



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC “A” Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492.Fax: 0883 2484493

BEST PRACTICES

2017-2018

INSTITUTIONAL BEST PRACTICES – 1

1. **Title of the practice:** Eco-friendly practices with Go-Green Initiatives

2. **Objectives of the practice**

- To promote environmentally friendly practices within the hospital premises
- To create awareness about environment and educate patients on greener initiatives
- To ban the use of plastics within the campus

3. **The context**

The problems faced due to environmental pollution can be tackled by all-in approach, and hence the hospital/college attempts to play its role in the Go Green initiative. The active role played by the faculty and students, brings about positive reinforcement of the issue in the patients too.

4. **The practice.**

As a part of the Go Green initiative, multiple steps have been taken. These include-

- Plantation of Trees.
- The campus is a plastic free zone
- Landscaping with plants and trees creating a Green environment in the campus
- Patient education via posters and other visual aids
- Promoting cycles and other green forms of transportation creating a pollution free environment in the campus.
- Restricted use of vehicles within the campus
- Use of recyclable products
- Judicious use of water and other non-renewable resources


5. **Evidence of success:**

The campus produces lesser plastic waste since the ban of plastics. There is increased motivation within students and staff alike towards Go- Green tasks. Our students have developed a sense of

responsibility and accountability towards Nature. It is a source of pride for them that they are contributing to our planet's much needed ecological conservation and sustainability.

6. Problems encountered and Resources required:

Patient encouragement


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INSTITUTIONAL BEST PRACTICES – 2

1. Title of the practice: Exemplary Health Care Services

2. Objectives of the practice:

- To impart best quality dental treatment to the community.
- To act as a primary care provider providing emergency and multidisciplinary oral health care, directing health promotion and disease prevention activities, and using advanced treatment modalities.
- Diagnose the oral health problems and their effects on the community and to identify the most common oral health problems in order to effectively manage the endemic problems of the community.
- To apply scientific principles to the provision of oral health care.
- To utilize the values of professional ethics, lifelong learning, and patient centric care, adaptability, and acceptance of cultural diversity.
- To imbibe in the students a spirit of social consciousness and an urge for protection of rural health.

3. The Context:

Evidence suggests that the unmet oral health needs of a population are considerably high in a developing country like India. The subgroups of the population like school children, pregnant women, lactating mothers, geriatric group, physically and mentally challenged have the maximum need for the dental care. The lack of awareness, affordability, inherent cultural practices, myths, beliefs of the community and the compounding role of dearth of dental public health.

4. The Practice:

The College being located in the periphery of Rajahmundry provides dental services to patients near and far since its inception. The institution meets the needs of different strata of patients through the functioning of VIP Clinic, Conducting Community outreach program (Camp Duty), Jail Camps and also works actively in association with Red cross society by conducting Blood


donation camps, Cycle Rally-Awareness programs. This strategic compartmentalization into these levels ensures enhanced quality patient care system. Outreach activities are carried out on special days such as World Oral Health Day, World Anti-Cancer Awareness Month and World No Tobacco Day.

5. Evidence of success:

Community responsibility and extension activities of the institution is an excellent example of how 'taking the extra mile' can positively and significantly impact the lives of everyone in the community. Large numbers of patients are reporting for dental health care check-ups and treatments at our dental college after the public health awareness programmes. These outreach programs also serve as an educational hub for the Undergraduate Interns who are regularly posted for community postings. It gives them an opportunity to observe, assist and perform dental procedures for the vulnerable population. It inculcates an attitude of community responsibility in their formative years. Students have improved their self-confidence and can interact with patients better, due to increased exposure.

6. Problems encountered and Resources required:

- Patient motivation
- Daily wage labourers were reluctant to participate in the camps, as they might miss their wages due to overlapping of timing with their work time.
- Sometimes, inadequate publicity has led to poor number of people reporting to the camp
- Not all the people referred to the hospital report for further treatment


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BEST PRACTICES

2018-2019



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INSTITUTIONAL BEST PRACTICES – 1

Title of the practice: Community-Oriented Dental Education (CODE)

Objectives of the practice : Accessibility to oral healthcare services across rural parts of India cannot be overstated. To educate the rural & sub-urban 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. The aim of this practice is to provide extensive dental health care services from prevention to advanced surgical procedures for population residing in rural and remote sub-urban areas.

1. The context

Through various community oral health care programmes our institute focuses on carrying out oral health screening camps at different remote rural and sub-urban areas. Community oral health care awareness programmes like Tobacco Cessation is done by the faculty and students. Diagnostic screening procedures like CBCT, 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 instil proper ethics towards health care profession are organized.

The lack of awareness, settlement affordability, inherent cultural practices, myths, beliefs of the community and the compounding role of dearth of dental public health.

Our college thrives to train more dental health care providers prepared to work in rural areas by recruiting the students from rural areas, training students in rural locations. Increasing the flexibility and capacity of the oral health workforce for rural areas. The college is conducting regular dental camps, periodic awareness sessions. To overcome the distance barriers, college has come up with mobile clinics, telehealth technology, satellite clinics in rural areas providing treatment free of cost.

2. The practice.

Our institute have launched Public Dental Awareness Campaign by conducting various Dental Camps in rural areas, Jail camps, Blood donation camps, Cycle Rally's, etc. Large number 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. Transportation is the difficulty faced by the patients. Conducting camps in nearby areas such as schools, colleges, old age homes, orphanages, factories, Government bodies and local community centres including special needs. Satellite centres at Dhawleswaram and Ramakrishna Matam for rural oral health care service caters to the clustered villages around.

Oral health awareness and care for the specially abled (mentally and physically) groups and their care givers through regular campaigns of reaching them. The geriatric population has one of the highest dental treatments needs and hence initiatives to reach them are taken, like providing free complete dentures to geriatric patients' bi-annually by the department of prosthodontics. Fully equipped mobile dental van used for all dental camps. It comprises of: dental chairs, dismantlable dental chairs, inbuilt water tank, compressor; audio system for facilitating oral health care talk

Working team: staff, postgraduate students, interns and attenders


Oral health awareness talks are given using charts, posters, models and games (edutainment); few innovative edutainment tools used children are: Kident, and Tooth fairy. Basic dental procedures are performed at the site itself. Elders and differently abled who cannot visit our hospital, given oral care at door step as well. Outreach activities are carried out on special days such as World Oral Health Day, World Anti-Cancer Awareness Month, and World No Tobacco Day, world environment day. Oral hygiene day, world aids day where camps, skits, and public health talks were given by staff and students.

3. Evidence of success:

- 1) Reflected in the number of camps being conducted and the beneficiaries
- 2) Improved oral health conditions (evident by follow ups)
- 3) Active participation of the public, and alumni in these outreach programmes till today.
- 4) As all the treatments are free of cost the outpatient record of the college has been drastically improved in the last 5 years.

4. Problems encountered and Resources required:

The major obstacle faced by the institution is in obtaining the approval from the authorities to conduct oral screening cum treatment camps due to government restrictions. The transport of oral healthcare personnel to distance areas along with the equipment and necessary infrastructure becomes an issue of logistics. The accommodations, availability of washrooms, food for the students and staff in areas of camps is a basic problem encountered.


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INSTITUTIONAL BEST PRACTICES - 2

1. Title of the practice: Introduction of Competency-based teaching.

2. Objectives of the practice

Teaching and learning in any curriculum require common goals, shared responsibility and accountability between teachers and learners, and supportive or enabling environments to maximize success in learning.

3. The Context

Lenora Institute of Dental Sciences is trying hard to bring out the best in students, both by academic success as well as career readiness in knowledge behavioural and components. The most important characteristic of competency-based education is that it measures learning rather than time.

4. The Practice

Students progress by demonstrating their competence, which means they prove that they have mastered the knowledge and skills required for a particular course, regardless of how long it takes.


This is accomplished through, on open educational resources (including written materials, videos, recorded lectures, etc.) or hands-on, project-based learning. Many programs are also designed for students to progress at their own pace, rather than at a pace dictated by semesters or credit hours. Project based learning which helps students to enhance their knowledge by applying theoretical knowledge that they learn during lecture hours to real world problems. This also helps the students to understand basic concepts and their application to live problems.

5. Evidence of success

In general, the students admitting to Dental Colleges are not fully aware of their goal it is always important to boost their confidence and improve performance in university exams study hours have proven to be effective. In addition to examination preparation, it is also essential that students have practical experience in diagnosing the diseases. This is where our college has implemented integrated teaching, bedside learning and case-based learning programs. Study hours are organized for extensive slow learning of the students. In study hours and remedial classes, teacher help students and guide them in writing answers for the questions. The Evidence of Success was evident from academic results and consistent improvement in university results.

6. Problems encountered and Resources required

Teaching and learning strategies need to match to the appropriate domains of learning. Competence based learning places an emphasis on powerful or rich learning environments that enable teachers and students to engage in meaningful learning process. The practice require updating the infrastructure and equipment constantly according to the new treatments and modalities.


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2019-2020



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INSTITUTIONAL BEST PRACTICES – 1

Title of the practice: KLR Chirunavvu

2. Objectives of the practice

"KLR Chirunavvu, the practice has initiated in the fond memory of late Dr.K.Lakshma reddy garu, the founder chairman of KLR group of institutions and carried out by the Lenora institute of dental sciences with the objective of bringing smiles on the faces of the rural population in and around Rajanagaram, East Godavari dist. The "KLR Chirunavvu" program is being executed through the periodic awareness sessions, screening & treatment camps and also rendering free treatment at the institution level.

3. The context

- The unusually high settlement of dental practitioners in the urban areas has led to the creation of wide gap in the accessibility of dental services by the rural people which constitute about 70% of population.
- The lack of awareness, affordability, inherent cultural practices, myths, beliefs of the community and the compounding role of dearth of dental public health.

Rural populations have lower dental care utilization, higher rates of dental caries, lower rates of insurance, higher rates of poverty, less water fluoridation, fewer dentists per population, and greater distances to travel to access care than urban populations. Improving the oral health of rural populations requires practical and flexible approaches to expand and better distribute the rural oral health workforce, including approaches tailored to remote areas.

our college thrives to train more providers prepared to work in rural areas include recruiting students from rural areas, training students in rural locations. increasing the flexibility and capacity of the oral health workforce for rural areas the college is conducting regular dental camps, periodic awareness sessions. to overcome the distance barriers college have come up with mobile clinics, telehealth technology, satellite clinics in rural areas providing treatment free of cost.

The practice

Conducting camps in nearby areas such as schools, colleges, old age homes, orphanages, factories, c, Government bodies and local community centres including special needs.

- Satellite centres at dowleswaram and Ramakrishna matam for rural oral health care service which caters to the clustered villages around.
- Patients in need of advanced treatment are referred to the institution and are also provided access to free transport.
- Oral health awareness and care for the especially abled (mentally and physically) groups and their care givers through regular campaigns of reaching them
- The geriatric population has one of the highest dental treatments needs and hence initiatives to reach them are taken like providing free complete dentures to geriatric patients bi annually by the department of prosthodontics
- fully equipped mobile dental van used for all dental camps.

It comprises of: dental chairs, dismantlable dental chairs, inbuilt water tank, compressor; audio system for facilitating oral health care talk

Working team: staff, postgraduate students, interns and attenders

Oral health awareness talks are given using charts, posters, models and games (edutainment); few innovative edutainment tools used children are: Kident, and Tooth fairy

Basic dental procedures are performed site. Elders and differently abled who cannot visit our hospital, given oral care at door step.

- Outreach activities are carried out on special days such as World Oral Health Day, World Anti-Cancer Awareness Month, and World No Tobacco Day, world environment day,oral hygiene day ,world aids day where camps ,skits,and public health talks were given by staff and students .

Evidence of success:

Reflected in the number of camps being conducted and the beneficiaries

Total Camps by the institution (last 5 years) -

Number of beneficiaries -

Improved oral health conditions (evident by follow ups)

Active participation of the public ,Alumini are participating in these outreach programmes till today.As all the treatments are free of cost the out patient record of the college has been drastically improved in the last 5 years .

Problems encountered and Resources required:

The major obstacle faced by the institution is in obtaining the approval from the authorities to conduct oral screening cum treatment camps due to government restrictions. The transport of oral healthcare personnel to distance areas along with the equipment and necessary infrastructure becomes an issue of logistics.The accommodations ,availability of washrooms,food for the students and staff in areas of camps is a basic problem encountered.

Principal
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INSTITUTIONAL BEST PRACTICES – 2

1. **Title of the practice: Inclusive Dental Services for All - Free Treatments**
2. **Objectives of the practice:** To provide treatment, inclusive of all dental services free of cost is the aim of the institution. Lenora Institute of Dental Sciences is providing free of cost dental treatment to all population for the past decade. The services are provided without differentiation of caste, creed, gender or religion in its State-of-the-art dental clinics, spread over three floors and have the latest dental equipment, instruments and materials. All the treatment is offered under the supervision of highly qualified faculty on a general consent basis from the patients. On one side it provides treatment to thousands of the patients with professionalism and ethical value and on the other side enhances student’s skills.
3. **The context:** LIDS act as a primary care provider, providing emergency and multidisciplinary oral health care, directing health promotion and disease prevention activities, and using advanced treatment modalities diagnosing the oral health problems and their effects on the community and identifying the most common oral health problems to effectively manage the endemic problems of the community. To apply scientific principles to the provision of oral health care and utilize the values of professional ethics, lifelong learning, and patient centric care, adaptability, and acceptance of cultural diversity
4. **The practice.**
 - a. The college requires patients for the training of dental students.
 - b. Dental students will be treating you under the supervision of a qualified dentist.
 - c. Student treatment will require more and longer visits than you may have previously experienced with a qualified dentist.
 - d. Treatment is available only in term-time, Monday to Friday between 9am – 5pm when the allocated student is available.

- e. Patients are required to attend for assessment by a member of staff. If you are not suitable for any reason to be treated by a student, then treatment will not be offered.
- f. Treatment is provided free of charge.

5. Evidence of success:

Reflected in the number of camps being conducted and the beneficiaries.


Improved oral health conditions (evident by follow ups).

Active participation of the public, and alumni in these outreach programmes till today.

As all the treatments are free of cost the outpatient record of the college has been drastically improved in the last 5 years.

6. Problems encountered and Resources required:

Treatments are provided at free of charge. However, owing to operational difficulties, it is inevitable that patients are given the utmost care while compromising the element of time. This also means that patients had to visit different departments specific for each of their treatment needs. The institution encouraged the students by conducting different workshops at advanced level.


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BEST PRACTICES

2020-2021



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3. The context

- The unusually high settlement of dental practitioners in the urban areas has led to the creation of wide gap in the accessibility of dental services by the rural people which constitute about 70% of population.
- The lack of awareness, affordability, inherent cultural practices, myths, beliefs of the community and the compounding role of dearth of dental public health.

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The practice

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- fully equipped mobile dental van used for all dental camps.

It comprises of: dental chairs, dismantlable dental chairs, inbuilt water tank, compressor; audio system for facilitating oral health care talk

Working team: staff, postgraduate students, interns and attenders

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Basic dental procedures are performed site. Elders and differently abled who cannot visit our hospital, given oral care at door step.

- Outreach activities are carried out on special days such as World Oral Health Day, World Anti-Cancer Awareness Month, and World No Tobacco Day, world environment day,oral hygiene day ,world aids day where camps ,skits,and public health talks were given by staff and students .

Evidence of success:

Reflected in the number of camps being conducted and the beneficiaries

Total Camps by the institution (last 5 years) -

Number of beneficiaries -

Improved oral health conditions (evident by follow ups)

Active participation of the public ,Alumini are participating in these outreach programmes till today.As all the treatments are free of cost the out patient record of the college has been drastically improved in the last 5 years .

Problems encountered and Resources required:

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Principal
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INSTITUTIONAL BEST PRACTICES – 2

Title of the practice: Better and fulfilling dental care free of cost

1. Objectives of the practice

To provide a high quality and range of dental services to the whole community, including consultations, X-Rays, routine restorative work, endodontics, treatment of periodontal disease, prosthesis, cosmetic work chargeless. To offer patients a friendly and professional service so that the outpatient number will increase. To refer to appropriately qualified specialist dental practitioners where necessary. Temporary treatment provided if necessary. To keep patients well-informed of costs and to discuss treatment progress at each stage, obtaining relevant consent. To offer a preventative service. To establish an individually – developed personal dental health regime for each patient to meet their dental care needs and aim for high level of oral health.

2. The Context

Providing free dental healthcare to the rural population has been a prime motive and vision of the Institution. Due to lack of awareness, people from the remote areas show less interest in dental healthcare despite several dental camps organized by the Institution. Our institution main aim remains strong, and that is to provide high end dental health care to the needy and the underprivileged for free. Not only providing dental care chargeless at the institution, our team, also organises camps at nearby rural areas every month to cater to these needs.

Our Institution is a forerunner in conducting community dental programmes that offer essential oral health care awareness and services to all age groups of society, thus reducing oral disease burden of the society. Evidence-based best practices help in assessing the needy population. All these community dental services assist in the development, integration, expansion and enhancement of various oral health programmes at the zonal,

regional and rural levels. In addition to treatment, health promotional initiatives are focused upon. As an elite centre of higher education, our institution is motivating and involving all our undergraduate and postgraduate students in not only at institutional level but also at community dental services; this enhances their experiential learning and imparts an attitude of social service and professionalism in them.

3.The Practice

- 1) To accelerate philanthropic service and help transform the society aiding in community -led changes.
- 2) To be a trusted and preferred serviced oriented institute in providing services in education, health, environment and focus on humanitarian development.
- 3) Our Values reflects who we are and what we stand for as an Institution.
- 4) To develop a relationship that make a positive difference in the lives of our patients.
- 5) To provide outstanding services and care and that, together, deliver happiness to our patients.
- 6) To uphold the highest standard of Integrity in all of our actions.
- 7) To work together, across boundaries meet the needs of our patients and to help the humanity win.
- 8) To value our People, encourage their development and reward their performance.
- 9) To exhibit a strong will to serve the mankind for the betterment of their lives.


We are personally accountable for delivering on our commitments with our patients.

4.Evidence of success

1. Dental awareness among people increased.
2. Patients flow increased for the treatment.
3. Patients started developing their interest towards dental health.
4. Number of people from remote areas increased.
5. Awareness among the people about the different treatments available in the college improved.
6. Students' exposure to different kind of patients and different procedures increased.
7. Geriatric and handicapped patients are highly benefitted as there is a free transport service.
8. Helps patients to complete their treatment procedures.
9. Patients are benefitted with the free dental care and free transportation.

5.Problems encountered and Resources required:

1. Due to a fixed schedule of the transportation service patients need to allocate time for the same.
2. Giving appointments are difficult.
3. Transportation is difficult to reach all areas.
4. Extended multiple follow-ups cannot be done on time due to a fixed schedule.


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BEST PRACTICES

2021-2022



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2. Objectives of the practice

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3. The context

Many rural communities lack access to oral health providers due to geographic isolation and workforce shortages, which led to the creation of wide gap in the accessibility of dental services by the rural people which constitute about 70% of population. The lack of awareness, settlement affordability, inherent cultural practices, myths, beliefs of the community and the compounding role of dearth of dental public health.

Rural populations have lower dental care utilization, higher rates of dental caries, lower rates of insurance, higher rates of poverty, less water fluoridation, fewer dentists per population, and greater distances to travel to access care than urban populations. Improving the oral health of rural populations requires practical and flexible approaches to expand and better distribute the rural oral health workforce, including approaches being tailored to remote areas.

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4. The practice.

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As all the treatments are free of cost the outpatient record of the college has been drastically improved in the last 5 years.

6. Problems encountered and Resources required:

The major obstacle faced by the institution is in obtaining the approval from the authorities to conduct oral screening cum treatment camps due to government restrictions. The transport of oral healthcare personnel to distance areas along with the equipment and necessary infrastructure becomes an issue of logistics. The accommodations, availability of washrooms, food for the students and staff in areas of camps is a basic problem encountered.


PRINCIPAL
Lenora Institute of Dental Sciences
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INSTITUTIONAL BEST PRACTICES – 2

1. **Title of the practice:** RESEARCH ACTIVITIES AMONG STUDENTS

2. **Objectives of the practice**

To come up with newer knowledge and to contribute for the better understanding and treatment protocols in the perspective of patient wellbeing. To incline and encourage the undergraduate, postgraduate students and faculty members towards the dental research. To ignite the practical and contemporary approach by the students in the patient treatment strategy. To consider the local community needs in the oral diseases and to come up with newer and better treatment modalities through the extensive research. To encourage the students and faculty members in publishing their research work and to actively participate and utilise the resources provided by the health universities and government bodies towards the research. To establish the college journal by updating with the ongoing research projects.

3. **The Context**

The research work is associated with multiple phases and each phase require thorough inspection to acquire the better outcome. This requires the high standards and ethically relevant aims and objectives in all areas of the process. The requirement of motivation and orientation of the students towards the research, apart from their regular curriculum. The procurement of the financial support towards the research, in the outlay towards many sections.

4. **The Practice**

- i. The research in the respective fields is the top most priority and most desired prerequisite in the Indian higher education.
- ii. Principally the research work in any institution is taken into consideration for its standards.
- iii. Our institution being accredited with NAAC A grade is striving to follow higher standards by promoting the research-oriented environment for the students.


- iv. The institution is diligent in the aim of research by establishing a research cell in the institute and it is regularly monitored on its progress.

5. Evidence of success

1. The students are oriented towards research and are coming up with newer projects in the dental research.
2. There is increase in number of research topics in all the departments.
3. The more stirring attainment is that more than 5 undergraduate students research work has been selected by UGSRS (Undergraduate students research scholarships) given by Dr.N.T.R University of Health Sciences for the year 2022.
4. All the projects which are selected are being completed successfully.

6. Problems encountered and Resources required:

1. As the research is associated with the confluence of students, faculty and patients, the utmost care and vigilance is required to minimize the errors.
2. The education, motivation and acceptance of the local community towards the research is quite challenging.
3. The procurement of financial and material resources is laborious in some research as the material may be expensive.


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