional growth and skills
- To provide mentoring to slow learners and equal development of all students.
- To provide students with personal care and attention in each department.
- To encourage participation of the students in various committees for decision making and management.
- To obtain regular feedback from students on all institutional activities so as to implement required changes.

The Context

The path in the pursuit of knowledge is vast and varied. The institute, in addition to being a place of knowledge, also believes in nurturing the students in a comprehensive and holistic manner.

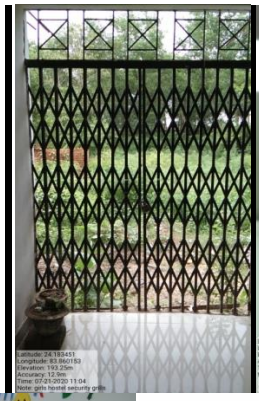
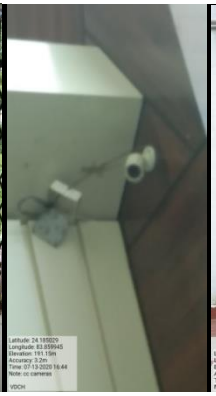
The college caters to the varied requirements of multi-socio-ethnic backgrounds and strata of the society of students. The institute ensures that every care is taken in treating the students who study /work and stay in the institute and ensures that prompt and state of the art dentalcare is provided to them at nominal rates, keeping in mind that their rights and privileges are upheld at all times.

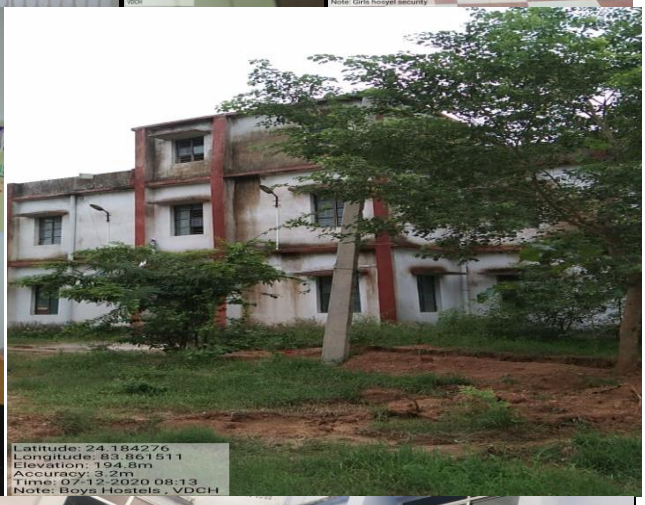
The Practice

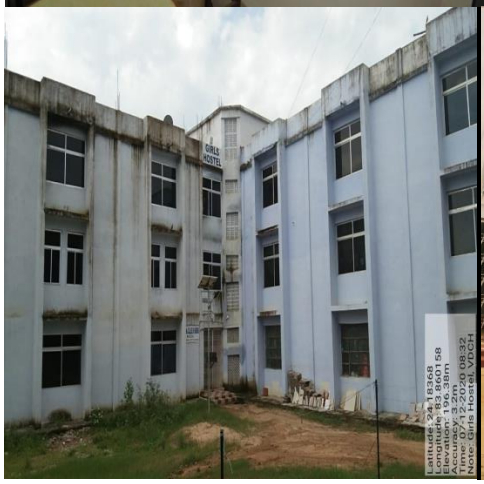
The working environment also plays an important role in the development of an individual, not only the young minds are moulded academically. Besides this their physical and spiritual development are also well looked after. Care and welfare of the students is central to the workethos of the institute.

1. **Safety and Security of Students**
2. **Mentor-Mentee Program**
3. **Women Grievance Cell and Anti-Ragging Committee**

4. **Hostel and Mess Committee**
5. **Sports Facilities**
6. **Feedback**
7. **Sterilization**
8. **Health Care Facilities**






Evidence of success

The evidence of success achieved is as follows:

- Increased confidence among students.
- Increase in academic performance and output.
- No incidence of ragging.
- Greater participation by all students in academic activities.
- Increased participation by all students in the extra-curricularactivities.
- Parents are satisfied with the academic growth of their wards.
- Increase in happiness quotient of stakeholders specially students.

Problems encountered and resources required

Problems encountered are numerous& unique, and every effort is made to overcome them. Some of the prominent problems encountered are as follows:

- Adjusting to the needs of students from various backgrounds.
- Constant and close monitoring of students' activities, moods andbehaviour.
- Convincing the students, the need to stay in a protected and secureenvironment
  Providing wide array of facilities (academic, extra-curricular,personal, spiritual etc.)
- Providing high quality health care treatment at affordable rates.
- Getting constructive and reliablefeedback.

- Stopping the distraction of young minds from academics/extracurricular/ sports activities due to electronic invasions and changes in socio-economic values in society.

II Comprehensive Dental Care Teaching Clinics - A Best Practice

1. **Title:** Comprehensive Dental Care Teaching Clinics - A Best Practice
2. **Underlying principles and Objectives of the practice:**

Undergraduate education in dentistry is intended primarily to prepare the future dentist to practice all branches of clinical dentistry. Clinical training has been compartmentalized **in separate clinics with students rotating through these clinics**.

Under the comprehensive dental care system, clinical training in all the different disciplines is undertaken in **one integrated clinic**. Students are trained for a **holistic patient perspective, and to develop clinical maturity**.

The **objectives** of establishing these clinics are:

- To provide patient-centred multidisciplinary and highly coordinated dental care under one roof.
- To promote one clinician-one patient philosophy to ensure continuity of care.

1. **The Context:**

A plethora of challenges redressed in implementing the comprehensive clinical setting Formation of an integrated multi-disciplinary faculty team comprising of specialists from all the specialities in dentistry and striking high level of coordination among the team members.

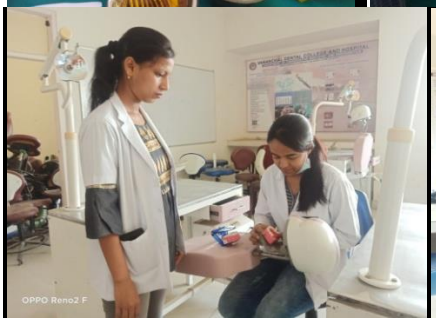
Provision of required instruments and dental materials to perform all kinds of treatment procedures in each clinic.

1. **The practice:**

The comprehensive care model of dental delivery is representative of dentistry practised in private practice.

One student is responsible for the total oral care of all his/her patients. Hence, comprehensive clinical care system could be a better alternative delivery system than the traditional compartmentalized care, as it improves overall efficiency. Better clinic utilization, reduces the time taken to complete the treatments, reducing the number of visits to the dentist and cost of the treatment. Constraints faced during the initial days were redressed by incorporating various processes. Streaming of outpatients to these clinics starts from the main registration counter. Student allocation to these clinics,stratification of treatment procedures based on the complexity to suit a type of student (III BDS, IV BDS and Interns),monitoring of continuity of care and monitoring of follow-upof protocols is done by the specialised faculties.




5. Evidence of success:

S.NO	Performance indicator	Traditional set up	Comprehensive care clinic
1	**Outpatient flow**	550 patients per day	550 patients per day
2	**Treatment procedure out put**	1000treatment procedure per days	1000 treatment procedure per day
3	**Individual students clinical out put**	Conventionally students were stuck with the quota system.	Currently, each student perform all procedures.
4	**Dental chair occupancy rate**	Students treat 1 patient per session. Dental chair occupancy average was 2 to 3 hours a Day.	Student can treat a number of patients on multiple chairs in a given slot of time. In this way the chair occupancy rate comes to 4 to 5 hours in a shift duty.
5	**The patient appointment turnout rate**	Patient turnout used to be below 50%	After the implementation of Comprehensive approach patients' turn out has been increased over 75%.

a) Problems encountered:

Defining staff distribution between undergraduate and postgraduate clinics and provisioning of all types of dental materials, instruments and equipment's to practice general dentistry in all comprehensive dental clinics.

b) Resources required:

The requirement of additional and designated manpower, instrument and infrastructure and material are our requirements.