7.2 Best Practices
Describe at least Two /five Institutional Best Practices **Upload details of five best practices successfully implemented by the institution as per NAAC format in your institution website, provide the link: Web link:** https://www.pravara.com/pdf/best_practices.pdf

Institute	Best Practices: No. 1	
RMC	**Title:1**	**Community Oriented Medical Education (COME) –Family Study** **The Department of Community Medicine has included a rural health survey activity in the curriculum of undergraduate, as most of the medical students are from urban area & other states.**
	Objectives:	To get real picture of rural living conditions, their health problems, to learn social anatomy and social physiology and to improve communication skills are the main objectives of this activity.
	Context:	Accessibility to healthcare services across rural parts of India cannot be overstated. To educate the rural & tribal population for creating awareness on prevention of diseases and health promotion is of paramount importance. We emphasize on providing the rural population the comprehensive healthcare facilities under one roof at affordable price. In these community visits, information about health profile, body composition assessment, environment factors, dietary history &nutritional status, socio-cultural factors, are recorded. • Students make rapport with families & collect data using predetermined & • Needy persons are given health education and referral to our hospital.
	Practice:	• Five families to be allotted to each MBBS students in first MBBS, visit under guidance of Teacher in-charge, Tutors and MSW. In this visit, students record village schedule details and social demographic information in their journals. • Follow up visits in Ist & IInd Community postings. In these visits, information about health profile, environment factors, dietary history &nutritional status, socio-cultural factors, family planning, immunization status, addictions, consanguineous marriages and vital statistics are recorded. • Students make rapport with families & collect data using predetermined and pretested questionnaire during visits. Records (journal) maintained, marks kept for journal in internal assessment /Practical. • Needy persons are given health education and referral to our hospital. • Through various community oral health care programmes our institute focuses on carrying out health check up and screening camps at different remote rural and tribal areas. Community health care awareness programmes like posture correction in schools, physical fitness activities to prevent musculoskeletal disorders, screening for obesity, hypertension, and multidiagnostic camps is done by the faculty and students.
	Evidence of success:	• Benefits to family: Creating awareness about Gram Swachata Abhiyan. • People get information regarding health services available in health centers, Information about special OPD schedule and timings in PRH , Loni. Information

		regarding health insurance schemes run by Government.MSW helps to connect these families with PRH, Loni. • Benefits to students: Early exposure to rural community: Living conditions, rural environment, and health problems, social and cultural factors. Early clinical exposure. Learn communication skills. Learn responsibilities towards community as physician of first contact. Development of bioethical skills. Overcome language barriers. Research orientation Formulation of aims and objectives, methodology, data collection and analysis, report writing and presentation. • Presentation kills. Skills in handling computer and its application, team work and coordination. • Hands on training in biostatistics- Data collection, data feeding, analysis, making tables and graphs. • Large numbers of patients are reporting for health care check up and treatment at DR.APJAK college of Physiotherapy after the multidiagnostic camps, public health awareness programmes. • People get information regarding health services available in health centers, Information about special OPD schedule and timings in PRH, Loni.
	Problems encountered and resources required:	1. Time slot given is short .require additional staff vehicles and cooperation from villagers. 2. Complex Trauma care with dedicated trauma team and with emergency trauma ward and ICU 3. Minimal invasive surgeries like shoulder and knee arthroscopies 4. Knee, hip and shoulder arthroplasties 5. Ilizarov fixation 6. Bone tumar surgeries with reconstruction 7. Paediatric surgeries 8. Spine surgeries 9. Early initiation of Breast feeding 10. Antibiotic Holiday to control antibiotic resistance 11. Adoption og Kangaroo Mother care 12. cling wrap technique 13. Use of betadine soaked sterile guaze at IV line 14. Limitations in reaching to the remote part of tribal areas, especially in the hilly region during monsoon. 15. Language barrier is one of the concerns we face in communicating with tribal populations.
Dr. APJAK	**Title: 2**	**Rehabilitation of Spinal Cord Injury Patients at Smt. Sindhutai Vikhe Patil Spinal Cord Injury Rehabilitation center.**
	Objectives:	• To optimize patient's independence, to assist the patient to regain functional status after spinal cord injury. • To sensitized physiotherapy students about significance of the role of physiotherapist in rehabilitation of Spinal Cord Injury

		• To focus on maximizing the patient's capabilities at home and in the community. • To provide positive behavioural reinforcement and improve self-esteem.
	Context:	Accessibility to healthcare services across rural parts of India is inadequate. Low socioeconomic status makes it more jeopardized. To educate the rural & tribal population for creating awareness on is of rehabilitation of Spinal Cord Injury paramount importance. We emphasize on providing the rural population the comprehensive healthcare facilities under one roof. • Rehabilitation is planned after consideration of demographic data, Socio-economic status, Neurological level of injury and functional status.
	Practice:	• Detail assessment of patient is done according ISCoS Guidelines • Training on Self-care, gait and balance training and education to prevent complications is done meticulously for each patient to promote independence. • Community and home based rehabilitation is given more emphasis to enhance community integration
	Evidence of success:	• Few patients participated in wheelchair marathon, as a symbol of community integration. • Some patients have started new jobs (own business) and some resumed their previous jobs.
	Problems encountered & resources required:	• Less awareness regarding rehabilitation of Spinal Cord Injury Patients in rural population. • Spinal Cord Injury is permanent disability hence its difficult to maintain exercises adherence due to png term treatment.
CSM	**Title: 3**	**Building Strong Community-Academic Partnership**
	Objectives:	1) Promoting a Community Laboratory for Faculty and Students of the Centre for undertaking their academics, training and research 2) Faculty and students of the University engage the local community in planning academics, training, research activities 3) Providing healthcare services including maternal and child health care, to the needy rural and tribal community by the faculty and students of the Centre
	Context:	Rural and Tribal Areas
	Practice:	Adopted 250 villages for promotion of Community Laboratory by creating Community level Primary Health Care Infrastructure (Rural & Tribal Health Centers, Mobile Clinics, Motorbike-ambulance-cum-health clinics, Gram Arogya Banks, Trained Community Health Workers (Female Health Volunteers /ArogyaMitra's) and Trained Members of Gram Panchayat and Village School teachers and students. These Community Structures are used as (1) learning resources for community oriented teaching, learning and research pursuits of all students of the six constituent units including medical, dental, nursing, physiotherapy, public health, social work students and (2) The Faculty and students of the University are engaged in capacity building of the Community Members in Primary Healthcare and Health educational, and

		promotional activities, (3) The Community Health Centers & Clinics provide Primary Health Care to the needy rural and tribal people of the area.
	Evidence of success:	1) Adopted 250 rural and tribal villages to engage 6 lakhs community members and their representatives for building Community-Academic Partnerships 2) Established Eight Rural and Tribal Primary Health Care Centers which serves 58600 needy general patients and 56627 Maternal and child health care patients laboratory services during 2019-20 3) Established Two Mobile Hospitals, Six Motorbike Ambulances-Cum-Health Clinics which serves 7045 needy general patients, 9219 MCH patients,649 Emergency Patients during 2019-20 4) The ArogyaMitra's have referred patients from villages to University Tertiary Hospital for further treatment 5) Established 16 Gram Arogya Banks which provide primary healthcare services 3664 patients during 2019-20 6) The Faculty & Students trained 32 ArgyaMitra's117 PRI Members, 5627School Teachers &Students 7) The Arogya Mitra's /FHVs are engaged in community /household data collection of the research studies of the Centre 8) Medical Interns, Nursing Interns are posted for their rural internship and Medical, Dental and Physiotherapy PGs conduct specialist clinics in the Health Centres & Mobile Clinics 9) All UG students of Constituent Units do visit above rural and tribal health centres, mobile clinics, and other community health service centres and interact with the community members and engage them in their learning 10) UG, PG and PhD students of Constituent Units do undertake their dissertation research topics and research project activities with active interaction of the local community members
	Problems encountered &resources required:	1) Lack of adequate involvement of the community members in the activities planned and hesitation to take up the defined roles and responsibilities 2) Problems in raising resources for creating and maintaining community infrastructure
CSM	**Title: 4**	**Mutually beneficial international cooperation/collaboration for public health training, research and practice**
	Objectives:	1. Develop appropriate academic, training and research ecosystem for international faculty and students in the field of public health, rural health and development 2. Acquire adequate understanding of the concept of rural health & social development in a developing country 3. Expose to the practical constraints of managing rural health and development projects in urban and rural community 4. Develops skills necessary to make social and community diagnosis 5. Undertake need based and problem identification short term research projects
	Context:	Rural, Tribal & Urban

	Practice:	The course is specifically designed for International students covering their interest on conceptual understanding and practical learning in various aspects of social health rural and community development, primary health care and health of the under privilege resource poor settings along with the other constituents units of PMT and PIMS-DU
	Evidence of success:	9 International students enrolled during the year 2019-20 4 Research Projects were completed during the year 2019-20 2 Awards were received for the students and faculty for the following two research papers presented in Global Health Meet in 2019 a) Determinants of optional vaccinations in relation to public knowledge at PRH, Loni b) Exploring Complementary Approaches to Pain Management
	Problems encountered & resources required:	Formation of Alumni association for CSHD students, which will help in networking and bringing in more students for further batches thus enhancing the cultural and knowledge exchange.
CSM	**Title: 5:**	**Motorbike Ambulance & Motorbike Mobile Health Clinic Services to Remote Rural and Tribal Villages**
	Objectives:	1) To provide emergency medical, maternal and child health services within the golden hour to the needy patiens of the target area (selective remote rural & tribal villages). 2) To provide regular medical and MCH services through mobile health clinic to the remotest rural and tribal people 3) To increase the maternal and child health outcomes like ANC/PNC coverage, institutional deliveries etc. 4)To reduce maternal, neo-natal, infant and child mortality rates in the target area
	Context:	Meeting Medical Emergencies and Preventive Healthcare Needs of Remote rural and tribal areas as a Public Health Measure
	Practice:	1. Designed a Fully equipped Motorbike Ambulance–Cum-Health Clinics with a Side car attachment, First Aid Box, Stretcher, Oxygen Cylinder etc. 2. Developed a Medical Emergency Receiving System through Mobile Network 3. Developed a Advanced Tour Program for Mobile Health Clinics to remotest villages for preventive healthcare 4. Trained Male and Female Nurses as First Responders to receive and attend all types medical emergencies by giving First Aid on the spot and shift them to the higher centers through Motorbike Ambulances
	Evidence of success:	1. 649 Emergency Patients (323 Rural 326 Tribal) have been attended on the spot and shifted to higher center during 2019-20 2. 16884 Patients have been treated (6773Rural 10111 Tribal) for preventive healthcare during 2019-20
	Problems encountered and resources required:	I. The initial challenge started with its technical design, identifying the tested manufacturer / fabricator, transporting the manufactured attachments to the target area for fitting with motorbikes with minor modifications etc. II. Registration of the Hybrid Vehicle (Motorbike attached with a ambulance carrier) with local RTO, who was insisting on the manufacturing license for the attachment

		fabricator, and other government clearances, approvals and provisions of this type of vehicle as a "Special Purpose Vehicle" III. Transporting patients through bike ambulance is a new concept for the general public of the area. Hence, the public had a number of apprehensions of its safety and security of patient and are not ready to utilize the services in the first few quarters. IV. The mobile connectivity in tribal villages where four motorbike ambulances out of six are posted, is posing a challenge to the patients to avail the ambulance services.
CSM	**Title: 6:**	**Promoting Gram Arogya Banks as Community Owned Primary Healthcare Model with engaging faculty and students of all Constituent Units of PIMS-DU**
	Objectives:	1. To involve the students and faculty of all six Constituent Units of PIMS-DU in training the community members and promoting their respective field of health care in the community 2. To provide essential *Primary Health Care & Health Promotion for all citizens in* remote & Tribal villages. 3. To reinforce and emphasize on the peoples needs building their strengthen in shaping their lives from health perspective. 4. To Educate and sensitize the people in identifying building their own abilities to taking care of themselves and responsibility to their health
	Context:	The Gram Arogya Bank is based and empowers by peoples initiatives to provide health services within the village. Gram Arogya banks are owned by village members, where PIMS CSM provides technical support for implementation of the activities.
	Practice:	The concept and functions of the Bank are promoted with active participation of Constituents Units RMC, RDC, Copt, and CON & CSM. The faculty and students of these institutes are involved in training of Arogya Mitra and organizing general health checkup screening camps & various awareness programs at GAB's. 16 Gram Arogya Banks were established (11 Rural & 5 Tribal Villages) 32,250 Families are served 16 Argya Mitras were Trained to man these Banks 16 Village Health Committee were formed with 97 members. 97 Village Health Committee Members were trained in GAB functioning
	Evidence of success:	3664 Patients were treated /referred in the year 2019-20 24 Health Awareness programs organized in 16 gram Arogya Banks 12 Environmental awareness programs organized 07 Environmental promotional activities-tree plantation, sanitation etc
	Problems encountered & resources required:	Needs to increase community participation by the support of local monitoring committee. Resource Mobilization required from Govt functionaries and other agencies for increase development programs for villages

CSM	**Title: 7**	**Promoting School Health Hygiene and Environment Program (SHAPE) as Health Promoting School with active collaboration of faculty and students of all Constituent Units of PIMS-DU**
	Objectives:	1. To develop the Schools as Healthy Settings for learning, living and working by engaging all community health faculties of medical, dental, physiotherapy, nursing and public health (social medicine) 2. To create safe secure and healthy environment for healthy living and learn for the challenges of the future 3. To bring about behavioral changes in the school community (Students, Teacher, Parents) on positive health, physical and social environment. 4. To enable students to realize their right to health and learning environment.
	Context:	Rural & Tribal
	Practice:	- Centre for Social Medicine is implementing SHAPE program in collaboration with other constituent units of PIMS- Rural Medical College, Rural Dental College, College of Physiotherapy and College of Nursing. - Able to develop and strengthen relationship of school committee with the village community for mutual benefit and effective service delivery. - Focusing on health awareness and check-up activities such as regular health and dental checkups, physiotherapy advice, de-worming by medical doctors, first aid emergency management, and identification of anemia malnutrition refractive errors, physiological disturbance etc. and referrals by doctors.
	Evidence of success:	1. SHAPE is implemented in 30 schools (Primary/secondary/high) addressing over 5000 students (Girls: 2342& Boys 2921) and 364 Teachers & Staff members. These 30 schools are spread in 22 remote & Tribal villages 2. 28 SHAPE programs were conducted in 28 schools (9 Tribal & 19 Rural) in these programs total 4371 students were participated 3. 28 health talks were delivered by Dental students (Oral hygiene), Physiotherapy students (physical exercises, sitting postures and walking and jogging styles etc), Nursing students (Personal hygiene), Public Health students (Environmental hygiene, nutrition etc.) 4. Notebooks & Uniforms distributed to 335 students of Tribal School of Shendi. 5. World AIDS Awareness Week Celebrated: Lectures were delivered to 1762 students (932 Boys & 830 Girls) in 7 schools 6. Sanitary Pad vending machine installed along with supply of Sanitary Pads at Tribal school Shendi benefiting 200 girls.
	Problems encountered and resources required:	1. Lack of adequate strength of teachers and staff in the schools selected under SHAPE for taking up the new responsibilities 2. Lack of health education, training resources in the schools 3. Lack of physical resources (drinking water, toilets etc.) to promote the schools as healthy settings

RDC	**Title: 8**	**Extensive dental health care services from prevention to advanced surgical procedures for population residing in rural and remote tribal areas.**
	Objectives:	• To provide comprehensive diagnostic facilities and treatment for various oral & dental diseases in rural population. • To create awareness on importance of oral health in rural and remote tribal areas.
	Context:	Accessibility to oral healthcare services across rural parts of India cannot be overstated. To educate the rural & tribal population for creating awareness on oral hygiene maintenance is of paramount importance. We through our dental college emphasize on providing the rural population the comprehensive dental and oral healthcare facilities under one roof at affordable price.
	Practice:	Through various community oral health care programmes our institute focuses on carrying out oral health screening camps at different remote rural and tribal areas. Community oral health care awareness programmes like Tobacco Cessation is done by the faculty and students. Diagnostic screening procedures like CBCT, FNAC, and Immunohistochemistry along with advanced surgical procedures for various specialities are carried out in our institute. Orientation Programmes for Undergraduate and Postgraduate students are carried out to in still proper ethics towards health care profession are organized.
	Evidence of success:	Our institute have launched Public Awareness Campaign with release of brochure on "Self-Oral Examination". Large numbers of patients are reporting for dental health care check-up and treatment at our dental college after the public health awareness programmes. Students and faculty are exposed to advanced teaching methods at national and international levels through research and academic collaboration with various national and international standard universities.
	Problems encountered & resources required:	Limitations in reaching to the remote part of tribal areas, especially in the hilly region during monsoon. Language barrier is one of the concerns we face in communicating with tribal populations.