



JAWAHAR MEDICAL FOUNDATION'S  
**A.C.P.M. MEDICAL COLLEGE & HOSPITAL**

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**7.2.1 Describe two institutional Best Practices as per the NAAC format provided in the Manual**

**Best Practices: One**

**1. Title: RURAL AND TRIBAL HEALTH CARE FACILITIES**

**2. Objectives:**

- (i) To assess the health care status of population residing in rural and tribal area of Dhule district.
- (ii) To provide health care interventions to improve upon the health status of rural and tribal population in Dhule district.
- (iii) To educate the medical students and interns about rural health issues and the requisite health interventions.
- (iv) To augment the efforts of welfare schemes of Government and fill the gaps in service deficient tribal areas in the health sector.

**3. Context:** The district of Dhule consists of tribal and rural population dominantly. The illiteracy, lack of major tertiary health care facilities in tribal area pose a variety of health problems in tribal population. Lack of health education about nutritional issues and inadequate data on health parameters of tribal population poses difficulties on effective health intervention and hence, there is a need of doorstep approach towards tackling health issues of tribal population.

**4. Practice:** The Department of Community Medicine at ACPM Medical College, Dhule has included a rural health survey activity in the curriculum of undergraduate medical students as well as interns of ACPM Medical College. Visits of medical students and interns are planned to the rural and tribal area of Dhule district so as to focus upon the assessment of health problems of rural and tribal population; healthcare interventions and IEC activities for health



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education. The activities were well planned and implemented accordingly. The students conducted the Nutritional Survey of the rural population during the study period. The data collected included the socio demographic profile of the population along with the additional data on environment factors, dietary history & nutritional status, socio-cultural factors, family planning, immunization status, addictions, consanguineous marriages and vital statistics.

**5. Evidence of success:** Nutritional and health profile of the population was conducted, based upon which the health intervention activities can be decided. The IEC activities with special emphasis upon nutritional disorders were conducted with the help of charts, AV clips, lectures, posters, etc. The students took extra efforts to communicate to the population about healthy dietary practices involving the local cuisines. The additional health related data collected through health survey helped in screening the population for a number of lifestyle disorders for which further management was advised. The needy population was advised referral to ACPM Medical College Dhule for further tertiary care facilities. The nutritional survey activity and subsequent IEC activities provided the platform for effective communication and developing the service approach towards patient by the medical students. The felt need of the people was fulfilled by conducting the health interventions for rural and tribal population of Dhule district. This activity had also provided the hands on training in biostatistics to the medical students and interns on Data collection, data feeding, analysis, making tables and graphs.

**6. Problems encountered and resources required:** There are misconceptions about nutritional requirements and dietary practices amongst the rural population.



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## **Best Practices: two**

### **1. Title: Basic Life Support for Students and Community**

#### **2. Objectives:**

- (i) To train the undergraduate medical students in providing Basic Life Support skills.
- (ii) To conduct training sessions and demonstrations in emergency Basic Life Support skills so as to train the general population.
- (iii) To create a pool of trained manpower from the general population who are trained in Basic Life Support skills.

#### **3. Context:**

The basic concept of timely intervention through Cardio-Pulmonary Resuscitation (CPR) saves number of lives in the society. The 'Golden Hour' concept of timely intervention of Basic Life Support skills helps in reducing cardio-respiratory mortality and morbidity. The ACPM Medical College caters to the population residing in a tribal and rural areas surrounding Dhule district. The illiteracy, dominance of tribal population, lack of expert medical facilities in rural areas lead to the late arrival of patients in tertiary care facilities / hospitals and result into death. In order to create awareness amongst general population about Basic Life Support skills, an innovative programme of awareness and training of medical undergraduate students and general population was initiated by ACPM Medical College, Dhule.

#### **4. Practice:**

A module on Basic Life Support skills was introduced in the curriculum of all the undergraduate medical students and interns of ACPM Medical College. The combination of training and demonstration of Basic Life Support skills at roadside, to the medical students made all the students confident about giving CPR at any place and save the lives of patients. These trained medical students



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were used as the trainer for general population for demonstrating those Basic Life Support skills. The duration from OPD clinic postings of the medical students was utilised to impart the training of Basic Life Support skills to the students. The trained medical students were further qualified as trainer to train the general population about Basic Life Support skills. The general population visiting Hospital OPDs as well as the visits of medical students and intern in rural areas during medical outreach camps used their training skills to make the general population aware about the concept of 'Golden Hour' and trained them in Basic Life Support skills.

## **5. Evidence of success:**

The CPR measures helped to keep the vitals of the patient stable due to these early interventions and further management of the patient could be done under the respective specialists. The confidence level of medical students in handling the emergencies by giving Basic Life Support skills was improved and also, the students gained the confidence by improving their communication skills in terms of imparting the training of Basic Life Support skills to the general population.

## **6. Problems encountered and resources required:**

The medical students and general population were little reluctant to participate in resuscitations as they felt unprepared. We felt the need of refresher courses on the same Basic Life Support skills to the medical undergraduate students as they felt under confident due to lack of practice.