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Dental College & Research Institute

6.1.2 DECENTRALIZATION AND PARTICIPATIVE MANAGEMENT

ADMISSION COMMITTEE

The admission committee was constituted following the inception of the NEET board single window admission process of the entire BDS and MDS seats of the allotment of the candidates of the CDCRI is done by the Selection committee, DME, Government of Tamilnadu.

The Principal, CDCRI leads the committee and the members include the following for both UG & PG sub committee.

PG Committee:

1. Dr. R Sathish Muthukumar MDS.,
2. Dr. M Shanmugam MDS.,
3. Dr. Kanmani MDS.,
4. Dr. Aishwarya MDS.,
5. Mr. Rajkumar, Secretary to Principal.

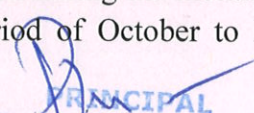
UG Committee:

1. Dr. R Sathish Muthukumar MDS.,
2. Dr. M Shanmugam MDS.,
3. Dr. Kanmani MDS.,
4. Dr. Aishwarya MDS.,
5. Mr. Rajkumar, Secretary to Principal.

MEETINGS

- Meetings are conducted regarding the designing of the institution information bulletin and enquiry form to be displayed in the institution website.
- Conducting committee meeting before the start of academic year and previous year assessments will be discussed and all necessary measures needed for bypassing technical issues.
- If any updates regarding admission for both UG and PG are discussed within committee members so as to avoid any bias or mismatch in the information conveyed to the candidates.
- Regular meetings are conducted to keep the faculty abreast on the newer regulations which are imposed regarding admission process.
- Committee members are involved in UG Admission during the month of April to September and for PG admission during the period of October to May in the Academic year.

BULLETIN DESIGNING:


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- Dr.Sathish muthukumar and Dr.Shanmugam will finalize the design and enquiry form along with the chair person and once finalized the details are uploaded and made available in the website.
- The enquiry form includes the details to assess the eligibility of the approaching candidates also contain complete information on the contact details.

ENQUIRIES

Online Enquiry

- Online Enquiry forms are forwarded to Dr.Shanmugam.M by the chair person and forms are analyzed and the candidate in person is telephonically contacted.
- The doubts are clarified regarding the admission process raised by the candidate.
- The notification is conveyed time to time to the enquired candidate by whatsapp/mobile.

Direct Enquiry

- Direct enquiries will be taken care by the committee member's, informations regarding the NEET marks and their topographic details from those candidates will be collected. All the committee members will have access to an updated data base of candidates who approach the institute.
- The updated data base which consist of their contact details and email id which be utilized for effective communication regarding admission by the committee members.

COUNSELLING GUIDANCE

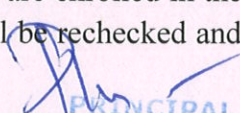
- The committee members are sent to represent the institution at the selection venue on the day of counselling and provide clarification of the candidate before and after selection of the institution.
- The doubts are clarified regarding the admission process raised by the candidate during the counselling process.

SCRUTINIZATION OF CERTIFICATES

- All the allotted candidates certificates will be scrutinized and required documents will be collected for completion of the admission process at the institution level by the committee members

DCI UPLOAD

- Once the admission process is done, the candidates are enrolled in the Dental council of India website by Mr.Rajkumar which in turn will be rechecked and verified by the committee members.


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ALUMINI COMMITEE

Members:

Chair person: Dr. Rajesh.P

Office bearers:

- President- Dr.Subramaniya prabhu
- Vice-president- Dr.Eshwari Jagadesh
- Secretary- Dr. Aishwarya.D
- Joint- secretary- Dr. Bejoy Zarkaria
- Treasurer- Dr.Martina Karunya

Ex-official members:

- Dr.Sridharan
- Dr.Ezhil


Members:

- Dr. Priyadarshini
- Dr. Gopinath Kandhan
- Dr. Anisha Sharon Jacob
- Dr. R.Vigneshwar
- Dr. Rajmanikam
- Dr. S.Moomina
- Dr. Aishwarya.V

Roles and Responsibilities of Alumni committee:

Subscription and data upgradation:

- The Association shall take efforts to enroll all the graduated students of the institution and stimulate past and present students interest in the Alma Mater.
- Data upgradation is done after every AGB meeting.


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Meetings:

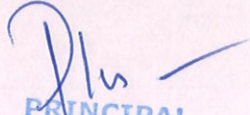
- Schedule for EC and AGB meetings for the particular year will be prepared and circulated amongst the alumni group for that year.
- 1-2 AGB meetings and 4 EC meetings will be conducted per year.
- To record and maintain the minutes of the meetings for EC and AGB meetings.

EC meeting :

- To evaluate the academic and skill knowledge needed for the alumni members.
- To improvise the clinical skills and knowledge about the recent dental advancement.
- To conduct CDE programs, clinical courses and lectures in recent advancements.
- To record the benefits acquired by the alumni after attending the programs.

Medical assistance for alumni:

- Dr.Martina and Dr. Dianna will be guiding the alumni and their family members for their medical assistance.
- Medical assistance protocol:
 - i. Issuing medical assistance form
 - ii. Guiding them to the concerned department
 - iii. Consultation
 - iv. Investigation
 - v. Treatment


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- vi. Review
- vii. Feedback from alumni

Professional assistance for alumni:

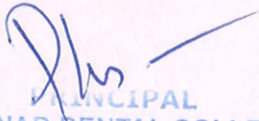
- Conducting and organizing research workshops, conferences, seminars & hands on training courses for academic and clinical skill upliftment.

Carrier guidance:

- Alumni association along with the carrier guidance committee will conduct Job fairs to increase the number of placements for alumni.
- Lectures on examinations, interviews and syllabus needed for dental opportunities in abroad .
- Guidance to increase clinical skills in corporate clinics.

Alumni website:

- Availability of job opportunities will be displayed.
- The achievements of outstanding students will be available.
- The minutes of meetings of all meetings will be uploaded.
- Complete access to the gallery highlighting the images of the meetings held and achievements of alumni.


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ROLES AND RESPONSIBILLITY OF ANTI RAGGING COMMITTEE

- A anti ragging committee is formulated every year with its members in the beginning of every academic year in the month of April .
- The anti ragging committee follows the protocol monitoring the directions of Hon'ble Supreme Court of India on Measures against Ragging in Educational Institution.
- An orientation program is conducted for the fresher's in the beginning of the academic year .
- The orientation program has all the committee members and student representatives .They are informed with regard to the remedial measures taken by the college to prevent any act of ragging.
- The faculties are made in charges in hostel to check and have surprise visits in hostel to avoid any menace of ragging in hostel premises.
- The faculty and hostel wardens are available at any time for the students in hostel.
- Girls Hostel Squad


1st year – Dr. Serena & Dr. Harini Priya

2nd Year – Dr. Nachiammai & Dr. Aishwariya

3rd year – Dr. Akila & Dr. Indra

4th Year and Interns – Dr. Christeffi & Dr. Yamini

- Boys Hostel Squad:
Dr. Sathish Muthukumar
Dr. Jaganatha
Dr. Sadasiva


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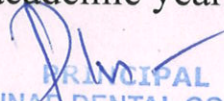


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Dr.Eazhil

- Hostels are visited every 4 times per week
- Surprise visits are made on a regular basis
- On the commencement of the academic year, faculty visits the hostel and mainly interact with first BDS students and checks with regard to any grievances
- Dr. Nachiammai for girls hostel and Dr. Jaganatha G.V are available in campus 24*7 for timely help for the students
- Brochures and pamphlets are distributed to each student at the beginning of the academic year stating the “Clause -3 what constitutes ragging .” “Clause -7 actions to be taken by the head of the institution.” “Clause -9.1 administrative action in the event of ragging.”
- Any distress messages can be received through the college anti ragging helpline link portal or can be put in the complaint box or can reach the associated members directly .
- At the time of admission all fresher students along with parents are asked to read and sign an anti ragging affidavit
- All senior students are made to fill an online form agreeing and understanding the measures taken by the anti ragging committee to prevent any such acts .
- All committee members numbers are published on brochures and boards and placed in the college campus .
- Every academic year a concise report with its members and details along with any complaints are sent to the DCI.
- A seminar is conducted with a DCI member along with the full college on ANTI RAGGING every academic year.


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- A detailed report is send to the DCI with the functions and roles and members of the anti ragging committee along with minutes of the meetings conducted.
- Measures taken by the college –Separate colour uniform for freshers, Tail gates ,Complaint boxes in campus ,CCTV Surveillance, classrooms monitored and separate hostel blocks and mess timings for students .
- The committee meets along with the chair person to discuss about the measures taken and the proper functioning of the committee .

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CAREER GUIDANCE COMMITTEE

Members

Chairperson - Dr K. Senthil Kumar

Convener - Dr R. Sridharan

Co Members - Dr K Sadasiva

Dr Ezhil

Dr Semmia

Purpose

The career guidance cell provides relevant academic and career information to enable students to make informed decisions. Our focus is to provide learning/training opportunities in the areas of academic, career and personal/social development and to prepare students to meet their future challenges.

Objectives

- ❖ To conduct a survey among students on their career options
- ❖ To conduct orientation programs for freshers
- ❖ To organize programs to create awareness about options available for out going students by eminent resource person
- ❖ To organize diagnostic tests and coaching classes for the competitive exams (AIIMS and NEET) and to counsel them for higher studies
- ❖ To organize campus interview for passing out students to recruit them in corporate sectors
- ❖ To organize and offer various programs on personality development, soft skills and communication skills.
- ❖ To organize pre placement training programs to enable students to showcase their skills during the interview.

Function

- ❖ Committee will meet once every six months in the month of January and July.
- ❖ The meeting will be presided over by the Chairperson and the Convener will be responsible for holding the meetings and to organize programs by the committee.
- ❖ Committee will organize lectures by eminent resource persons every year on career options available.
- ❖ Committee will organize lectures by eminent resource persons every year on personality development, soft skills, communication skills and pre placement training to enhance students skills.
- ❖ For interested students committee shall conduct mock test for competitive examinations.
- ❖ Interns will be encouraged to have discussions with the committee personally about their career with prior appointment.

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Programs organized between 2017 - 2019

| No | Date | Program |
|----|------------|--|
| 1 | 03/01/2017 | License to drill - An insight on scope for Dentist in North America |
| 2 | 10/03/2017 | Clinical practice and management - by Dr S Venketeswaran |
| 3 | 10/03/2017 | Couselling and recruiting by Dentys Multi speciality Dental Clinics |
| 4 | 21/04/2017 | Dentistry in US - by Dr Archana Lankupalli |
| 5 | 21/02/2018 | Scope of Dentistry in India and Abroad - by Dr Murali Srinivasan |
| 6 | 08/06/2018 | Educational opportunities for Dentists in North America - by Dr Siddharth Kannan |
| 7 | 17/12/2018 | Orientation on Post Graduate entrance exam - by Target Educare |
| 8 | 03/04/2019 | Career opportunities for Dental Students in Pharmaceutical Industry |
| 9 | 17/04 2019 | Dental education and research opportunities in Japan - by Dr Yoshizo Matsuka |


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DENTAL EDUCATION UNIT (DEU)

Members:

Chair person: Dr. Saravanakumar. S


Convenor: Dr. Yamini

Faculty In-charge:

- 1st year – Dr. Sreeja & Dr. Padmasree
- 2nd year – Dr. Sreeram & Dr. Deepak
- 3rd year – Dr. Agila & Dr. Aishwarya
- 4th year - Dr. Ashwath & Dr. Yamini
- Interns – Dr. Saravana Kumar & Dr. Sivan Satish

Roles and Responsibilities of DEU:

- Conducting Course In-charge meeting at the beginning of academic year and academic calendar preparation:
 - Meetings are conducted at the beginning of the year with respective year incharges
 - Previous year assessments will be discussed, and all necessary measures will be adopted to increase the performance of the students
- Commencement of course time table and posting schedule
 - Regular Theory and practical time tables are prepared for every year
 - The time tables are prepared for basic sciences after discussing with respective subject in charges
 - Posting schedules are formulated for interns


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- Internal assessment time table for regular and supplementary batch students
 - Internal Assessment examination time tables are prepared for both regular and supplementary batch students, as the exams are to be conducted once in three months

- Model examination time tables for regular and supplementary batch students
 - Model examination time tables are formulated for regular and supplementary batch of 1st, 2nd and 3rd years respectively.

- Periodic meeting with student incharges and remedial measures, once in 3 months
 - The DEU committee conducts periodic meeting with year incharges to discuss various aspects inclusive of attendance, Internal Assessment examination results and personal conduct of the students
 - The members also discuss the modalities that are to be adopted as remedial measures to improve the student performance

- Scheduling the PTA meeting once in 3 months
 - Parent Teacher Meetings are conducted once in 3 years
 - Meetings are conducted post Internal Assessment examinations to inform and discuss the progress of the student with the parents

- August and Feb university exam invigilation circulars


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- The committee formulates the Exam invigilators list for the August and February University examination

- Circular for CDE programs, Orientation Programs
 - The committee formulates various CDE and Orientation programs following discussion with the year incharges

- Mentorship Programs
 - The Committee has formulated the mentorship program
 - Each faculty is assigned with two students from each year wherein the faculty is trained to mentor and communicate with the students on a periodic fashion so as to ascertain their personal conduct

- Year end university exam result analysis
 - The committee discusses and analyses the university examination results pertaining to each year
 - Based on the result analysis, remedial measures are taken to improve student performance


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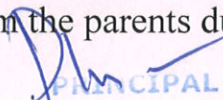
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Roles and Responsibilities of Year In-Charges:

- Attendance Monitoring:
 - The year incharges monitor both the theory and practical attendance of the students.
 - They monitor the attendance of the students pertaining to all the subjects of respective year of study.
 - They compare both the biometric and manual attendance of the students
 - In case of any mismatch, the year incharges inform the parents and take necessary actions

- Orientation for the academic year:
 - The year incharges orient the students to all the subjects of the respective years.
 - They emphasise on the clinical importance of the basic science subjects
 - They give an introduction to the subject contents and the materials that are to be used for respective subjects
 - They also inform the rules that are to be followed pertaining to each department

- Collection of personal details as well as medical fitness:
 - Each year incharges maintain a DATA BOOK, in which they collect and compile details of the students which include there, bio data, contact details of parents, Contact details of guardian in case of hostel students.
 - Following every internal assessment examinations, the details of marks and attendance are filled in the Data book
 - The year incharges also take signature from the parents during Parent Teacher Meeting



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- The year incharges also send the students for obtaining medical fitness
- The year incharges make sure that the students have had Hepatitis B Immunisation and the follow up booster doses.
- Conducting Internal Assessment / Model examination:
 - The year incharges conduct periodic internal assessment according to the schedule prepared by DEU
- Parent Teacher Meeting:
 - The invite letter for the Parent Teacher Meeting is sent by the Year incharges based on the dates fixed by the DEU.
 - The parent Teacher Meetings are usually conducted twice in a year after the Internal Assessment Examination
- Fees Letter at the yearend as well as in beginning
 - The year incharges communicate with the parents regarding the fees due
 - And also Inform the parents about the fees that is to be paid at the beginning of the year
 -
- Remedial Measures – Slow learners
 - The year incharges take special care for the slow learners and formulate custom made modalities for each students, there by improving the performance of the students
- Co-ordinating with Internal and External Examiners at the time of university examination
 - The year incharges co-ordinate with the internal and external examiner at the time of university examination
 - They co-ordinate with the university regarding the same
- Library Hour
 - The year in charge take the students to library during the respective library hour
- Leave form compilation


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- The students are supposed to submit the leave forms in case of absence
- The year in-charges compile all the leave forms

- Communication with the parent
 - The year incharges regularly communicate with the parents regarding their wards attendance, internal assessment marks, fee dues and personal conduct


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Girls Hostel Committee – Duties and Work Process

Girls' Hostel Incharges:

1st year – Dr. Serena & Dr. Harini Priya

2nd Year – Dr. Nachiammai & Dr. Aishwariya

3rd year – Dr. Akila & Dr. Indra

4th Year and Interns – Dr. Christeffi & Dr. Yamini

1. On stay out



The student is supposed to fill the leave form and get sign from respective departments pertaining to their year of study




Following which the student should get leave approval signature from Respective Year Incharges



Following which the student should get leave approval signature from Respective Hostel Incharges




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Subsequent entry to be made in the register which is maintained by Hostel Incharges



After which the student is instructed to post a message regarding their absence in the common Girls Hostel Whatsapp Group



Once the student returns back to hostel/college, they are instructed to sign in the registers maintained by respective Hostel Incharges

2. Staying back in Hostel




The students are instructed to call and inform the respective year incharge and hostel Incharge regarding their reasons for staying back in hostel



The same should be conveyed by the student to the hostel warden




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The student should submit the leave form and enter the details in the register on the subsequent day

Role of BMS in Hostel Maintenance:

1. The Biometric Management System (BMS) has been formulated to send sequential mails at 9.00 am and 6.30pm regarding the punch attendance of the students to respective Hostel incharges.
2. Text messages are being sent by the BMS to respective faculties, with a added copy to the parent at 7pm everyday regarding the absence of their ward in hostel after 7pm.

Role of Hostel Incharges:

1. The above received mails and text messages will be cross verified with the Girls Hostel Whatsapp group and the register by the respective Hostel Incharges.
2. In case of any mismatch, the student and the parent will be immediately contacted and the whereabouts of the student will be confirmed / verified.
3. On any medical emergency the warden along with the hostel in charge will assist the student to the hospital.
4. The hostel Incharges also go for hostel visits, every week to check the maintenance of hostel rooms.
5. The Hostel Incharges also go for surprise visits to check for harmony among the students belonging to different years of study.

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Boys Hostel Committee – Duties and Work Process

Boys Hostel Incharges:

Dr. Eazhil & Dr. Jagannatha

2. On stay out



The student is supposed to fill the leave form and get sign from respective departments pertaining to their year of study




Following which the student should get leave approval signature from Respective Year Incharges



Following which the student should get leave approval signature from Hostel Incharges




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Subsequent entry to be made in the register which is maintained by Hostel Incharges



After which the student is instructed to post a message regarding their absence in the common Boys Hostel Whatsapp Group



Once the student returns back to hostel/college, they are instructed to sign in the registers maintained by respective Hostel Incharges

2. Staying back in Hostel




The students are instructed to call and inform the respective year incharge and hostel Incharges regarding their reasons for staying back in hostel



The same should be conveyed by the student to the hostel warden




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The student should submit the leave form and enter the details in the register on the subsequent day

Role of BMS in Hostel Maintenance:

3. The Biometric Management System (BMS) has been formulated to send sequential mails at 9.00 am and 6.30pm regarding the punch attendance of the students to respective Hostel incharges.
4. Text messages are being sent by the BMS to respective faculties, with a added copy to the parent at 7pm everyday regarding the absence of their ward in hostel after 7pm.

Role of Hostel Incharges:

6. The above received mails and text messages will be cross verified with the Boys Hostel Whatsapp group and the register by the respective Hostel Incharges.
7. In case of any mismatch, the student and the parent will be immediately contacted and the whereabouts of the student will be confirmed / verified.
8. On any medical emergency the warden along with the hostel in charge will assist the student to the hospital.
9. The hostel Incharges also go for hostel visits, every week to check the maintenance of hostel rooms.
10. The Hostel Incharges also go for surprise visits to check for harmony among the students belonging to different years of study.


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LIBRARY COMMITTEE

Members

Chairperson: Dr.Sivan Sathish

Convenor: Dr.Divya Natarajan

Faculty Members

1. Dr.Sivan Sathish and Dr.Christeffi Mabel
2. Dr.Rajesh.P. and Dr.Eswari
3. Dr.Jagannatha and Dr.Nagaland
4. Dr.Sridharan and Dr.Eazhil
5. Dr.Joe Louis.C and Dr.Divya Natarajan
6. Dr.Anitha and Dr.Aishwarya
7. Dr. Saravana Kumar and Dr.Sushmitha
8. Dr.Sathish Muthu Kumar and Dr.Nachiammai
9. Dr.Senthil Kumar and Dr.Anupama

Roles and Responsibilities of the Library Committee

1. *Upgrading the Library*

- Upgradation of library by new editions of books as per the requirements
- To monitor the ratio of library books to the number of students enrolled as per the requirements of the governing bodies
- Purchase of hard copy journals of all dental and related medical specialties
- To visit the libraries of other institutions and recommend suggestions on library upgradation

2. *Upgrading the E-Library*

- Upgradation of electronic database annually for ease of access to E-books and E-journals



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- The username and password for all subscribed databases is given to faculty and students
3. *Orientation on Library Facilities*
- Orientation is given to faculty and students at the beginning of the academic year on the books, journals, facilities available in the library and the use of digital databases.
4. *Utilisation of Library Facilities*
- To make various library services and facilities easily accessible to students and staffs
5. *Library hour*
- The library utilisation by the undergraduate students is monitored through the library hour weekly which is overseen by the respective faculty in charge and convenor.
 - The students are monitored through their biometric attendance punch at the library.
6. *Student representative*
- The library committee selects two student representatives from each of the first, second, third and fourth year for each academic year to represent their batch and address any queries.
7. *Periodic Meetings*
- To hold meetings once in a three months with all committee faculty members and the librarian to discuss important issues regarding the library
 - To involve all the HODs and faculty members in the selection and purchase of books pertaining to their subject
8. *Annual budget*
- Preparation of the annual budget on the total number of books, journals and digital databases for the academic year is done as per requirements.
9. *Automated use of Library*
- Coordinating with the librarian in making the library fully automated through the Library Management Software.
10. *Preparation of the Annual Report*



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- Annual report prepared shows the total number of books, journals purchased for the current year, library requirements for the next annual year, book loans and utilisation of the library by faculty and students.
- Statistics of Student and Faculty ratio visiting the library is noted.

11. Feedback

- To procure annual feedback from the students and staffs for the upgradation of library and note any grievances.

12. Library Webpage

- Development of library webpage including all the services and information.

13. Display the of Newly Purchased books


- To display book and journal flaps of new arrivals in the notice board for student and faculty awareness.

14. Book exhibition

- A book exhibition which is coordinated with the librarian is conducted annually with various publishers displaying books of various dental and medical specialties for purchase for students and faculty.

15. Creation of Repositories

- Creation of digital, article/publication/question paper/courseware repositories is done.


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PATIENT CO-ORDINATION COMMITTEE

Chair person Dr.G.V.Jagannatha M.D.S

Convener Dr.R..Christeffi Mabel M.D.S

Members

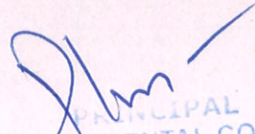
1. Dr.Sathish Muthukmar
2. Dr,Sridharan
3. Dr.Anitha
4. Dr.Shanmugam
5. Dr.Sadasiva
6. Dr.Azhagappan
7. Dr.Daya
8. Dr.Yamini
- 9.

AIM:

Aim of Patient Co-ordination Committee is to render state of the art timely patient care, support and follow up.

OBJECTIVES:

1. To provide appropriate diagnosis and treatment planning
2. Effective Doctor/student –patient relationship.
3. To schedule timely patient appointments
4. To monitor quality treatment delivered to the patients
5. To co-ordinate with all the specialty departments. To maintain Out- Patient / In-Patient records
6. To over-view equipments and stock maintenance of all specialty departments
7. To ensure sterile treatment environment for the patient
8. To maintain appropriate patient recall and periodic feedback analysis and the remedial measures thereupon.


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9. Patient grievance redressed

Responsibilities taken to achieve these objectives:

1. Diagnosis and Treatment planning

This is achieved by taking elaborate case history, clinical examination, radiographic imaging as per requirement. Appropriate treatment options are provided to the patient and doctor-patient discussion encourages the patient to feel free to choose the right treatment plan. Benefits as well complications of the treatment planned are also explained in detail to the patient prior to their appointments. Basic treatments are planned on the same day. Specialized treatments procedures are done on a pre-planned appointment date.


2. Effective Doctor-patient communication:

One of the most important agenda of PCC committee is to maintain a healthy relationship with the patients so as to give them the comfort of availing fearless dental treatment. For which, effective communication is found to be the most efficient and efficient way. All the interns are given instructions, lectures, tips on patient management by efficient speaking.

Interns are encouraged to use Audio-Visual aids effectively for better understanding of the treatment options by the patient which would in-turn enable the patients to choose the one that suits them the best. AV aids are also used to promote awareness to the patients on oral hygiene ,homecare and maintenance.

3. Timely patient appointments

Following initial consultation by the doctors/residents/ students patient appointments are scheduled considering the severity of the condition, patient needs, patients availability and


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consultant availability. If patient fails to meet the scheduled appointment for any said reason-appointment can be rescheduled with prior information. In case of broken appointment, patient is recalled and appointment fixed as per patients convenience.

4. Quality Treatment

Treatment quality is monitored based on the technique and material used. It is made sure to follow the evidence based treatments so as to provide quality treatment. Standard dental materials are used to provide good longevity/ prognosis for the treatment.

5. Ensuring sterile environment:

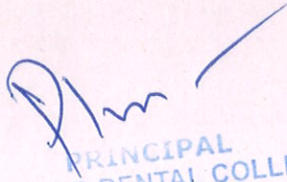
Continuous monitoring of the sterile environment while providing patient care. In case of any breach in this-it is viewed seriously and efforts made to avoid any. Fumigation of OT/ departments are done regularly to avoid cross infection.

6. Maintain OP/ IP records

Main reception OP card retrieval and maintenance staff, billing staff are motivated and encouraged to work efficiently to minimize patient waiting time.

Documentation of outpatient and Inpatient records for further following and review. Register and outline op/Ip entries are monitored on daily basis in each department to avoid discrepancy during inspections.

7. Equipment and stock maintenance


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Indent of materials in each department is closely monitored by a member of PCC committee and necessary stocking of materials are prevented and also made sure to indent the standard materials irrespective of the cost involved. So as to provide standard care to the patients.

Consumables / Non- consumables, stock maintenance, equipments/ devices repair and maintenance are overviewed and in case of any deficiency or time lag in repair-measures are taken to talk and discuss with the respective department/ staff incharge to do the needful at the earliest to avoid any pitfall in patient care.


8. Patient Recall and Feedback analysis:

Care is taken to follow up the patients by sending remainder calls or text messages. Inter departmental referral and follow up is also ensured to provide comprehensive care to the patient. Patient feedback forms in both English and Tamil are circulated randomly among the patients after their appointments, collected and analyzed periodically. The evaluated forms are discussed in the committee and open comments/criticisms/suggestions are welcomed to improvise patient care.

10. Patient grievance redressed:

Patient grievances reported in any form/to anyone is taken seriously and evaluated objectively .Immediate measures and action plan to address the patient's concern are initiated to satisfy the patient.

BEST PRACTICE OF THE COMMITTEE:



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Well functioning Whatsapp group comprising Dean ,consulting doctors, treating doctors and interns for prompt sharing of patient information along with investigatory reports (x-rays, laboratory reports), photos to facilitate fast, cohesive, comprehensive care to the patient .


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DEPARTMENT OF PUBLIC HEALTH

DENTISTRY

OUTREACH COMMITTEE

MEMBERS:

| DESIGNATION | NAME |
|--------------|--------------------|
| Chair person | Dr. Jagannatha G V |
| Convener | Dr. Nagappan N |
| Members | Dr. Nagaland T |
| | Dr. Dilshad Banu |

PATIENT OUTREACH COMMITTEE:

• **INTRODUCTION**

Functioning under the Department of Public Health Dentistry is the Patient Outreach Committee of Chettinad Dental College and Research Institute. Chettinad Dental College and Research Institute has conducted numerous outreach programs in the past 10 years through the Department of Public Health Dentistry.

The Patient Outreach Committee is concerned with the organization and execution of both screening and treatment camps in near and distant locations. Camps can either be a screening camp where the target population is evaluated for the presence of any dental pathology and then create awareness, motivated and advised on the appropriate treatment required, or a treatment camp where the patients are screened and routine dental treatment like scaling, restorations, and simple extractions are performed at the camp venue itself.

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- **VISION**

The vision of the committee and the institution also is improving the oral health status of the community that we are catering to on the long-term and ensure the accessibility and availability of dental health care to everyone.

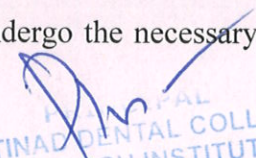
- **OBJECTIVES**

The objectives of these camps include the reduction in disease burden and the improvement in oral health status of the community. The other objectives of the committee include enquiring about the happenings of the camp at a regular basis, identify the major and most common community oral health problems, and diagnose the oral health problems and their effects on the community, creating public awareness on the commonly occurring oral diseases and overview the dental camps on a regular basis.

The Patient Outreach Committee functions along with the patient coordination committee and the patient recall and satisfaction committee by collecting feedbacks from patients, referral of patients back to the institution for specialty treatment, logistics in transport of the patients to and from the camp site and institution.

- **MISSION**

The mission of the Patient Outreach Committee is to act in coordination with the Department of Public Health Dentistry to organize dental camps on a regular basis. These camps help in identifying the various prevalent dental diseases and conditions in the target population and subsequently motivate the patients to undergo the necessary treatment at the earliest.


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Outreach activities have since evolved into a model for providing effective, sustainable, and comprehensive oral health services in community-based settings by combining service, education and research.

WHY OUTREACH PROGRAMS ARE NECESSARY

India being a developing country and records second highest population in the world, mismatch of the population and oral health professionals serving them has been observed. It has been witnessed that about 80% of dentists are practicing in major cities in India which is very less compared to the 70% of the population residing in rural areas. The ratio of dentist and population in urban areas is very low as compared to rural areas which are disproportionately high. There is lack of availability of basic oral health education and simple intercession to a larger sector of population, resulting in poor oral health also affecting the quality and standard of life.

The disintegration in the oral diseases can be prevented by making an early identification, investigation and providing the desired treatment which is possible by introducing dental outreach programs. The community-based dental outreach programs play a very crucial role in declining discovery-delivery disconnect by introducing awareness through health education and dental adumbrating services to the community members. These programs are found to be very effective for diminishing health unevenness.

The utilization of dental services can be improved by identifying the barriers and by providing appropriate education and intervention.

Each program is unique, yet all share the goals of service, education, and research, while fostering local collaboration for sustainability, both in health outcomes and finances.

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Partnerships with local organizations and healthcare providers are cultivated to ensure the continuation of services

FOSTERING SOCIAL RESPONSIBILITY IN CRIs


The students and CRIs also play a key role in ensuring the success of these outreach programs by actively participating in both screening and treatment camps and also being posted in the peripheral centres on a daily basis. The students gain valuable experience by being present at the peripheral centres and obtain a unique service-learning experience while fostering a passion for volunteerism and social responsibility. The students and the CRIs are supported by the staff members of the Department of Public Health Dentistry and also by other department whose presence is required for the treatment of a particular dental specialty problem.

SATELLITE CENTRES

The institution which is situated in the district of Kanchipuram, a rural area caters to the dental health care of the surrounding villages both in diagnostic, preventive and curative services.

The institution has three peripheral community centres to which it caters on a daily basis. They include a rural centre in Poonjeri, an urban centre in Karapakkam which are fully equipped with all dental chairs, dental instruments and materials to deliver the necessary treatment to the public reporting there. An ambulance is also stationed at these locations to cater to any emergency situations that may arise.

Patients brought to Chettinad Hospital and Research Institute for free medical screening camps are also provided dental treatment through the outreach facility and are


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further directed to Chettinad Dental College and Research Institute for their oral health care needs.

These centres are manned by the CRIs supervised by staff members of the Department of Public Health Dentistry. The patients are screened and treated for their dental problems following which they are educated and motivated on the proper oral hygiene maintenance and practices.

The department reaches out to the society, educating the public on preventive dental care in addition to providing latest treatment options to them. The department is also fully equipped with the latest infrastructure to ensure quality treatment to those patients who are brought back or referred back to the institution from the camp sites.

MULTISPECIALITY PROGRAMS

Outreach programs targeting specific populations and specific diseases/conditions such as school dental camps, geriatric screening and denture camps are also organized on a regular basis. School camps, conducted along with the Department of Pedodontics and Preventive Dentistry aims to identify dental problems early in the younger age group, thereby treating and also more importantly imparting dental education and awareness at an early age. Preventive programs focus on children to introduce good oral hygiene practices early in life, while educating parents, teachers, and caregivers about the importance of oral health and how it relates to systemic health. Dental education is provided to the children, teachers and parents thereby ensuring the spread of dental awareness at an early age in or near schools, in order to provide comprehensive care to children while minimizing interruptions to their daily routines and removing the usual barriers to accessing care.


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Geriatric camps are organized with the help of the Department of Prosthodontics and Crown and Bridge to provide complete denture treatment to a specific population.

In underserved populations, service was the goal and extractions were the treatment of choice to relieve pain quickly involving the cooperation of Department of Oral Surgery.

The outreach programs are inter-disciplinary to provide faculty, residents, and dental students with a well-rounded perspective on access-to-care issues and to challenge them to re-think their roles as healthcare providers.

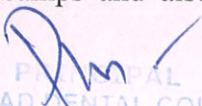
Clinical outreach programs provide free, comprehensive dental treatment to children and emergency care to adults in communities facing common barriers to oral healthcare, including a lack of dental providers, poverty or economic hardship.

The typical CDCRI team includes faculty and post-graduate students in pediatric dentistry, oral surgery, endodontic and restorative dentistry, and fourth-year students and CRIs.

ADMINISTRATIVE DEPARTMENT – PILLARS OF OUTREACH

The transport department of CDCRI and CHRI provide the outreach team with the necessary vehicles to reach the peripheral centres and the camp venues. The team of security also provides the necessary assistance to the team by ensuring safety for the students, CRIs and doctors. Also providing valuable assistance are the auxiliary staffs by their readiness in cleaning and maintaining the instruments and equipments in perfect working condition.

The committee is also assisted in organization of dental camps by a team of dedicated public relationship officers. Their efficiency in arranging the camps and also the venue,


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assembling people and patients, and collecting data regarding camp census ensures success of the camp and also promoting oral health awareness indirectly.


Thus the above schemes on rural dental programs forms a part of satellite clinics to support a rural outreach.

ADVANTAGES OF CAMPS

- **FOR ORAL HEALTH OF THE COMMUNITY**

The important benefits of conducting these outreach programs includes access to free dental check-up and basic treatment like scaling, restoration and tooth extraction and creating awareness about dental problem to the public. Lectures and presentations have also been taken for the camp population to ensure dental and oral health education and promotion. The implementation of oral health education will have long-term benefit in reducing disease burden in a particular population. This if done on a large scale and regular basis will achieve the health for all motto and drastically reduce the disease burden in a geographical area.

Sustainability is one of the most difficult elements to achieve for most service-based outreach activities. For many people, dentistry is often viewed as a luxury health service and prioritized well below other health necessities. Many well-meaning medical and dental missions often unintentionally create a culture of dependency, or they visit a place one time to provide services but never return. The success of the Patient Outreach Committee is attributable to a model that empowers individuals and groups to take ownership of their health, while fostering long-term and meaningful partnerships with community leaders.


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- **FOR EXPERIENTIAL LEARNING FOR STUDENTS AND CRIs**

For the student community, skills such as communications, technical, patient management, material management are taught along with improvement of the basic clinical skills. These outreach programs increases the awareness and necessity of public service for the students. This inculcates the concept of general care and requirement of dental treatment for the needy section of the society amongst the student population at an early age.

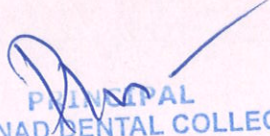
The students gain valuable experience by being present at the peripheral centres and obtain a unique service-learning experience while fostering a passion for volunteerism and social responsibility.

PURPOSE OF DENTAL CAMPS

This section will be discussed broadly under 2 headings –

1. Improvement in oral hygiene status following comprehensive oral health education and instructions and reduction of disease burden
2. Research activities conducted and published utilizing the data collected from the camps

- **IMPROVEMENT IN ORAL HYGIENE STATUS**


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There was also a concomitant improvement in the oral hygiene status in the population covered and surveyed in the 10 years. The comprehensive dental health education included audio-visual demonstrations, poster-based teaching, and distribution of oral hygiene aids. The reduction in disease and improvement in oral hygiene status is a joint outcome as they are closely related to each other. The outcome of the numerous dental camps both screening and treatment has led to a decrease in dental disease. This can be attributed to both treatment and dental education rendered to the general public.

- **RESEARCH AND EPIDEMIOLOGICAL SURVEYS**

The outreach programs have also benefitted the society by helping in the data collection and statistical analysis. These have been converted into research papers and have been documented and published in scientific journals. The level of disease burden in a particular society, demographic data, prevalent dental diseases and conditions and the common oral hygiene practices documented can have a positive impact in improving the dental and medical health of a population in the long-term. Research is conducted in order to determine the impact that the programs have on the health of individuals and communities. Several studies examining oral health outcomes have been conducted and are currently in progress to assess the efficacy of the outreach model.

FUTURE VISION OF THE PATIENT OUTREACH COMMITTEE

The patient outreach committee over the next five years aims to provide complete coverage of oral health care for the population of all age groups for whom accessibility is a concern. The obstacles faced by us regarding transportation, difficulty in infrastructure for dental treatment and financial support are being tackled in order to provide a more comprehensive approach towards outreach activities. The ideal goal of patient outreach



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committee is the development of an oral disease free population for a sustained, long term basis in the areas covered by the committee and the establishment of continued care for the patients residing even in far off areas.


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Sports & Cultural Committee

For Academic year 2019 - 2020

Members:

Chair person: Dr. Sridharan

Convenor: Dr. Deepak

Members :

1. Sharmista shree – Scientific In charge
2. Vignesh– Scientific In Charge
3. Steffy - Sports Incharge
4. Vishanth – Sports Incharge
5. Ramya - Culturals Incharge
6. Praveen – Cultural Incharge

Faculty In-charge:

- Dr. Deepak & Dr. Aishwarya

Objectives :

- To help students to achieve a health-enhancing life of physical and cultural activity.
- To help students to understand and respect individual differences among people in physical settings.
- To provide students with a variety of activities that will enhance life-long learning and participation.
- To develop superior individual / team skills and prowess.
- To promote academic , physical , and cultural excellence.
- Sports and Cultural Committee is being formed at the college level .

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Roles and Responsibilities of the Committee:

- The Sports and Cultural committee focuses on extracurricular activities of the students.
- Sports form one of the most important aspects for enhancing concentration level and sports spirit in students.
- Recreational and Academic activities in the form of Scientific paper and poster presentation, sports activities, music and dance and other cultural activities play a pivotal role in the development of students.
- All students who are interested to participate in these events can contact their Institutional Staff, Cultural Coordinator. Students can register their names to receive any communication regarding various upcoming programs and events organized by the committee.
- To encourage the students to actively participate in various sports and games competitions conducted by other colleges.
- To organize annual region/state/national level inter college sports and cultural competitions in the college to promote "Unity in Diversity"
- To maintain records of sports and games events attended by students within the college, within the university and outside at the region/state/national level and their achievements/awards.

Programs and Events attended by the Committee :

- MIDAS – organized by TN IDA Madras Branch.
- MOKSHAA – organized by Venkateshwaraa Dental College.
- SANGAMAM – organized by Karpaga Vinayaga Dental College.

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STUDENT SUPPORT AND COUNSELING

Motivation and support is needed for each and every student to overcome their day to day difficulties either in academics or in personal life. This is provided at large by the year incharges, mentors, senior mentors, Psychiatrist and by the clinical psychologist as well.

Each and every student of all the academic yeas are personally mentored by their year incharges and if any simple or complicated difficulty/grievance/anxiety, are found or felt in a student- Such students will be further given personal care and attention by providing counseling sessions with their senior mentors/clinical psychologist based on the requirement. Such sessions are usually done and maintained confidentially.


If found to have a need to be discussed with the parents, appointments are scheduled for the parents to meet the mentors and the Dean to have personal discussion for the betterment of the students.

Health issues /Medical needs of the students are also considered and taken care with the consent from their parents.

Students with learning difficulties (slow learners) are also provided with additional classes in a simple language after detailed evaluation of their difficulty in learning. Peer teaching or peer learning is provided under the guidance of the mentors to perform better in their university exams.

Regular counseling sessions are conducted for the students before their university exams to boost their confidence and also to teach them time management and healthy dietary habits to be followed during exam period. Relaxation techniques are also thought to combat their exam stress.

Students with lag in attendance and clinical Quota completion are also encouraged with counseling sessions to complete their work on time.


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