

**7.2.1: Describe two Institutional Best Practices as per the NAAC format provided in the Manual*****Best practice-1******1. Title of the practice – Enhancing clinical competence: Skill development for Homoeopathy students.******2. Objective of the practice***

- To extend financial aid to the poor students specially from the rural to save them from the discontinuation of their studies going to poverty.
- To support financially all the deserving poor students without any discrimination of caste Creed or Gender and to promote equality among students.
- To provide hands-on training to students in currently used tools, techniques & clinical practice.

the expected outcome is that the student should be able to complete their degree with good marks the beneficiaries should treat the needy with the principal of Land of helping hand without discrimination

3. The context

most of the students have hidden talents and innovative mind but not able to execute due to lack of resources and financial support

on the same context the institute stood in front to support the student by providing them with the financial aid.

To ensure that future medical professionals are well equipped to meet industry demands it is imperative to integrate comprehensive & collaborative training programs that reflect current advancement & practice in medical field.

4. The practice

The institution is established in rural area to provide quality medical education to the student residing in rural areas and who want to pursue their graduation and postgraduation studies in medical science.

Most of the parents are not ready to admit their children in higher studies due to lack of sustenance in providing financial support, so it is evident that without financial support from external sources the youth residing in rural area cannot hope to successfully complete their higher studies.





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Through this structured approach the institution aims to enhance the practical skills of medical students ensuring they are well prepared to meet the demands of healthcare industry.

On this regard the institution verified the information of the students.

5. Evidence of success

The medical college implemented 11 Add-on skill development programs aimed at enhancing students & readiness for professional practice.

Some of which are mention below:

- Add-on Program in Geriatric Homoeopathic Care
- Certificate in Emergency Medicine & First Aid
- Add-on Program in Homoeopathic Veterinary Medicine
- Add-on Program in Palliative Care with Homoeopathy
- Certificate in Advanced Homoeopathic Case Taking

6. Problems encountered and resources required

As the institution is self-financed and private the resources are to be acquired from the student's tuition fee; very few of the students are financially backward.

Best practice-2

1) Title of Practice: Domiciliary Health Care System (DHCS)

2) Objectives:

- Health Promotion, health education, Institutional Social responsibility is amongst its prime objectives to benefit all of the family through regular monitoring.
- Residential Environmental survey as a part of the Community Medicine Departments Practical training.
- Nutrition, Environment, lifestyle assessment of the concerned family and its impact on their health and well being.
- Maternal child health care, with referral to the ANC department of M (N) HM College and Hospital.
- Providing Homoeopathic treatment, in case of acute and chronic illness where encountered.
- Reference Service to Hospital, in case where Lab investigations are required or indicated.



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3) *Context*

Initially the branch of Medicine borrowed from biomedical sciences, now there is actual need to borrow from social sciences. It has stimulated a renewed interest in a dying field of family physicians.

Each student is assigned five families. The fundamental objective of this study is to enable each student to understand that the family is the basic unit of the community and to obtain experience in the health promotion, specific protection, early recognition, prompt treatment, limitation of disability and rehabilitation.

4) *Description of Practice (Modus Operandi)*

Content

- Field visits are organized for students.
- They adopt families for community learning.

Activities carried out in the field are -

Survey of the village

Family details Nutritional profile

Survey of environmental sanitation.

Economical Status.

Emotional Health Status.

Immunization Status.

Screening of family members for Health aspect

Final year students adopt four families and conduct surveys on the basis of:

Families should be permanent residents (at least one year) of local Community.

They should be able to spare time for giving health information.


They should provide true information.

Students should take written consent from the adopted families for survey of every Saturday visit.

Students carry the survey and enter the data in the record book.

Along with surveys mass health programs like screening, medical camps, ANC camps and Investigation camps are carried out.




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As per requirement mode of interventions are applied with the help of above departments.

Feedback is collected from all the families in their own words. Finally the report is prepared.

In addition to these broad objectives, the students are learning regarding the psychological or emotional factors having an impact on the health and disease of the family. They learn the importance of observing the patient in this natural environment affected by multiplicity of factors and their importance in medical history sheets.

5) Evidence of Success:

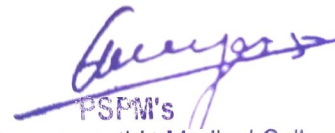
Five households are adopted by DHCS students for a year.

Every Saturday for two hours, they teach these families communication skills and provide health information as needed. Students are learning about adoptive families via surveys. They learn family structure, housing, food, and health. They recommend family-specific intervention. These youngsters teach families about health. We refer patients to the OPD and hospital as needed. It has given students OPD clinical experience. It instills social responsibility in medical students. We frequently visit our adopted family for Swacchta Abhiyan, mosquito prevention, and FIT India initiatives. So students become Aarogya Doot.

6) Problems encountered:

- Industrial workers reside in adopted regions. They move often for work. Thus, students could not visit that household.
- Many students struggle with communication in Marathi, causing communication hurdles. Students study local languages for communication.
- We use the college bus for transportation, although it may not always be available due to unforeseen situations.




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