

Q1M 7.2.1

Describe at least two best practices (as per NAAC template)

-----Best practice- 1-----

1. Title of the practice 1: Implantree

2. Objectives of the Practice:

- o To provide hands-on training in oral implantology for PGs and teaching faculty as well as learning experience for interns.
- o To impart working knowledge regarding case selection, treatment planning and execution of routine implant cases in dental OPD
- o To give hands-on clinical training in implant placement and prosthetic rehabilitation.
- o To encourage PGs and teaching faculty to take up implant cases and inspire them to acquire better clinical skills in handling implant cases
- o To instill confidence in identifying, convincing and performing implant treatment after the candidate passes out of the institution

3. The Context:

This training program was conceptualised keeping in mind the changing trends in clinical dentistry. Restoration and replacement of missing teeth had undergone revolutionary change with the advent of implants. The biggest challenge in the execution of this practice was the fact that the undergraduate students do not have a specified or detailed implant curriculum as part of their prescribed syllabus. Implantree was designed in such a manner that the students were imparted basic knowledge regarding Anatomy, Bone biology, Surgical principles, Radiology, Prosthodontics and Periodontics with regard to Implant dentistry.

4. The Practice:

The uniqueness of the practice is that implant training is provided as an integral part of the teaching curriculum. The Dental Council of India strictly prohibits the conduct of any training program or workshop which will confer diplomas/degrees/ fellowships to the participants because such degrees/titles are to be conferred only by the universities recognised by the DCI. So, it was decided by the management and teaching faculties to provide training in Implantology in the college itself to overcome this handicap. Each PG student should mandatorily place and restore at least one implant during their post graduation period as part of their program. At the end of the program, a candidate would have acquired the necessary knowledge and would have worked up and performed the treatment which will be supervised and approved by the teaching

faculty. An implant teaching faculty from various departments were assigned the duty of monitoring the smooth conduct of the best practice (Implantree).

5. Evidence of Success:

The success of the program was evident from the feedback obtained from the students and the patients. Most of the students rated the program to be “good” and ”satisfying the purpose”. Most of the patients responded as “very satisfied and satisfied”.

6. Problems encountered and resources required:

- Identifying and convincing the patients for implant treatment
- Segregating the simple and less complex cases
- Integrating the surgical and prosthetic steps for the same patient by the same operator

1. Title of Practice 2: Mobile dental van

1. The objective of the Practice:

- To recognise the oral health care concerns amongst the underprivileged population .
- To increase awareness about various dental diseases and educate the rural population about importance of oral health.
- To draw out plan for prevention of dental diseases in the beneficiaries.

2. The Context:

- The rural and underprivileged population of india is still far away from getting oral health care and one of the reasons is lack of availability of dental care.
- Moreover, people in these areas and lower socioeconomic class avoid oral health care. The reasons for people avoid visiting the clinicians and neglect the symptoms of oral diseases are economic instability, fear of cancer, or lack of faith in medical services. This is known as “patient delay” or “diagnostic delay”.
- To deliver the oral health care and diagnostic services to these people is one of the social responsibility of our institute. Advance optimal oral health for such people by delivering outstanding doorstep service that meets and exceeds the needs and expectations our college follows this practice

3. The Practice:

- Under the Project of “healthy smiles for healthy future”, College of Dental Science and Research Centre educated the school kids in the surrounding villages about the importance of oral hygiene maintenance. They were educated about various parts of tooth structure, names of teeth, milk teeth, permanent teeth and caries. After the education session, each and every kid was taught how to self-evaluate the oral hygiene and identify cavities in their mouth.
- Department of Oral Medicine and Radiology and Department of Public Health Dentistry jointly organize school camps to create awareness among students who

will be in a better position to inculcate the message and transform their family members.

- Among the students belonging to low socio-economic group, oral hygiene neglect was found to be the highest.
- Hence an initiative was taken to target these group of students by organising oral hygiene and education camps in surrounding schools especially in villages.
- The purpose of this initiative of mobile dental van by College of Dental Science and Research Centre was to create awareness about the condition of dental & periodontal health as well as how it affects the individuals day to day life & how it can be an indication of the general health issues.
- The camps are organized with the intention of providing diagnosis,treatment guidance and advice as well as awareness and motivation to school children as well as adults from low socio economic background who otherwise would not have been able to identify oral diseases and treat them to the fullest cures.
- The sites at which the camps are to be organized as well as to the people and locals around the location; the people are informed about the time and location of the camp so that maximum number of people can come for dental checkup by the word of mouth.
- The team from the College of Dental Science and Research Centre leaves from the college campus early in the morning ; including a staff member to guide and supervise along with interns to diagnose the patient and a non teaching staff for doing additional needed help like cleaning of dental chairs, sterilisation of instruments and other things .
- The Camp begins in the morning with the help of various dental instruments and radiographs.The patients are given the treatment instructions, prescription for medicines as well as further instructions for precaution in future.

- A list and record of the patient number and diagnosis is maintained for record purposes.

4. Evidence of success :

- As our college is located closed to many villages, first awareness had to be created among the kids going to government schools regarding the importance of oral hygiene.
- Camps were also conducted for school children at primary schools of nearby villages. The children were educated and motivated for “brushing teeth twice daily”.
- Awareness was created by conducting specific oral hygiene awareness camps targeted on the famers and labour community where the oral hygiene was most neglected.
- Especially in labour community , awareness regarding tobacco cessation was carried out, counselling was done at individual level.
- Regular counselling and collaborative camps are being done to address the issue of improper hygiene.
- After programme, 80 % patients have acknowledged their negligence and wanted to improve their oral hygiene and brushing habits for a healthy and happy smiles in the future.
- Nearly 40%of patients who were treated at the college hospital from those who were instructed to come to college have had improved their oral hygiene in the follow-up visits.
- Almost 70% children of primary schools of nearby villages have also inculcated habit of brushing their teeth twice a day and understand the need for regular dental checkups in order to maintain their oral health.

5. Problems encountered and resources required:

- Dental caries is a multifactorial disease and simply educating the students may not be enough to control the disease.
- The participation of parents, family members is equally important in limiting the use of processed foods, sugars etc and inculcating the good habits for better oral hygiene.
- School teachers need to be educated on the importance of oral hygiene and should set an example for their students.
- Even after the awareness program is held, regular follow up is very much an essential part for improving the oral hygiene of the individual and the community as a whole.
- The services that would be provided should be economical and feasible to the members of the community which will in turn help in increasing their participation in the camp.
- Age old misconceptions about caries, hygiene and oral health need to be cleared first in an effort to inculcate standard methods of oral and general health care.