Self Study Report for Accreditation
Cycle III

The National Assessment and Accreditation Council
Bengaluru – 560072
14th August 2014

Shri Dharmasthala Manjunatheshwara
College of Dental Sciences and Hospital
Dhaivalnagar, Sattur
Dharwad – 580009
Karnataka, India
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Web: www.sdmcds.org
Preface

S.D.M. College of Dental Sciences and Hospital is one of India’s leading dental colleges. It has been rated by the National Assessment and Accreditation Council (NAAC) as the leading health sciences establishment in the country. The process of self study began soon after the previous accreditation in 2009. Every Dean and Department Head took on the mantle of suggesting and making sweeping changes and reforms and the Internal Quality Assurance Cell (IQAC) was revised and, along with the Coordinator for Accreditations, and individual Department Coordinators, studied, developed and implemented the various parts of the self study.

One major change was the development and implementation of Student Competency Assessments, using formats developed internationally and adapted to suit our college. Also, Associate deans were added to the Deans to oversee diverse aspects of the college’s functioning in patient care, research, clinical services, learning resources and student affairs.

The appointment of the additional Deans and their Committees (largely integrated to the (IQAC) was a reaffirmation of the college’s commitment to a decentralised process of administration as well as an attempt to incorporate a system similar to that existent internationally. The Patient Care Committee of the college’s IQAC established the ‘Standards of Care’, based on which the college’s quality of patient care was driven to further improvement. With a view to improve safety and infection control several new initiatives, including the setting up of a Central Sterile Supplies Department (CSSD), have been implemented.

The description and supporting documents in relation to these Criteria were prepared by the respective IQAC committees, and forwarded to the Department Coordinator or Coordinator, Accreditations, as required. The Coordinator held further discussions with the respective Department Coordinator, associated faculty, and the Principal to ensure the accuracy of the drafts. These were edited and returned to the Department Heads to confirm its correctness. The SSR was compiled and completed in its entirety in-house and it is anticipated that this reflects all the processes and innovations of the college since the last NAAC accreditation.
Executive Summary

With a view to meet the necessary NAAC criteria, and with a view to continually evolve, the college has developed and defined five goals to assess and demonstrate the effectiveness of its outcomes in the BDS programme. While three of these goals were previously in place, and were mostly assessed informally and periodically, they have now been streamlined to ensure formality and regularity. While all goals have been fully or mostly met, specific areas within each goal that require improvement have been identified and these are currently being addressed; other deficient areas have shown improvement following interventions. While over 92% of all students were judged to be competent in the formal competency assessment of 2009-10 in different treatment procedures (against a set benchmark of 90%), deficiencies in certain treatment modalities were noted. These were rectified which resulted in 100% success of the non-competent students in the year-end university examination. On the other hand patient feedback has, among other issues, revealed deficiencies in time management during treatment and appointment scheduling. These have been viewed seriously and are presently being addressed. In general, however, > 90% of patients were satisfied with the treatment rendered in the college. Also, the college has shown consistent improvement in its research output, generating about 250 peer-reviewed articles since 2009, almost two-thirds of which appeared in international journals and >50% of which were in PubMed/MEDLINE indexed journals. Apart from achieving most of its goals, the college’s financial self-sufficiency is another strength. This is further backed by the college’s board of management headed by visionary leadership.

The college continues to collaborate with numerous national and international higher education components, industry and local bodies for furthering oral health care and research. However, the college recognises that the lack of autonomy in curriculum development and implementation may preclude certain aspects of its teaching-learning programme. The process of admissions is mostly through a centralised state-based competitive examination; 20% of admissions are under the college Management’s control. The competitive examination and stringent entry level requirements facilitate academically competent students’ admission to the college.

A revised curriculum has been implemented since August 2008 in which faculty members of the college have made significant contributions. It is to be noted that the curriculum is formulated by the Dental Council of India—the regulating authority of dentistry—and is adopted by the concerned universities, usually with little change. The revised curriculum reflects changing international trends in dentistry and is intended to prepare students to be part of the global dental workforce. Prominent new additions include behavioral sciences, oral implantology, and forensic odontology; these are supplemented at the college level with modules on communication skills, critical thinking. In addition, students get the benefit of a large patient pool (> 300 patients visit the college daily) and gain experience both in fractionated treatment and comprehensive oral health care.

The college has adequate numbers of qualified and experienced faculty, well-distributed across the different specialties. Moreover, the college includes faculty from diverse and emerging disciplines such as Oral Implantology, Forensic Odontology and Behavioral Sciences. Faculty and staff are encouraged to undergo continual professional education and training, as well as take part in national and international conferences and symposia. Faculty members are also mandated to publish in international journals, which are taken into consideration during annual appraisal and promotion. Other factors, such as knowledge, clinical load and clinical work undertaken are also evaluated to measure faculty performance. The college, however, recognises that a planned faculty development programme, which includes workshops that address pedagogy in the BDS programme and improve assessment.
methods in the didactic courses, could further contribute to quality enhancement of faculty and the teaching programme. Through membership in various committees of the college, faculty members have the opportunity to take part in the college’s decision-making process. Memberships on the committees demand periodic meetings, brainstorming and critical evaluation of various college processes.

Since 2009, the college has undertaken renovations to all departments. These included expansion of a few clinics, remodeling of others, and addition of new departments/clinics; The college has invested in a variety of new equipments and technology in each department, as well as allied facilities such as a central compressor and a high-output electrical back-up. The college library (the ‘Learning Resource Centre’) includes a 16-seater internet browsing facility. The entire college building is Wi-Fi (broadband wireless) facilitating access to information with greater convenience. The Learning Resource Centre houses vast dental resources, both print and online formats. On the other hand, a new lecture theatre has been added while an existing one redesigned.

In addition to these updated resources and infrastructure, students have access to a number of services related to academic and extra-curricular spheres. These include academic and personal counseling, health services, participation in college committees and a student body. Student-related policies are reviewed periodically to ensure that all current processes are adequate and fair.

Access to student financial aid, however, is limited although the college has subsidised tuition fee for a few economically disadvantaged graduate students. While student scholarships are limited from the college, it does provide a list of extramural aid and facilitates government financial aid to historically disadvantaged communities.

The college has always strived to provide its patients with the best possible care. With the self study, this philosophy was given clear-cut guidelines through the formulation of the college’s six ‘Standards of Care’. These standards were faithfully implemented as part of the patient audit undertaken for the period spanning almost two calendar years (2009 and 2010) across the 10 clinical departments and pathological diagnosis. As a direct result of the audit, deficiencies were noted and have been, or are currently being, addressed. For example, in Endodontics, a few failures were observed owing to instrument separation. With a view to prevent such incidences, endodontic instruments are regularly checked for damage; in addition, certain interesting statistics emerged from Paediatric Dentistry—a majority of traumatic injuries to children occurred during play. The dental college has initiated a number of educational programmes to train parents and elementary college teachers in managing injuries to anterior teeth. Patient Rights are displayed in all departments and the same are also provided to all patients. Patient have access to after-hours care and this information is displayed in the departments as well as on their appointment cards. To ensure all students, faculty and support staffs are able to administer Basic Life Support, a training programme and certification was initiated in 2009 by an American Heart Association-certified anaesthesiologist. To reaffirm safety and adequate clinical and laboratory asepsis, the college has developed numerous policies and Standard Operating Procedures (SOPs) and is diligently enforcing them.

There has been a steady rise in the college’s paper publications, the number and percentage of international and PubMed/MEDLINE indexed articles over the past five years. The number of extramural grants has also increased several fold over the last five years. Although increased teaching and clinical duties impact the time devoted to scholarly endeavors, the research focus continues to rise. This has now included dedicated undergraduate research projects under faculty guides and coordinators to ensure that the importance of scientific inquiry is emphasised early on to the dental students. The college looks forward to the publication of these works in journals of relatively high impact.
1. Profile of the Institution
1. **Profile of the Institution**  
(Information as relevant to the HSI)

1. **Name and Address of the Institution:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Shri Dharmasthala Manjunatheshwara College of Dental Sciences and Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Pin:</td>
<td>580009</td>
</tr>
<tr>
<td>State:</td>
<td>Karnataka</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.sdmcds.org">www.sdmcds.org</a></td>
</tr>
</tbody>
</table>

2. **For communication:**

<table>
<thead>
<tr>
<th>Designation</th>
<th>Name</th>
<th>Telephone, Mobile, Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principal</strong></td>
<td>Prof. Srinath L. Thakur</td>
<td>0836-2461630 (O) 0836-2468638 (R) 09880143006 (M) 0836-2467612 (F)</td>
<td><a href="mailto:thakursrinath@hotmail.com">thakursrinath@hotmail.com</a></td>
</tr>
<tr>
<td><strong>Coordinator, Accreditations</strong></td>
<td>Dr. Ashith B. Acharya</td>
<td>0836-2468142 (Ext. 503 &amp;115) (O) 09880192052 (M) 0836-2467612 (F)</td>
<td><a href="mailto:ashithacharya@hotmail.com">ashithacharya@hotmail.com</a></td>
</tr>
</tbody>
</table>

3. **Status of the Institution:**

- Autonomous College  
- Constituent College  
- Affiliated College  
- State University  
- State Private University  
- Central University  
- University under Section 3 of UGC (A Deemed to be University)  
- Institution of National Importance  
- Any other (specify) None

4. **Type of University:**

- Unitary NA
- Affiliating NA

5. **Type of College:**

- Ayurveda K
- Dentistry K
- Homoeopathy K
- Medicine K
- Nursing K
- Pharmacy K
- Physiotherapy K
- Siddha K
- Unani K
- Yoga and Naturopathy K
- Others (specify and provide details) None
6. Source of funding:
- Central Government
- State Government
- Grant-in-aid
- Self-financing
  - Trust
  - Corporate
- Any other (specify)

7. a. Date of establishment of the institution: (16/09/1986)
   b. In the case of university, prior to the establishment of the university, was it a/an
      i. Autonomous College
         - Yes  □ No  □
      ii. Constituent College
          - Yes  □ No  □
      iii. Affiliated College
         - Yes  □ No  □
      iv. PG Centre
          - Yes  □ No  □
      v. De novo institution
         - Yes  □ No  □
      vi. Any other (specify)
         - Not Applicable
   c. In the case of college, university to which it is affiliated
      — RGUHS

8. State the vision and the mission of the institution.
   The vision of the college is ‘Learner-centered education, patient-centered service and community-oriented research of excellence’.
   The mission statements of the college are:
   ▪ Contribute professionally competent general and specialty personnel to meet regional, national and global oral health care needs
   ▪ Foster strong community relationships through research, services and linkages
   ▪ Provide an efficient, effective and community-acceptable system that excels in education and service
   ▪ Inculcate values in learners to be socially and professionally acceptable

9. a. Details of UGC recognition / subsequent recognition (if applicable):

<table>
<thead>
<tr>
<th>Under Section</th>
<th>Date, Month and Year (dd/mm/yyyy)</th>
<th>Remarks (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. 2(f)*</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>ii. 12B*</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>iii. 3*</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

* Enclose the certificate of recognition, if applicable

b. Details of recognition/approval by statutory/regulatory bodies other than UGC (MCI, DCI, PCI, INC, RCI, AYUSH, AICTE, etc.)

<table>
<thead>
<tr>
<th>Under Section/ clause</th>
<th>Date (dd/mm/yyyy)</th>
<th>Validity</th>
<th>Programme/ institution</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part II Sec. 3(ii)</td>
<td>22/01/2003</td>
<td>–</td>
<td>BDS</td>
<td>–</td>
</tr>
<tr>
<td>“ –</td>
<td>13/03/2002</td>
<td>–</td>
<td>MDS</td>
<td>2 subjects</td>
</tr>
<tr>
<td>“ –</td>
<td>31/10/2011</td>
<td>–</td>
<td>MDS</td>
<td>1 subject with</td>
</tr>
</tbody>
</table>
(Enclose the Certificate of recognition/approval)

10. Has the institution been recognised for its outstanding performance by any national/international agency such as DSIR, DBT, ICMR, UGC-SAP, AYUSH, WHO, UNESCO, etc.?
   Yes ☑ No ☐
   If yes –
   Name of the agency: Government of Karnataka
   Date of recognition: 06/10/2010
   Nature of recognition: College recognised as State Referral Centre for Forensic Dental Cases

   Name of the agency: Indian Council of Medical Research
   Date of recognition: 03/05/2014
   Nature of recognition: Faculty members invited to serve as expert evaluator of research proposal on account of their research expertise

11. Does the institution have off-campus centres?
   Yes ☑ No ☐
   If yes, date of establishment: Not Applicable
   Date of recognition by relevant statutory body/ies: Not Applicable

12. Does the institution have off-shore campuses?
   Yes ☑ No ☐
   If yes, date of establishment: Not Applicable
   Date of recognition by relevant statutory body/ies: Not Applicable

13. Location of the campus and area:

<table>
<thead>
<tr>
<th>Location*</th>
<th>Campus area in acres</th>
<th>Built-up area in sq. mts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Main campus area</td>
<td>Semi-urban 23.32</td>
<td>24,188</td>
</tr>
<tr>
<td>ii. Other campuses in the country</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>iii. Campuses abroad</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

(*Urban, Semi-Urban, Rural, Tribal, Hilly Area, any other – specify)
If the institution has more than one campus, it may submit a consolidated self-study report reflecting the activities of all the campuses.

14. Number of affiliated/constituent institutions in the university

<table>
<thead>
<tr>
<th>Types of institutions</th>
<th>Total</th>
<th>Permanent</th>
<th>Temporary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayurveda</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Homoeopathy</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Medicine</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Nursing</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Siddha</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Unani</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Yoga and Naturopathy</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
15. Does the University Act provide for conferment of autonomy to its affiliated institutions?  
   If yes, give the number of autonomous colleges under the jurisdiction of the University.
   Yes ☒ No ☐ Number NA

16. Furnish the following information:

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Accredited colleges by any professional body/ies</td>
<td>NA</td>
</tr>
<tr>
<td>b. Accredited course/department by any professional body/ies</td>
<td>NA</td>
</tr>
<tr>
<td>c. Affiliated colleges</td>
<td>NA</td>
</tr>
<tr>
<td>d. Autonomous colleges</td>
<td>NA</td>
</tr>
<tr>
<td>e. Colleges with Postgraduate Departments</td>
<td>NA</td>
</tr>
<tr>
<td>f. Colleges with Research Departments</td>
<td>NA</td>
</tr>
<tr>
<td>g. Constituent colleges</td>
<td>NA</td>
</tr>
<tr>
<td>h. University Departments</td>
<td>NA</td>
</tr>
<tr>
<td>Undergraduate</td>
<td></td>
</tr>
<tr>
<td>Post graduate</td>
<td></td>
</tr>
<tr>
<td>Research centres on the campus and on other campuses</td>
<td></td>
</tr>
<tr>
<td>i. University recognised Research Institutes/Centres</td>
<td>NA</td>
</tr>
</tbody>
</table>

17. Does the institution conform to the specification of Degrees as enlisted by the UGC?  
   Yes ☒ No ☐  
   If the institution uses any other nomenclatures, specify.

18. Academic programmes offered and student enrolment: (Enclose the list of academic programmes offered and approval/recognition details issued by the statutory body governing the programme)

<table>
<thead>
<tr>
<th>Programmes</th>
<th>Number of Programmes</th>
<th>Number of students enrolled*</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>PG</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>DNB</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Integrated Masters</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Integrated Ph.D.</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>PharmD.</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>M.Phil.</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Certificate</td>
<td>2</td>
<td>12**</td>
</tr>
<tr>
<td>Diploma</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>PG Diploma</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>D.M. / M.Ch.</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Sub / Super specialty Fellowship</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Any other (specify)</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Annual figures; ** Figures for 2009 to 2011
19. Provide information on the following general facilities (campus-wise):

- Auditorium/seminar complex with infrastructural facilities  Yes ☑ No ☐

- Sports facilities
  - Outdoor  Yes ☑ No ☐
  - Indoor  Yes ☑ No ☐

- Residential facilities for faculty and non-teaching staff  Yes ☑ No ☐

- Cafeteria  Yes ☑ No ☐

- Health centre
  - First aid facility  Yes ☑ No ☐
  - Outpatient facility  Yes ☑ No ☐
  - Inpatient facility  Yes ☑ No ☐
  - Ambulance facility  Yes ☑ No ☐
  - Emergency care facility  Yes ☑ No ☐
  - Health centre staff
    - Qualified Doctor  Full time ☑ Part-time ☐
    - Qualified Nurse  Full time ☑ Part-time ☐

- Facilities like banking, post office, book shops, etc.  Yes ☑ No ☐

- Transport facilities to cater to the needs of the students and staff  Yes ☑ No ☐

- Facilities for persons with disabilities  Yes ☑ No ☐

- Animal house  Yes ☐ No ☑

- Incinerator for laboratories  Yes ☑ No ☐

- Power house  Yes ☑ No ☐

- Fire safety measures  Yes ☑ No ☐

- Waste management facility, particularly bio-hazardous waste  Yes ☑ No ☐

- Potable water and water treatment  Yes ☑ No ☐

- Any other facility (specify).

20. Working days/teaching days during the past four academic years

<table>
<thead>
<tr>
<th></th>
<th>Working days*</th>
<th>Teaching days*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number stipulated by the Regulatory Authority</td>
<td>2 9 2</td>
<td>2 3 8</td>
</tr>
<tr>
<td>Number by the Institution</td>
<td>2 9 4</td>
<td>2 4 0</td>
</tr>
</tbody>
</table>
(‘Teaching days’ means days on which classes/clinics were held. Examination days are not to be included.)

*Figures are average per year

21. Has the institution been reviewed or audited by any regulatory authority? If so, furnish copy of the report and action taken there upon (last four years).

Yes. The Rajiv Gandhi University of Health Sciences undertakes an academic reviews/inspections and audit annually.

22. Number of positions in the institution

<table>
<thead>
<tr>
<th>Positions</th>
<th>Teaching faculty</th>
<th>Non-teaching staff</th>
<th>Technical staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professors</td>
<td>Associate Professors/Readers</td>
<td></td>
</tr>
<tr>
<td>Sanctioned by the Government, Recruited Yet to recruit</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Sanctioned by the Management/Society or other authorised bodies, Recruited Yet to recruit</td>
<td>30</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Stipulated by the regulatory authority, Cadre ratio, Recruited Yet to recruit</td>
<td>18</td>
<td>31</td>
<td>18</td>
</tr>
<tr>
<td>Number of persons working on contract basis</td>
<td>1</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

23. Qualifications of the teaching staff

<table>
<thead>
<tr>
<th>Highest Qualification</th>
<th>Professors</th>
<th>Associate Professors/Readers</th>
<th>Assistant Professors</th>
<th>Lecturer</th>
<th>Tutor/Clinical Instructors</th>
<th>Senior Resident</th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
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<td>F</td>
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<td>F</td>
<td>M</td>
<td>F</td>
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<tr>
<td>D.M./M.Ch.</td>
<td>–</td>
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<tr>
<td>Ph.D./D.Sc./D.Litt/M.D./M.S.</td>
<td>1</td>
<td>1</td>
<td>–</td>
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</tr>
<tr>
<td>PG (M.Pharma/PharmD, DNB, M.Sc., MDS., MPT)</td>
<td>15</td>
<td>12</td>
<td>16</td>
<td>7</td>
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24. Emeritus, Adjunct and Visiting Professors.

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25. Distinguished Chairs instituted:

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<th>Chairs</th>
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26. Hostel

* Boys’ hostel
  i. Number of hostels 1
  ii. Number of inmates 126
  iii. Facilities 3-seater

* Girls’ hostel
  i. Number of hostels 3
  ii. Number of inmates 383
  iii. Facilities 1-, 2- and 3-seater

* Overseas students hostel (one of Girls’ hostels serves as ‘Overseas Hostel’)
  i. Number of hostels 1
  ii. Number of inmates 98
  iii. Facilities 1- and 2-seater

* Hostel for interns (no separate hostel per se for interns)
  i. Number of hostels 0
  ii. Number of inmates 0
  iii. Facilities 0

* PG Hostel (one of Girls’ hostels serves as ‘PG Hostel’)
  i. Number of hostels 1
  ii. Number of inmates 43
  iii. Facilities 1- and 2-seater

27. Students enrolled in the institution during the current academic year, with the following details:

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<th>Students</th>
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*M – Male  *F – Female
28. Health Professional Education Unit/Cell/Department
   • Year of establishment Not Applicable
   • Number of continuing education programs conducted (with duration)
     * Induction 5
     * Orientation 5
     * Refresher ~10
     * Post Graduate ~10

29. Does the university offer Distance Education Programs (DEP)?
   Yes ☐ No ☑
   If yes, indicate the number of programs offered.
   Are they recognised by the Distance Education Council?

30. Is the institution applying for Accreditation or Re-Assessment?
   Accreditation ☐ Re-Assessment ☑
   Cycle 1 ☐ Cycle 2 ☐ Cycle 3 ☑ Cycle 4 ☐

31. Date of accreditation* (applicable for Cycle 2, Cycle 3, Cycle 4)
   Cycle 2: 14/06/2009, Accreditation outcome/Result: Grade A (CGPA = 3.77)
   Cycle 1: 12/02/2002, Accreditation outcome/Result: Five Stars (Score >75%)
   *Enclose copy of accreditation certificate(s) and peer team report(s)

32. Does the university provide the list of accredited institutions under its jurisdiction on its website? Provide details of the number of accredited affiliated/constituent/autonomous colleges under the university.
   No. The affiliating university—RGUHS—does not provide the list of accredited colleges under its jurisdiction on its website.

33. Date of establishment of Internal Quality Assurance Cell (IQAC) and dates of submission of Annual Quality Assurance Reports (AQAR).
   IQAC 05/09/2005
   AQAR (i) 28/04/2010
            (ii) 30/12/2013
            (iii) 31/12/2013
            (iv) 09/01/2014

34. Any other relevant data, the institution would like to include (not exceeding one page).
   None.
2. Criteria-wise Inputs
1.1 Curriculum Planning, Design and Development

1.1.1 Does the institution have clearly stated goals and objectives for its educational programme?

Yes. The college has clearly stated goals and objectives for its educational programme. The goals of the BDS programme are to produce dental graduates who:

- Have knowledge of current and relevant trends in dentistry for providing patients with optimal unsupervised oral health care
- Possess awareness of preventive, diagnostic and technical aspects of dentistry for delivering comprehensive oral health in diverse health care delivery systems
- Have adequate clinical training and experience to enable provision of proper care in emergency general and oral health care
- Are compassionate and view patient health in a holistic manner, consider sound oral health as a patient right rather than a privilege, and harbor the concepts of ethical practice
- Possess leadership attributes commensurate with appropriate social and cultural sensibilities of the community of their practice
- Continually update their knowledge of dental health and oral diseases, as well as their skills and practices
- Appreciate the importance of basic, clinical and translational research and its relevance to the evolution of dentistry as well as its contributory effect on oral health and social needs of the community

The college’s Mission and Goals are realised by a sustained effort to train BDS students by accomplishing the following objectives:

- Providing a current and relevant curriculum that embodies the acquisition and integration of knowledge and skills, social awareness, critical thinking, a commitment to service learning and an appreciation for continuous learning
- Provide adequate clinical experience that offers wide access to consultative, comprehensive and emergency oral health care
- Offer infrastructural facilities, technological and material support, and an environment conducive for exchange of knowledge and ideas
- Attract and retain faculty and staff committed to the mission of the school by providing them with the necessary resources, opportunities and support to stimulate their professional and personal development
- Undertake basic, clinical and translational research which has a direct as well as contributory effect on the oral health and social needs of the community in the region and beyond
- Develop and implement sound marketing and communication strategies that promote the mission of the college
- Serve as a professional resource for private practitioners and a referral centre for patients with complex conditions and treatment needs
- Access and maintain financial resources sufficient to support college excellence and innovation at all levels

1.1.2 How are the institutional goals and objectives reflected in the academic programmes of the institution?

Based on its goals, the college has commenced new academic programmes within the existing curricular design, for example the Comprehensive Oral Health Care (COHC) programme in the Department of General Dentistry (the programme was previously housed in the Department of Community Dentistry). In this programme, the department serves as a one-
stop clinical facility for some of the most common dental complaints. Providing comprehensive dental care prepares students for general dental practice after graduation. The quick and effective patient service offered improves time management and enhances patient rapport. On the other, Community Dentistry serves as a centre for clinical trials, enabling community-centred research activities.

The programmes offered by the college not only requires being efficient and effective, but also acceptable to the community. The objectives of the programmes are to provide training to learners to achieve expected learning outcomes (competencies) assessed through internal assessments, competency assessments as well as year-end university examination. Using these competencies, the alumnus practice dentistry and serve the community to meet oral health needs of the population. Thus the programmes are compatible with the goals and objectives of the college, which are derived from the community’s oral health care needs. Changing oral health care needs facilitate redesigning goals and objectives of the programme.

1.1.3 Does the institution follow a systematic process in the design, development and revision of the curriculum? If yes, give details of the process (need assessment, feedback, etc.).

A well-defined procedure for analysing the feedback has been established by the college. Feedback collected at both the micro- and macro-levels are summarised first by Heads of Department and senior faculty of individual disciplines. The inferences drawn are tabled at the meeting of Heads of Department with the Principal, where a decision is taken on the necessity for curricular revisions; furthermore, feedback has also been obtained from faculty members of SDM College of Medical Sciences (SDM CMS), a sister-concern. These feedback/decisions are then communicated to the affiliating university for appropriate inclusion.

Faculty members of the college contribute by providing inputs to curricular revisions at the national level, for example the college’s Principal was invited by the Dental Council of India (DCI)—the regulatory authority of dentistry in the country—as Resource Faculty for the purpose in October 2013. Since he already had obtained feedback from students, alumni and academic peers (in addition to fellow faculty members) concerning potential for improvements in curricular design and development, the same was presented to the decision-making body.

In addition, the Board of Studies (BoS) constituted by the college’s affiliating university—the Rajiv Gandhi University of Health Sciences (RGUHS), Bengaluru—meets regularly to update the curriculum, pattern of examination and evaluation, and distribution of marks. Two of the college’s faculty members—Prof. K.H. Kidiyoor and Prof. Balram Naik—were Chairmen of the BoS (Dental) of the RGUHS in 2011 and 2013, respectively—the former for postgraduate studies and the latter for undergraduate studies; both contributed with authority to the decision-making process therein. Dr. Gautam Jayade, Senior Lecturer in Oral Surgery of the college, is currently serving as member on the BoS, having been nominated by the Vice Chancellor in February 2014.

These have enabled the college to play a continual role in curriculum designing and development process. However, one must recognise that, in general, the main role of the college is in programme implementation, and only a limited role in initiating, designing and development of the curriculum exists. Nevertheless, several initiatives of the college have added to the overall curricular experience of students, most notable of them being the communication skills and critical thinking module for III BDS (details in 7.3.1).

1.1.4 How does the curriculum design and development meet the following requirements?

* Community needs

Both the DCI and the college understand that the dental profession is duty-bound to the
people of the country in providing reasonable oral health care and their work must benefit the
community. Considering that dentistry continually evolves, it is imperative to imbibe recent
trends and concepts to teaching-learning activities as well as patient care. The DCI ensures
that such developments are included in the revised curricula, while the college—for its
part—also includes recent advances in its academic activities and patient care.

* Professional skills and competencies
  The principal goals and objectives of dental education is the production of competent and
caring dentists. Hence, the curriculum is structured in a manner that first covers the basic
sciences, progresses to preclinical and paraclinical areas, culminating in extensive clinical
training. Throughout the undergraduate training, the teaching-learning programme comprises
of a mix of lecture- and seminar-based theory, hands-on focused preclinical training, and
problem- and case-based clinical mentoring.
  Additionally, since the one-year compulsory rotating internship requires the
undergraduate student to experience all clinical streams of dentistry, it provides a platform
for further enhancing one’s competency in dental care. In fact, the internship is structured so
as to provide the student maximum experience in the most common of patient complaints in
the Indian and global contexts, viz. periodontal disease, operative dentistry, prosthodontic
rehabilitation and surgical therapy. The college has further fine-tuned this with the inclusion
of a four-month clinical posting in General Dentistry where multi-specialty supervised
training and comprehensive care is provided under one roof, mimicking private practice.

* Research in thrust/emerging areas
  As part of the curriculum, students enrolled in the Master of Dental Surgery programme
must undertake and complete a research project—a dissertation—in partial fulfillment of
their Masters Degree. These dissertations are an important aspects of current scientific debate
and discussion, as well as those that translate to benefit the patients in diagnosis and
treatment. The inclusion in the curriculum of recent additions to dentistry, such as oral
implantology, lasers in periodontal surgery, and forensic dentistry, ensure that research is
undertaken in these emerging and thrust areas too by faculty and/or students (kindly refer to
publication list and Section 3—evaluative reports of oral implantology and forensic
odontology). Moreover, faculty members also undertake research projects of their own which
focus on such areas and others, as reflected in the extramural research grants generated by
some of the projects (please see 3.1.3 and 3.2.1).

* Innovation
  In addition to teaching new thrust areas and emerging specialties, the teaching includes
coverage of continual developments and latest trends in material science, and long-
established therapeutic procedures such as aspects of root canal treatment (RCT). This, and
investing in new equipment, material and techniques, spurs innovation (also, see 3.1.14 and
7.2.1).

* Employability
  In effect, the programme offered by the college—which is in consonance with the
curriculum designed by the DCI and adopted by the RGUHS—meets the needs of the
community and the society it serves through a mix of currency of the programme,
competency and skills gained by the students, an emphasis on research and development that
drives the growth of the subject and profession, and additional skills beyond the minimum
recommended in the curriculum. These not only guarantee employability of the college’s
graduates, but ensure that they are sought after and accorded preferential treatment in recruitment by other dental establishments.

1.1.5 To what extent does the institution use the guidelines of the regulatory bodies for developing and/or restructuring the curricula? Has the institution been instrumental in leading any curricular reform which has created a national impact?

The dental college reviews the curriculum and redesigns its implementation based on feedback from alumni, interaction with academic peers (such as the RGUHS Local Inquiry Committees), university examiners, BoS meetings, academic council and syndicate meetings, DCI inspections, international peer visits, subject experts and employers on micro- and macro-curricular aspects. The college consciously redesigns academic programmes by strategic planning for future-oriented learning. As mentioned in 1.1.3, the minimum requirements in dental curriculum are laid down by the DCI and adopted RGUHS. The college’s main role is in curriculum implementation. While the college cannot alter the basic requisites of the curriculum, it can add to it and has, in the past five years, done so—for example, the college introduced modules in Communication Skills and Critical Thinking, Basic Life Support (BLS) and Infection Control in 2010. Previously, concepts which were tried and tested in the college for a decade (e.g., COHC) were implemented at a national level; the college believes that the trend-setting modules introduced in the college in the last five years will also gain wide acceptance and implementation nationally.

1.1.6 Does the institution interact with industry, research bodies and the civil society in the curriculum revision process? If so, how has the institution benefitted through interactions with the stakeholders?

Yes. The college interacts extensively with the industry, research bodies, and civil societies in relation to continual dental education programmes, research, and patient care, respectively (please refer 3.2.1, 3.2.5, and 4.2.1). These interactions, invariable, enrich experience and the exposure gained is translated as feedback from faculty members to the DCI in curricular revisions.

1.1.7 How are the global trends in health science education reflected in the curriculum?

Dentistry, like other professions, is in a constant state of flux, with research and development contributing to the natural progression and evolution of the specialty. It is therefore vital that new and emerging concepts are brought into the curriculum for the benefit of the community which the profession strives to serve. The DCI, through periodic curricular workshops, includes such updates in the revised curriculum. These include recent evidence-base in disease diagnosis and treatment modalities which are of importance, and which students must know. Moreover, the faculty members of the college, themselves, are updated with current concepts through access to scientific literature and personal research experience, and the same is also covered, as needed, in students’ teaching-learning activities. Also, as mentioned in 1.1.5, modules in Communication Skills and Critical Thinking, BLS and Infection Control—unique to this college—adds value to the existing curriculum. Consequently, the curriculum reflects global trends in health sciences education. Furthermore, undergraduate students are encouraged to undertake research (which in itself is an excellent way to learn) under faculty guidance, and present the findings in national and international conferences.

1.1.8 Give details of how the institution facilitates the introduction of new programmes of studies in its affiliated colleges.
As aforementioned, the college in its own capacity has the authority to conduct courses other than the curriculum prescribed minimum. The Dean, Academics, in consultation with the Principal, makes the required adjustments to the course. Consequently, lectures in BLS, Communication Skills/Inter-personal Skills and Critical Thinking, the regional language (Kannada), and biostatistics, among other topics, have been introduced.

A detailed training programme in BLS is undertaken for students (as well as faculty and support staff). Members of the college attend a three-hour session on the rendering of BLS. The session covers a wide range of topics related to the administration of BLS, beginning with what BLS means, and various clinical scenarios wherein these measures may be of use. Common causes of cardiac arrest are discussed and students are informed about the local emergency number. Emphasis is laid on the rescuer himself/herself being safe and then transporting the patient to a place where BLS measures can be provided. Details about airway, breathing and circulation are covered and the various methods employed outside the hospital and in-house to manage cardiac arrest are discussed. Each student is then given a mannequin to enact (1) outside hospital cardiac arrest, and (2) in-hospital cardiac arrest. Members are made to practice on the means to keep the airway patent, namely, ‘headtilt−chin lift’ and the ‘look−listen−feel’ drill. The member is then made to give a barrier to give two rescue breaths followed by thirty correct cardiac compressions. This is repeated in situations when the member is alone, when help is available, and in a hospital setting. Members are also taught the correct assembly of the ambu bag and valve, and the ‘C’ and ‘E’ technique used for ventilation. The same procedure is repeated on paediatric mannequins. Advanced cardiac life support measures such as endotracheal intubation, laryngeal airway, and use of automated external defibrillator (AED) are briefly taught to members. Foreign body removal in children and abdominal thrust in adults (also referred to as the ‘Heimlich manoeuvre’) are additionally demonstrated. Finally, management of emergencies in the dental chair is discussed at length.

With regards to the Communication Skills and Critical Thinking module, the college hired the services of a corporate trainer in 2010 who guided and trained a group of college faculty in covering the module. After a training period comprising a large segment of 2010-11, the module continues to this day with the core group of faculty continuing the teaching of the module (details in 7.3.1).

With respect to the infection control programme, all members in the respective departments have to be conversant with the operational policies. Students are made to take a mandatory compliance training programme followed by an exam. College members successfully completing the programme are given a compliance certificate eligible for a standard time-frame (currently two years). The faculty members also undergo the training programme with a refresher course every year to keep them abreast of newer changes or innovations in the operational policies. In brief, the infection control and waste disposal policies are in most parts compliant with local regulations and the Center for Disease Control recommendations for Infection Control in dental settings. Additionally, the college also has a separate Sharps Injury Prevention programme in place. The Office of Safety and Infection Control (OSIC) aims at eliminating sharp injuries from the dental settings. It overlooks the amount of sharp injuries reported from every department. The programme also focuses on understanding the attributable reasons by performing a root cause analysis for every injury, and develops an action plan for reducing the possibility of recurrence.

1.1.9 Does the institution provide additional skill-oriented programmes relevant to regional needs?

Yes. In 2013, the college formally approved the Apprenticeship Programme in forensic odontology. This followed several requests from dentists and students from around India and abroad on the availability of courses in the specialty. Considering the expertise available in
the college in this subject, the college initiated this short (7–10 day) skill-oriented programme which is open to all dentists, forensic medicine students/specialists and the college’s interns. Workshops and certificate courses on oral implantology and aesthetic dentistry in collaboration with industry leaders continue, all of which benefits practicing dentists, postgraduate students and interns. In addition, several other skill-oriented programmes, including full-mouth rehabilitation (2011), conscious sedation (2012) and lingual orthodontics (2013), were offered in the college as part of continual professional education programmes for college members and other dentists.

1.1.10 Explain the initiatives of the institution in the following areas:

* Behavioral and Social Science.

The aim of teaching behavioural and social sciences to the undergraduate students is to impart such knowledge and skills that may enable her/him to apply principles of behaviour for all-round development of their personality, as well as use them in various therapeutic situations in dentistry. Recognising this, the college had appointed a renowned Psychiatrist in 2006 who continues to serve the college by taking didactic sessions for students. The classes cover assessment of psychological factors in each patient, explaining stress, learning simple counselling techniques, and improving patients’ compliance and behaviour. Moreover, this consultant faculty also supports students and patients through dedicated one-on-one counselling, as required.

* Medical Ethics/Bio Ethics/Nursing Ethics.

The importance of ethical dental practice is part of the prescribed undergraduate curriculum and covered under Public Health Dentistry. The do’s and don’ts constituting ethical practice as recommended by the DCI is highlighted and implemented during undergraduate training. The course on ethics includes definition, Declaration of Helsinki, WHO declaration of Geneva, International Code of Ethics, DCI Code of Ethics, doctor-patient relationship, truth and confidentiality, patient consent, malpractice and negligence and research ethics.

Students are also taught the various aspects related to maintaining patient privacy and confidentiality through a series of lectures in III BDS. The college has a policy on maintaining confidentiality and privacy of patient records and interactions which has been derived taking into consideration Indian laws and other recommended practices. At the outset, patient interactions and conversations about problems, disagreements, or dissatisfaction are properly documented (e.g., patient repeatedly fails/cancels appointments, refuses necessary treatment, does not adhere to preventive regimen). As a matter of ethical and legal obligation, and in keeping with the patient consent forms, confidentiality of all interactions between dentist and patient is maintained. The dental status (patient complaints, clinical findings, diagnosis, treatment plan and procedures undertaken) is kept confidential, except while seeking faculty supervision. Patient records are accessible to the Dental Records/Registration Section and department attendants ferrying the records from the treating department to the Dental Records/Registration Section. These support staff are also instructed and trained on the importance of maintaining the confidentiality of patients and their concerned health records. These are encapsulated in the college’s Patient Information Confidentiality Policy as well as the Patient Privacy Manual.

* Practice Management towards curriculum and/or services.

Lectures are dedicated to various aspects related to the setting up of a private dental practice. Students are introduced to practice management in III BDS and are provided practical training in Internship as part of clinical posting in General Dentistry. Training in III
BDS is mainly in the form of didactic lectures that introduce the students to this topic. Topics covered include selection of location, procuring financial assistance (if required) in the form of bank loans for establishing private practice, procuring dental equipments and materials, and employment of appropriately trained workforce in the clinic, among others.

Lectures are also conducted on practice management per se and the legal aspects as they apply to the practice of dentistry in India. Stress is laid upon doctor–patient relationship, medical and dental negligence, informed consent, termination of services, dental malpractice and legalities involved in rendering the services as an oral health expert in medico-legal cases. Also, lectures are delivered by external experts on advances useful in practice management, facilitating students’ awareness on a range of issues concerning contemporary dental practice.

**Orientation to research.**

The college considers research an integral part of academia and believes research initiatives must, ultimately, benefit the community. Both undergraduate and postgraduate students are initiated into research methodology—the former during III BDS under Public Health Dentistry and the latter through an RGUHS-organised module in I MDS. Furthermore, students as well as staff are encouraged to participate in research workshops, organised within and outside the college, and several have.

**Rehabilitation.**

The college has several initiatives in rehabilitation of patients and students—both of which can take different forms. While rehabilitation in terms of oral health care is routine for the former, several students, especially slow learners, are provided academic and personal counselling to optimise their academic performance.

**Ancient scriptural practices.**

The college has collaborated with the International Society for Krishna Consciousness (ISKCON), Hubli-Dharwad, to organise lectures on various topics beneficial to the students, faculty and staff. This is part of the college’s initiative to engage students in value-based education. Lectures on how the control of the mind can play a crucial role in enhancing one’s professional and personal life is organised annually, usually as part of the I BDS orientation programme. Other “well-being” lectures have also been conducted in the college by the Brahma Kumaris organisation and other resource persons (e.g., Introduction to Transcendental Meditation). All of these are based, or lay emphasis, on certain aspects of ancient scriptural practices of India.

**Health Economics.**

Health economics is a branch of economics concerned with issues related to the efficiency, effectiveness, value and behaviour in the production and consumption of health and health care, and the college has initiated a variety of measures that contribute towards this. For example, the college campus is a non-smoking zone and designated as a ‘Gutkha-free Zone’, encouraging and contributing to behaviours which undermine the use of tobacco and related products. In addition, major quality enhancements have been undertaken by the formulation of Standard Operating Procedures (SOPs) in clinical care. The SOPs bring uniformity in the treatment rendered by students and faculty across departments of the college. For example, the SOP for dental scaling ensures uniformity in the standards of care in the departments of periodontics, general dentistry and paediatric dentistry. This contributes to production of efficient and effective procedures in health care. Also, infection control protocols in place since 2010, and its periodic evaluation, ensure optimised asepsis measures in the clinics and clinical care, contributing towards efficiency and effectiveness in the
production and consumption of health and health care and, in turn, health economics.

* Medico legal issues.

In addition to medico legal issues generated consequent to negligence and malpractice, areas pertaining to medico legal issues as related to dentistry are covered under lectures on the Indian Constitution (I BDS) and Forensic Odontology (III and IV BDS). Also, the department of forensic odontology has rendered nearly 100 opinions in cases concerning age estimation, bite mark investigation, dental injury/disability claims and postmortem sex identification in the preceding five years.

* Enhancement of quality of services and consumer satisfaction

The college’s initiatives in enhancing the quality of service begins with the patient stepping inside the hospital building where a patient Help Desk, adjacent to the Dental Records/Registration Section, addresses patient grievances. The staff at the help desk also directs patients to the concerned departments and ensures that patients receive treatment without delay, while also receiving feedback from them concerning hospital services. A comprehensive survey exploring patient needs, attitude and satisfaction towards dental treatment offered in the college has been periodically undertaken, which shows overwhelming approval for the same (additional details in 4.2.1).

1.1.11 How does the institution ensure that evidence based medicine and clinical practice guidelines are adopted to guide patient care wherever possible?

As mentioned in 1.1.7, the revised curriculum includes recent evidence-base in disease diagnosis and treatment modalities which are of importance, and which students must know. In effect, the curriculum per se reflects evidence-based dentistry. Moreover, faculty members of the college are also updated with current concepts through access to scientific literature and personal research experience, and the same is applied in clinical practice and patient care. Overall, the clinical practice guidelines are competently adopted from the prescribed curricula and supplemented by faculty members’ continual scientific updates. Essentially, the validity of dental diagnosis, treatment planning and therapy is based on critically reviewed and updated evidence in the literature.

1.1.12 What are the newly introduced value added programmes and how are they related to the internship programmes?

A major focus of Internship was gaining experience in delivering COHC, which was introduced in 1998 in Public Health Dentistry. This has, in the last five years, received new impetus with the establishment of an exclusive Department of General Dentistry in early 2009, and its functioning since the academic year 2009-10 under multi-specialty faculty supervision (e.g., Endodontics, Prosthodontics, Oral Medicine). General Dentistry focuses on providing COHC to patients while patients who wish to undergo fractionated dental care are treated in the respective department. The college defines COHC as ‘care planned to address all oral and dental needs based on thorough diagnosis and treatment planning’. The clinical postings for interns in General Dentistry is four months in duration and each of them is assigned with the responsibility of providing COHC to the patient referred to them. Interns are closely monitored and guided by the faculty of the multiple specialties and also get an opportunity to evaluate the treatment outcome during the four month posting in that department. At the end of it, interns are in a better position to provide COHC, as would be required in clinical settings of private practice. Also, the college organises diverse short-term programmes/certificate courses in oral implantology, rotary endodontics, aesthetic dentistry and forensic odontology, and the interns are encouraged to enrol/attend/participate in them.
These programmes, too, add value to the internship. Apart from these, seminars and guest lectures on career options for dentists have been organised in the college by internal and external resource persons in the last five years for interns (please see 5.1.3) for additional details.

1.1.13 How does the institution contribute to the development of integrated learning methods and Integrated Health Care Management?
* Vertical and horizontal integration of subjects taught.
* Integration of subjects taught with their clinical application.
* Integration of different systems of health care (Ayurveda, Yoga, Unani, Homeopathy, etc.) in the teaching hospital.

The curriculum per se attempts at vertical and horizontal integration of the subjects taught. For example, coverage of applied anatomy in I BDS, clinical relevance of drugs, and the application of tooth anatomy to dental restoration, and coverage of chapters and topics of endodontic-periodontic lesions. In effect, basic medical and dental sciences, and paraclinical subjects, cover the respective clinical relevance, ensuring vertical integration of the subjects.

The college, too, attempts integration of the subjects taught through some of its own initiatives. For example, as per the curriculum, teaching of General Medicine commences in III BDS. However, the subject is introduced in I BDS and its relevance to Anatomy, Physiology and Biochemistry highlighted. In addition, General Medicine is also covered in II BDS from a view-point of Pathology, Microbiology and Pharmacology. In III BDS it is an examined subject for students but it continues to IV BDS, where its relevance to medically compromised patients is highlighted. This enables an ‘organ-based’ coverage of different medical/dental conditions. Also, undergraduate students begin to attend clinics in I BDS itself—students visit clinics for one session in a day every week throughout the year. This exposes them to the clinical atmosphere at an early stage of their BDS programme.

With respect to integrating different systems of health care, recent trends in certain aspects of dental treatment include the use of herbal medicaments to existing dental pharmacological agents. For example, some mouthwashes make use of herbal medicaments, and certain intra-canal medicaments too utilise it. The college has added lectures on clinical implications of typically used herbal/botanicals and their potential agonist/antagonistic affects with other prescription drugs. In addition, the college has added a question to the medical history form concerning herbal medicines being taken by patients. Furthermore, the college has organised continual dental education programmes in collaboration with SDM College of Ayurveda, a sister concern, exploring and highlighting common ground between ayurvedic medicines and dental care.

1.1.14 How is compatibility of programmes with goals and objectives achieved with particular reference to priority of interface between Public Health, Medical Practice and Medical Education?

The college has a well established and wide ranging extension and outreach activities, which embody the essence of the college’s goals and objectives, while also fulfilling the needs of the under- and postgraduate programmes. These activites address public oral health issues, including oral hygiene and major dental diseases and their prevention through dental education and intervention by appropriate care. Please refer to 3.6 for additional details on the.

1.2 Academic Flexibility
1.2.1 Furnish the inventory for the following:
* Programmes offered on campus
The programmes offered on-campus include the Bachelor of Dental Surgery (BDS) and the Master of Dental Surgery (MDS)—both under the college’s affiliation to the Rajiv Gandhi University of Health Sciences. In addition, certificate courses on Endodontics and Oral Implantology, under the aegis of the Indira Gandhi National Open University (IGNOU), are also offered on-campus.

The range of programmes available at the undergraduate level is restricted to the Bachelor of Dental Surgery (BDS) course. A two-year certificate programme in Dental Mechanics (dental technician’s course) was also available till 2009, and the last batch of students graduated in 2011. Both the programmes are/were approved by the Dental Council of India (DCI).

At the postgraduate level, however, the choice is more diverse. It includes the nine recognised Masters in Dental Surgery programmes:
1. Oral Surgery
2. Periodontics
3. Prosthodontics
4. Public Health Dentistry
5. Orthodontics
6. Paediatric Dentistry
7. Conservative Dentistry and Endodontics
8. Oral Medicine and Radiology
9. Oral Pathology

Postgraduate students from the Departments of Prosthodontics, Periodontics and Oral Surgery are required to undergo training in Oral Implantology. In addition, postgraduate students from Oral Pathology and Oral Medicine and Radiology (as well as other departments) have the choice to undertake thesis in Forensic Odontology. The college was recognised as a centre for Postgraduate Diploma Courses in Endodontics and Implantology. The course—a first-of-its-kind in India—was offered in association with Indira Gandhi National Open University and was approved by the DCI. Three batches of students graduated between June 2010 and June 2012.

In March 2011, the college was recognised by the RGUHS as a “Research Centre to carry out research work leading to award of PhD Degree” in the specialty of Periodontics; since April 2013, the university has also recognised the college as a research centre that can carry out research work leading to the award of PhD Degree in Conservative Dentistry and Endodontics, Prosthodontics, and Oral Surgery. Furthermore, a range of short-term certificate courses are available to interns, postgraduate students and dental practitioners in the college (kindly refer to 1.1.12).

* Overseas programmes offered on campus

The college annually hosted the contact programme in the Master of Clinical Dentistry (MClinDent) in Prosthodontics of the Dental Institute of King’s College London for five years, the last of which was organised in February 2010.

* Programs available for colleges/students to choose from

In general, the dental curriculum is a set programme and, once students gain admission to the BDS course, or one of the MDS streams, they are not in a position to ‘choose’ a programme per se. However, the college offers a variety of value-added programmes—short-term courses/modules (as detailed in 1.1.9 and 1.1.12)—which are optional and the college students can choose to enrol in any of these.

1.2.2 Give details on the following provisions with reference to academic flexibility
a. Core options
The dental curriculum of the BDS and MDS courses are ‘core’ options as such—the competency-based curriculum prescribed by the DCI is comprehensive and exhaustive. The curriculum includes those aspects of dentistry which the student must know and should know; while there is minimal scope for flexibility in the ‘must know’ areas, there is some scope for flexibility in the ‘should know’ areas.

b. Elective options
Since 2010, undergraduate students have the option to be part of research projects under the guidance of faculty members in diverse departments. Usually, a group of 3–6 undergraduate students undertake such projects under faculty guidance, although on occasion a single undergraduate student may also pursue a project. Furthermore, they and the postgraduate students have a number of elective options—as described under 1.1.9 and 1.1.12—which are value-added programmes that they can choose to enrol in. Some of the postgraduate students of the college visit international institutions for short periods of time on account of bilateral Agreements of Co-operation. For example, six postgraduate students from the Department of Oral and Maxillofacial Surgery have visited Tufts University School of Dental Medicine (TUSDM), Boston, USA, in the past five years to obtain insights into training approaches in the USA. The visit has been reciprocated with visits to this college by students of TUSDM in 2011; furthermore, students/trainees from other overseas universities/institutes (e.g., Germany, Turkey) have also visited the college during the preceding five-year period. During such visits, the college provides local hospitality to the elective students and takes complete care of their reasonable needs.

c. Bridge course
The college does not offer any bridge courses per se.

d. Enrichment courses
Interns and postgraduate students are encouraged to participate in hands-on courses on cutting-edge areas of dentistry (please refer to 1.1.9 and 1.1.12), which further enrich knowledge and skills.

e. Credit accumulation and transfer facility
While no provision exists for credit accumulation, inter-institutional transfer of students is permitted under rules laid down by the state government and the RGUHS.

f. Courses offered in modular form
Courses offered in modular form include hands-on programmes in oral implantology and aesthetic dentistry organised by the college in partnership with industry leaders; the Postgraduate Diploma offered between 2009 and 2011 in oral implantology and endodontics, under the aegis of the IGNOU, was also in modular form.

g. Lateral and vertical mobility within and across programmes, courses and disciplines and between higher education institutions
The BDS and MDS curriculum laid down by the DCI is the minimum requirements for graduating as a dentist and dental specialist, respectively. Hence there is little flexibility in these courses for students to move from one discipline to another or vertical mobility within a programme. However, as described under 1.2.2(e), mobility between higher education institutes is possible for students who desire a transfer, as per the rules laid down by the state government and the affiliating university. Also, ‘mobility’ within a programme may be
feasible in some of the add-on programmes offered in the college (e.g. apprenticeship in forensic odontology—see 1.1.9).

h. Twinning programmes

Through its overseas collaborations with TUSDM, USA, as well as Erciyes University, Turkey, the college has benefitted from these twinning programmes wherein students from the universities have visited the college, and vice versa, to gain alternative insights and perspective to their specialty.

i. Dual degree programmes

No dual degree programmes are offered by the college since such an option is neither sanctioned by the DCI, nor available with the affiliating university. However, the certificates obtained by students who complete various add-on/modular courses serve as a testament to additional patient care skills gained by them.

1.2.3 Does the institution have an explicit policy and strategy for attracting students from:

* Other states?

Student selection is only partly under the college’s purview—eighty percent (80%) of prospective under- and postgraduate students are selected for admission through one of two competitive entrance examinations—one organised by a conglomerate of private dental colleges in Karnataka (the COMED-K Test), and the other conducted by the State Government (K-CET). At the undergraduate level, students from around India are eligible to gain admittance to the college by writing the COMED-K test; at the postgraduate level, students from other states become eligible to gain admittance to the college by writing both tests.

With regards to the remainder 20% of seats, which is designated as ‘Management Quota’, no explicit policy of the college’s Management—the Shri Dharmasthala Manjunatheshwara (SDM) Educational Society—as such exists for attracting students from other states; however, the Management publishes invitation for admission in all leading national daily newspapers within and outside the state prior to commencement of the academic year; moreover, information on admission to the college is also available on the college website, www.sdmcds.org, in the drop-down menu for ‘Admissions’.

Furthermore, the college activities—such as conferences, workshops and contribution to cases—are regularly covered by the media, both in print and electronic versions. These provide continual information on the college and its workings.

* Socially and financially backward sections?

As aforementioned, student selection is only partly under the purview of the college; however, through the government’s policy on reservation, students from socially and financially backward sections of the society get the opportunity to gain admission to the college—both at an undergraduate and postgraduate level—by appearing for the K-CET.

* International students?

Based on an agreement between the State Government and private institutions, the remaining 20% of students are selected for admission by the respective college. The criteria for admission for this group of students is their performance in the qualifying higher secondary school examination (for BDS)/undergraduate degree course (for MDS). As mentioned above, for this segment of seats, the college’s Management publishes invitation for admission to the BDS and MDS courses in regional and national newspapers prior to commencement of the academic year; information on admission to the college is also
available on the college website, while news highlights covered in the print and electronic media provide continual reputation reinforcement.

1.2.4 Does the institution offer self-financing programmes? If yes, list them and indicate if policies regarding admission, fee structure, teacher qualification and salary are at par with the aided programmes?

The institution does not offer any self-financed programmes—most students are self-financing while the Government reimburses educational expenses as fees from students belonging to the Scheduled Caste and Scheduled Tribe categories.

1.2.5 Has the institution adopted the Choice Based Credit System (CBCS)/credit based system? If yes, for how many programmes? What efforts have been made by the institution to encourage the introduction of CBCS in its affiliated colleges?

A system such as the Choice Based Credit System (CBCS), which offers wide ranging choice for students to opt for courses based on their aptitude and their career goals, perhaps has limited scope of application in dentistry considering that the BDS and MDS curriculum adhere to DCI minimum regulations. However, as mentioned in 1.1.9 and 1.1.12, students do have the option of enrolling in ‘add-on courses’ to supplement their skills. Also, in a first of its kind initiative in India, the college has commenced competency assessment of undergraduate students’ skills in a variety of clinical procedures, the details of which are in 2.3.1 and 7.3.1.

1.2.6 What percentage of programmes offered by the institution follow:

* Annual system
* Semester system
* Trimester system

Virtually 100% of the conventional bachelors and masters programmes (BDS and MDS) offered by the college follow an annual system. The postgraduate diploma course in oral implantology and endodontics, offered under the aegis of the IGNOU, was also an annual course; however, some of the add-on courses, such as the oral implantology modular course undertaken in collaboration with industry, are six months in duration.

1.2.7 How does the institution promote multi/inter-disciplinary programmes? Name a few programs and comment on their outcome.

The college has a culture of multi/inter-disciplinary collaborations in its teaching-learning activities, research and patient care. For example:

- The functioning of General Dentistry is one of the major inter-disciplinary settings that has taken root in the college in the past five-years. The department includes faculty members from Conservative Dentistry and Endodontics, Prosthodontics, Oral Medicine and Radiology; it also includes faculty from other departments, such as Oral Surgery, as consultants.
- Oral and Maxillofacial Surgery postgraduate students are posted for one month in Orthodontics in their second year for training in cephalometric tracing, analysis its importance in surgical treatment planning; these postgraduate students have several other ‘peripheral’ postings, including oral implantology
- Faculty members of Oral Surgery and Orthodontics along with technicians and students, routinely collaborate in treatment planning and splint fabrication for orthognathic surgery; Orthodontics also coordinates with the department of Prosthodontics and Oral Medicine in splint fabrication in the treatment of patients with temporomandibular disorder and bruxism
Orhtodothics has coordinated with the Oral Medicine and Radiology in an ICMR funded undergraduate student research, as well with the Oral and Maxillofacial Surgery in postgraduate research.

An Orthodontics faculty member is pursuing an inter-disciplinary doctoral dissertation in collaboration with Periodontics, under the aegis of RGUHS.

In Paediatric dentistry, in relation to the MDS teaching programme, case discussions are conducted wherever multidisciplinary approach is required with Oral Medicine and Radiology, Conservative Dentistry and Endodontics, Periodontics, Orthodontics, Oral Surgery, and Oral Pathology.

Consultations are obtained by Paediatric Dentistry with appropriate departments for cases with special health care needs and requiring multi disciplinary approach, cases with endo-perio problems, cases requiring orthodontic interventions (interceptive orthodontics), those requiring diagnosis of benign cysts and tumors and advanced radiographic interpretations, and surgically excised biopsy specimens requiring histological interpretations.

Oral Pathology MDS students have postings in Oral Medicine and Radiology, as well as Anatomy and Physiology departments of the S.D.M. College of Medical Sciences—a sister-concern—where they make seminar presentations. Oral Pathology also pursues research collaborations with Oral Surgery, Oral medicine and Radiology.

A bone mineral density camp was conducted to help postgraduate students assess the bone density prior to placing dental implants. This was conducted in collaboration between Prosthodontics, Oral Medicine and Radiology and the company Novartis Pharma.

It is mandatory for postgraduate students from these three departments to complete a three-month module in oral implantology.

Teaching in Forensic Odontology is undertaken in collaboration with Oral Pathology and Oral Medicine and Radiology under a trained forensic odontologist; research by this department has involved these two departments as well as Conservative dentistry and Endodontics and Paediatric Dentistry; consultation pertaining to forensic dental cases are also undertaken in collaboration with Oral Surgery, Paediatric dentistry, Oral Medicine, and Oral Pathology.

Postgraduate students have the flexibility of pursuing inter-disciplinary course, as it has been prescribed in the curriculum.

1.2.8 What programmes are offered for practicing health professionals for skills training and career advancement?

The Master of Clinical Dentistry in Prosthodontics was organised commencing 2006 in collaboration with the Dental Institute of Kings College London. Its contact programme lasted five years, till February 2010; in addition, workshops and certificate courses on Oral Implantology and Aesthetic Dentistry have continued, while a short programme in forensic odontology was introduced in 2013—all of which benefits practicing dentists, postgraduates and interns.

Collaborating with the local branch of the Indian Dental Association (IDA), the college has organised several continual dental education (CDE) programmes for enhancing professional skills of private practitioners. These include:

- Lectures by Dr. Tushar Hegde (Lingual Orthodontics and Practice Management), an external resource faculty, and Dr. Ashith Acharya (Dental Records & Forensic Dentistry), an internal resource faculty, in June 2012.
• A programme for students and dental practitioners in the college in February 2013 in collaboration between the Department of Prosthodontics and IDA, Dharwad District Branch

1.3 Curriculum Enrichment

1.3.1 How often is the curriculum of the institution reviewed and upgraded for making it socially relevant and/or skill oriented / knowledge intensive and meeting the emerging needs of students and other stakeholders?

As mentioned in 1.1.3, the college has a limited role in development of the curriculum as well as in its revisions, although faculty members and the Principal provide feedback from time to time to the DCI and RGUHS. It is the prerogative of the DCI to formulate the changes and upgrade the curriculum, which it does as and when required. Such changes are in tune with recent trends and updates and considers social relevance, practical skills, and is intense knowledge-wise, meeting the emerging needs of students and other stakeholders.

1.3.2 During the last four years, how many new programmes were introduced at the UG and PG levels? Give details.

* multi/inter-disciplinary

As described under 1.1.12, General Dentistry provides multi-specialty based training so that undergraduate students gain exposure and insights into comprehensive oral care, as is delivered in private practices.

* programmes in emerging areas

A dedicated programme in oral implantology was organised for the interns in 2010-11. Moreover, a three-month training in oral implantology is mandatory for postgraduate students of Prosthodontics, Periodontics, and Oral Surgery. Also, postgraduate students and interns are encouraged to enroll in modular courses in oral implantology and gain training on clinical material. In addition, postgraduate students are provided training in the use of LASERS in periodontal surgery—this extends to theoretical concepts, hands-on practical exposure in clinics, as well as its assessment through research. As mentioned under 1.1.9, the college offers a unique hands-on experience for dentists in forensic odontology—another emerging area.

1.3.3 What are the strategies adopted for the revision of the existing programmes? What percentage of courses underwent a syllabus revision?

As detailed under 1.1.7, the DCI revises the curriculum so that it is in tune with the times and incorporates recent trends; the DCI formulates the changes and upgrade the curriculum as and when required. The DCI has undertaken changes to both the BDS and MDS curricula in the last two years although these revisions are yet to be notified by the Government of India for implementation.

1.3.4 What are the value-added courses offered by the institution and how does the institution ensure that all students have access to them?

As described in 1.1.9 and 1.1.12, the college offers a range of value-added courses, such as in oral implant treatment, rotary endodontics, aesthetic dentistry and forensic odontology. These programmes are adequately advertised within the college so that all students are made aware of its availability; furthermore, students are also encouraged by faculty members to enrol/attend/participate in them.

1.3.5 Has the institution introduced skills development programs in consonance with the
national health programmes?

Yes, the college has organised several programmes and/or undertaken initiatives that are in consonance with the national health programs. For example, World Aids Day in 2010 was commemorated through a series of lectures on the relevance of the disease to dentistry (which included as aspects of the National AIDS Control Programme); the Office of Health and Safety (OSIC), initiated in 2010, educates college members on optimising safety in the workplace through the use of personnel protection equipment (PPE) and proper infection control and asepsis protocols, in tune with the National Programme for Control and Treatment of Occupational Diseases; several outreach programmes organised by the college, as well as the annual commemoration of the World Anti-Tobacco Day, emphasise on cancer prevention and care, in upholding the emphasis of the National Cancer Control Programme; the college’s policy of referring patients >40 years of age for a general medical examination has resulted the diagnosis and identification previously unknown cases of diabetes and cardiovascular disease, contributing to the National Programme for Control of Diabetes, Cardiovascular Disease and Stroke.

1.3.6 How does the institution incorporate the aspects of overall personality development addressing physical, mental, emotional and spiritual well being of the student?

As aforementioned in 1.1.9, 1.1.10, and also detailed in 2.2.3, 2.2.4 and 5.3, through a mix of value-based education, counselling by qualified personnel, rendering academic and personal direction and support by faculty members, and opportunity and support in extra-curricular activities such as sport and cultural spheres, the college contributes to the overall personality development of students.

1.3.7 Does the curriculum provide for adequate emphasis on patient safety, confidentiality, rights and education?

Since 2010 the college has put in place a comprehensive infection control and asepsis programme that addresses both operator and patient safety (4.2.1); in addition, the college has developed dedicated policies and protocols which address the maintenance of patient confidentiality, patient rights and patient education concerning different aspects of oral treatment. These are also displayed in different parts of the college, on the college’s website, as well as published in a number of college’s printed books (the ‘Infection Control Manual’, and ‘Patient Privacy and Confidentiality’ manuals), a copy of which is handed to each student and faculty member.

1.3.8 Does the curriculum cover additional value systems?

Additional value systems are detailed in length in the college’s ‘Policies’ book, which is accessible to the students and faculty members through a secure gateway on the college website. This book covers diverse areas of interaction and experiences which one may face during work, including academics (e.g., copyright, intellectual property), clinical care (e.g., patient rights and responsibilities), student-related aspects (e.g., Student Conduct and Discipline, Code of Ethics), etc.

1.4 Feedback System

1.4.1 Does the institution have a formal mechanism to obtain feedback from students regarding the curriculum and how is it made use of?

Students and house-surgeons provide a micro-level feedback on curriculum. The feedback is obtained on formats such as those provided by the NAAC and includes evaluation of each subject of the curriculum.
1.4.2 Does the institution elicit feedback on the curriculum from national and international faculty? If yes, specify a few methods such as conducting webinars, workshops, online discussions, etc. and their impact.

We obtain feedback from both subject experts and curriculum experts. The former provide balanced information concerning implementation of curriculum from a particular subject’s point-of-view. Subject experts include private practitioners and can provide invaluable information on the field conditions of the particular discipline. On the other hand, curriculum experts provide information on modern techniques used for developing curricula so that it bears more meaning for a student. For example, curriculum experts can give meaningful output specifications in terms of competency-based requirements for students at the end of a course. In addition, feedback is also received from inspectors of the apex body (DCI) and the university, undergraduate and postgraduate examiners as well as international visitors.

1.4.3 Specify the mechanism through which affiliated institutions give feedback on curriculum and the extent to which it is made use of.

The mechanism through which affiliated institutions give feedback on curriculum is detailed under 1.1.3. Considering that the DCI obtains feedback from hundreds of institutions from around the country, it may be difficult to specifically state the extent to which the feedback is made use of; however, one may state that elements of the feedback provided by affiliated colleges are incorporated into the curriculum.

1.4.4 Based on feedback, what are the quality sustenance and quality enhancement measures undertaken by the institution in ensuring the effective development of the curricula?

Whenever changes to the curricula are made by the DCI and notified by the Government of India, the college implements. Also, as stated in 1.1.5, the college can add to the prescribed curricula and it has, in the past five years, done so—for example, the college has introduced modules in Communication Skills and Critical Thinking, Basic Life Support, Infection Control, Maintaining Patient Privacy, etc., ensuring that quality is maintained.

1.4.5 What mechanisms are adopted by the management of the institution to obtain adequate information and feedback from faculty, students, patients, parents, industry, hospitals, general public, employers, alumni and interns, etc. and review the activities of the institution?

Students and house-surgeons provide a micro-level feedback on curriculum. The feedback is obtained on formats such as those provided by the NAAC and includes evaluation of each subject of the curriculum.

Feedback is obtained from the alumni through inputs during the biennial alumni meet. Informal alumni feedback is also obtained by faculty members of the institution during their visits to various institutions across the country.

A dedicated student liaison officer is in regular touch with the parents and obtains feedback concerning the parents’ perception of the curriculum. The information, in turn, is forwarded to the Dean, Academic Affairs.

The institution is in a unique position in that the employers are in direct contact with the diverse stakeholders. For example, the President of the Organisation that runs the institution is the Head of a religious body and directly interacts with devotees and well-wishers, who include students, their parents as well as patients. The feedback thus obtained is conveyed to the Principal of the dental college.

We obtain feedback from both subject experts and curriculum experts. The former provide balanced information concerning implementation of curriculum from a particular
subject’s point-of-view. Subject experts include private practitioners and can provide invaluable information on the field conditions of the particular discipline. On the other hand, curriculum experts provide information on modern techniques used for developing curricula so that it bears more meaning for a student. For example, curriculum experts can give meaningful output specifications in terms of competency-based requirements for students at the end of a course. In addition, feedback is also received from quality ensuring inspectors of the apex body (DCI) and the university, undergraduate and postgraduate examiners as well as international visitors.

A ‘Help Desk’ in the reception area addresses patient grievances and receives feedback from patients concerning hospital services. Also, a survey of almost 1000 patients—both old and new cases and from diverse age-groups and backgrounds—was undertaken in 2007 to assess their satisfaction with the dental care and treatment. The survey lasted 6–8 months and found that more than 90% of the patients were satisfied with the dental treatment provided. Some of the suggestions provided by the patients have already been incorporated in the daily care we provide. For example, a water-cooler was installed in the hospital lobby for the benefit of waiting patients, following suggestions that provision for drinking water be made. Also, newspapers and magazines are kept in the patient waiting lounge. Also on the verge of implementation is the provision of shoe-rack outside the clinics (both to ensure cleanliness of clinics and safety of patient’s footwear).
2.1 Student Enrolment and Profile

2.1.1 How does the institution ensure publicity and transparency in the admission process?

Publicity in the admission process

The college prospectus is updated yearly and distributed to students on request, prior to admission. The prospectus gives a brief background of the college, its founders, and outlines the courses on offer as well as the infrastructure and recreational facilities available on-campus.

Utilising Flash Media Player® technology, the college website—http://www.sdmcds.org—provides a detailed background and history of the college and profiles its founders. The website also elaborates on the different departments, their activities such as research, courses offered and added facilities available. Updated on a regular basis, the website ensures those accessing it receive pertinent information on new developments in the college.

Invitation for admission to the BDS and MDS courses are published both in regional and national newspapers prior to commencement of the academic year (usually along with that of its sister institutions such as Medical, Ayurveda, Engineering, etc.). Furthermore, the institutional activities—such as conferences, workshops and unconventional cases—are regularly covered by the media, both in print and electronic versions. These provide continual information on the college and its workings.

Furthermore, faculty from our institution are part of ‘pre-counselling’ training programmes—forums that provide information to 10 + 2 or PUC students on career options. Our faculty provide an objective picture on dentistry as a career option, in general, and the course offered at the institution, in particular, in Hubli-Dharwad and other towns of the region.

In addition, our college and our sister institutions conduct public awareness fairs which are open to people of the region. Dental science exhibitions at these fairs provide information on not just oral health care, but also dental education.

Transparency in the admission process

As stated under 1.2.3, a vast majority of students are admitted through a centralised entrance examination system, outside the purview of the institution's control. The small segment of admissions under the institution’s control is absolutely transparent—from the call for applications on the college’s website and print media, use of a uniform application form developed by the college’s Management, to the process of admission itself, which is based on the applicants’ previous performance at high-school/undergraduate course, counselling/interview and an assessment of their aptitude.

2.1.2 Explain in detail the process of admission put in place by the institution. List the criteria for admission: (e.g.: (i) merit, (ii) merit with entrance test, (iii) merit, entrance test, aptitude and interview, (iv) common entrance test conducted by state agencies and national agencies (v) any other criteria (specify).

The details of the process of admission have been explained under 1.2.3. The criteria for admission are laid down by the DCI, which is adopted by the RGUHS—the affiliating university of the college.

2.1.3 Provide details of admission process in the affiliated colleges and the university’s role in monitoring the same.
The details of the process of admission have been explained under 1.2.3. With regards to the role of the affiliating university in monitoring the admission process, all students are required to report to the college on or before the last date fixed by the State Government and the RGUHS. The college is required to upload the required information online to the affiliating university and submit all the documents, along with the requisite fee, to the RGUHS prior to the last date for scrutiny, verification and approval of students’ admission. Following verification of all the original documents of the students admitted through the Government (K-CET), COMEDK and the Management quota, the affiliating university issues an approval letter to the college. Students are then permitted to continue with their course and are eligible to appear for the annual examination conducted by the RGUHS.

2.1.4 Does the institution have a mechanism to review its admission process and student profile annually? If yes, what is the outcome of such an analysis and how has it contributed to the improvement of the process?

The college per se does not have a mechanism to review its admission process, and there is only a limited role for the college in such an exercise; the affiliating university (and the government), on the other hand, may have a greater role in developing such a mechanism.

2.1.5 What are the strategies adopted to increase/improve access for students belonging to the following categories:

- SC/ST/OBC
  Based on an agreement reached between the State Government and private institutions of the state, 20% of undergraduate and postgraduate seats are allotted to students appearing for the K-CET conducted by the State Government. This segment of students includes those from disadvantaged sections of society such as SC, ST and OBC categories.

- Women
  From among the seats under the institution’s control (Management Quota), female applicants—particularly at the MDS level—are given access to admission. It must be noted that female candidates usually outnumber males at the BDS level (approximately 3:2) and are approximately equal at the MDS level (1:1).

- Persons with varied disabilities
  Through the aforementioned admission process, students with physical disabilities have gained admittance to the college in the last five years—while one has completed his postgraduate studies another continues to pursuing his; there have also been cases where students became physically challenged due to life circumstances. In such instances, also, the college has extended its full co-operation and support to contribute towards successful completion of studies. Most areas of the college and hospital are accessible for non-ambulatory individuals—with a ramp providing access to the building and an elevator allowing access to the different floors of the hospital.

- Economically weaker sections
  Financial aid is provided to needy students, depending on their economic background. In the preceding year, Nishit R.K., a student who enrolled in BDS has been provided free hostel accommodation for the entire period of his Bachelor’s training. This amounts to ₹ 99,500/-.  

- Outstanding achievers in sports and other extracurricular activities
  Through the Government’s quota for sports-persons, there is the provision for admitting sports personnel in our college; in addition, the college has allotted seats from under the
Management Quota to exceptional sports-persons, particularly cricketers.

2.1.7 Has the university conducted any analysis of demand ratio for the various programmes of the university departments and affiliated colleges? If so, highlight the significant trends explaining the reasons for increase / decrease.

While the university may have undertaken an analysis of demand ratio for the various programmes offered by it, the demand for dentistry has increased in the last five years. This has partly been a result of prevailing economic conditions around the world that has reportedly contributed to a decrease for professional courses in some of the streams of engineering and technology. This is reflected also in an increase in the number of dental colleges in the state and also an increase in seats available in dental courses.

2.1.8 Were any programmes discontinued/staggered by the institution in the last five years? If yes, specify the reasons.

No programmes were discontinued/staggered by the institution in the last five years.

2.2 Catering to Student Diversity

2.2.1 Does the institution organise orientation / induction program for freshers? If yes, give details such as the duration, issues covered, experts involved and mechanism for using the feedback in subsequent years.

2.2.2 Does the institution have a mechanism through which the “differential requirements of the student population” are analysed after admission and before the commencement of classes? If so, how are the key issues identified and addressed?

Yes. The institution does have a mechanism which carefully analyses differential requirements of the diverse and heterogeneous student community. For example, it is not uncommon for students to request for single-seater accommodation in the residential hostels; based on availability, and on a first-come-first-served basis, such requests are fulfilled.

Similarly, certain students may require personal attention academically and, in such instances, subject experts are assigned to ensure that student comprehend the subject better.

However, there may be certain needs of students which may be contrary to institutional policy and these may not be addressed, for example, it is institutional policy that the campus does not serve non-vegetarian food, and prohibits the use of tobacco and alcoholic spirit.

2.2.3 How does the institution identify and respond to the learning needs of advanced and slow learners?

The college’s method of identifying slow and advanced learners is through accomplishment tests (internal assessment examinations) over regular periods of time (usually three in an academic year). The tests include viva voce, written theory and practical/clinical assessment. These tests provide information on the competency of each student, allowing the college to adopt remedial strategies, particularly in the case of slow learners. Additional lectures and practical/clinical sessions are organised for such students to improve on the knowledge and skills acquired. An additional assessment examination is also undertaken to give every opportunity for the student to improve on his/her yearly assessment outcome.

Measures to address solutions and strategies for slow learners were also extensively discussed in the college’s Academic Advisory Committee in 2013 and 2014. As per the suggestion of its members, a proforma was prepared to identify slow learners; this proforma was distributed to all departments so that members of the faculty could identify slow learners
on the basis of not just their internal assessment examination performance and attendance, but several other indicators such as lack of self-confidence, lack of proper communication skills, lack of logical and reasoning skills, etc. Steps were taken to periodically communicate (by the Students Officer at least twice in a year) the attendance and internal assessment performance to the respective parents. Talks are also underway with a local commercial establishment on the feasibility of mobile-based communication with students (and their parents) re. notifications and updates on exam performance, attendance status, special classes, etc. Students were also given counselling by the Heads of the Department/faculty members of the college; as necessary, individual students were also referred to, and counselled by, the college’s consultant Psychiatrist. Potential improvements in this would be gauged through an assessment of the outcome of student performance in the 2014 university examinations.

With regards to advanced learners, once identified, they are provided opportunities to participate in research and develop further analytical faculties. Such students are also provided with the opportunity to present these researches (as papers/posters) at scientific forums which not only adds to the college profile but the individual students’ academic profile.

2.2.4 Does the institution offer bridge / remedial / add-on courses? If yes, how are they structured into the time table? Give details of the courses offered, department-wise/faculty-wise?

Slow learners and language issues are dealt with in a well-planned manner. Faculty members continually monitor students’ academic progress and advice on academic issues. Faculty members in various departments identify students with academic difficulties and possible underlying personal issues. Each faculty member is given charge of a particular number of students and is responsible for tutorials, chair-side discussion and training students in the basics of the respective subject. Faculty members evaluate students’ performance and, in case of deficiencies, undertake counselling in an attempt to improve student performance. Such students are also provided additional course guidance and instruction—either in groups or one-on-one—to overcome academic hurdles. There is a provision for tutorials / remedial sessions and additional internal assessment examination (‘improvement’ examination) for slow learners. Based on feedback of the students, sessions are undertaken separately in a particular subject / topic by a member of the respective department’s faculty. When essential, one-on-one interactions between faculty and student is also undertaken to clarify issues relating to sub-optimal academic comprehension.

2.2.5 Has the institution conducted any study on the academic growth of students from disadvantaged sections of society, economically disadvantaged, differently-abled, etc.? If yes, what are the main findings?

While the college has not conducted any study per se on the academic growth of students from disadvantaged sections of society, economically disadvantaged, differently-abled, there are instances when students from socially disadvantaged groups and minority communities have secured gold medals and have been awarded the SDM Educational Society’s Presidential Gold Medal.

2.2.6 Is there a provision to teach the local language to students from other states/countries?

Language issues are dealt with in a well-planned manner. For example, faculty members are appointed to take lectures in the dominant local Language, namely Kannada. Moreover, the college publishes and distributes a book—‘Kannada for Dental Clinics’—which translates common English communication to Kannada in dental practice amongst the students.
2.2.7 What are the institution’s efforts to teach the students moral and ethical values and their citizenship roles?

As stated under 1.1.1, a goal of the college with regards to the BDS course it offers is to produce graduates who harbour the concepts of ethical practice. The institution aims for its graduates to not just become competent dentists, but also ideal and responsible citizens. By organising outreach activities in areas of need, the college aims to sensitise its students on the necessity of dental treatment for all strata of society. The college also provide students with guidance on personality development through a series of guest lectures.

The rich culture and heritage of our land is reinforced among students regularly through interactive sessions on ethics and values. These are re-emphasised at different points in time by the faculty, who also strive to set high standards for students to emulate. In our quest for excellence, we believe that by providing the best of resources and teaching-learning experiences to the students, we cultivate an inherent desire in them to become the best and provide the best in return.

Outreach activities provide unique opportunities for students to hone their basic clinical and communication skills, and to provide culturally and ethically appropriate services for a multi-cultural environment.

Also, as described under 1.1.10 (‘Ancient scriptural practices’), the college collaborates with the International Society for Krishna Consciousness (ISKCON), Hubli-Dharwad, to organise lectures on value-based education, which include personality development, control of the mind and its role in enhancing one’s professional and personal life—all of which have an underlying moral perspective.

Moreover, the importance of ethical dental practice is part of the prescribed undergraduate curriculum and covered under Public Health Dentistry. The do’s and don’ts constituting ethical practice as recommended by the DCI is highlighted and implemented during undergraduate training. The course on ethics includes definition, the Helsinki Declaration, WHO declaration of Geneva, International Code of Ethics, DCI Code of Ethics, doctor-patient relationship, truth and confidentiality, patient consent, malpractice and negligence and research ethics.

Application of the principles of ethics at the community level is given impetus—obtaining informed consent at the community level, maintaining confidentiality of records and other ethical concerns while providing oral health care at the community level are emphasised. Students are trained to identify the community’s concept of professional behavior and their subsequent expectation of the same from dentists. Students’ ethical and professional conduct is assessed in Community Dentistry on the college’s prescribed competency assessment form.

Students are required to communicate with patients about their oral health condition and need to devise a treatment plan taking into consideration the chief complaint(s) of the patient and the demands of ethical clinical practice. Hence, under COHC and the fractionated dental care programme, students are also trained in the practice of ethical principles in the dental clinic. The definitive treatment plan is arrived at by the student bearing in mind the immediate needs of the patient.

2.2.8 Describe details of orientation/ foundation courses which sensitise students to national integration, Constitution of India, art and culture, empathy, women’s empowerment, etc.

Every year, the college celebrates two national landmarks—the Independence Day and the Republic Day. The programmes include the customary hoisting of the Indian flag, the rendering of the National Anthem, as well as addresses by senior college administrators about the significance of the day. In addition, it is the tradition that the college’s best graduating student unfurls the tricolour on Republic Day and this student addresses the gathering on
topical issues.

In addition, classes on the Indian Constitution are covered in I BDS by a lawyer who serves as a guest faculty to the college. The college’s policy on non-discrimination discourages practices that could preclude the fair and equal treatment of women; there are policies and procedures in place wherein female students have avenues for redressing their grievances. Furthermore, the college is in compliance with RGUHS guidelines which have a zero tolerance towards any form of gender discrimination, exploitation and harassment. In this regard, the college has constituted a ‘Women’s Welfare Cell’.

As elaborated before, the college facilitates the conduct of lectures organised by ISKCON, which are derived from India’s rich cultural heritage that encompass the concepts of harmony, non-violence and empathy.

2.2.9 Has the institution incorporated the principles of Life Style Modifications for students based on Eastern approaches in their day to day activities?

The college’s Management is the Shri Dharmasthala Manjunatheshwara Educational Society, which in turn represents the temple-town of Dharmasthala in coastal Karnataka. It propagates the tenets of Eastern philosophy such as non-violence. Consequently, the college campus harbours an exclusive vegetarian dining facility and consumption of meat is prohibited. Furthermore, the campus is a tobacco-free and a non-alcoholic zone. The discourses of personnel from ISKCON includes means and methods for life-style modification to cope with the stress of daily life.

2.2.10 Has Yoga/Meditation/any other such techniques been practiced by students regularly as self-discipline?

Yogasana/meditation/and other such techniques are practiced regularly as self-discipline by students in their individual capacity. The college encourages its students to stay fit—which in effect is an extension of a lifestyle that reflects self-discipline—by virtue of providing numerous facilities, be it outdoor sport and athletics, or an indoor facility that includes shuttle badminton and multi-gym. More recently, in 2013, the college’s Management has inaugurated a standard sized swimming pool for use by all faculty and students.

2.2.11 How does the institution attend to the diverse health issues (physical and mental) of students and staff?

The Department of Medicine is the designated Student Health Centre and caters to health consultations of students during college hours. Prof. Shyam Amur, the college’s Physician and Head of the Department of Medicine, attends to students’ health issues during and after college hours. After-hours service is also provided at the on-campus Craniofacial Surgery and Research Centre, where doctors are on duty 24 hours a-day. The Craniofacial Centre has facilities for chest x-ray and other routine laboratory investigations. Furthermore, free/subsidised consultation, examination, investigation and treatment is available for students in the allied medical school under the ‘S.D.M. Health Care’ system. This information is made available to students in the Policies book.

The college mandates that students be immunised against infectious diseases such as measles, mumps, rubella, chicken pox, Hepatitis A and B, and Typhoid. The Department of Medicine undertakes vaccinations for enteric fever, Hepatitis A and B, and pre-overseas travel (e.g., Varicella Zoster); the department also conducts screening and health check-up of students, employees of the on-campus student dining facility and security personnel, and comprehensive health check-up of recently admitted students. This information is made available to students under Chapter 11 of the SID.
2.2.12 Does the institution cater to the needs of groups / individuals requiring special attention by conducting group classes / special individual trainings / focused group discussion / additional training measures etc.?

A group of individuals requiring special attention are slow learners, and strategies to address the issue were detailed under 2.2.3 and 2.2.4. Efforts by the college to organise remedial tutorial sessions and classes for students, as essential, was also described under 2.2.4. Another group that may require special attention would be students unfamiliar with the local language which, at times, may prove important in patient communication. Strategies for addressing this has been detailed under 2.2.6. Individual training for students have also been organised in several departments when it was determined that such a measure was essential both for academic progress of such a student, as well as to provide impetus and motivation to the student’s effort.

Focused group discussion is a routine mode of teaching–learning, particularly in the clinical setting; for example, at the undergraduate level, prior to clinical care commencement, discussions are held on pertinent topics that have implications to oral health care.

2.3 Teaching-Learning Process

2.3.1 How does the institution plan and organise the teaching-learning and evaluation schedules such as

* academic calendar
The academic calendar is prepared in compliance with the time-frame prescribed by the affiliating university, RGUHS, and it follows the academic schedule set by the same. This includes the three designated formative evaluations (‘internal’ assessments), a mid-term vacation spanning two weeks, and annual (university) examination. Based on the Academic Calendar, the respective departments work out the teaching plan. The RGUHS has provided curricular guidelines for the entire academic year’s activities, done in consultations with the Board of Studies and approved by the academic council.

While each internal assessments ‘bunches’ together the subjects examined in all four years, an exception is made in IV BDS, wherein there is a span of one week between each subject assessed in two of the internal assessments. This ensures sufficient time for preparation for the students in that crucial year. However, the third internal assessment ‘bunches’ together all clinical subjects. In addition to the internal assessments, the college also undertakes competency assessments in each of the undergraduate clinics.

* teaching plan
Based on the annual academic calendar, individual departments develop the teaching schedule and plan, which includes the prescribed curriculum; the teaching programme is scheduled taking into consideration the time available for coverage of the various topics in that subject, and is divided amongst the faculty members in the department. While the theory is covered through lectures, seminars, home assignments, discussions and interactive sessions, the clinical component is covered by means of case-based learning, and problem solving exercises.

* rotation plan
The schedule of the dental clinical rotation for III BDS, IV BDS and the Interns is tabulated below. The clinical rotation ensures that students have spent the requisite time period in the diverse dental specialties, as well as undertaken and completed a set threshold (quota) of cases/treatment modalities.

* course plan
As stated under Criterion 1, the course plan is based on the curriculum developed by the DCI and adopted by the RGUHS, with a role for the college only in terms of implementation. The prescribed course is spread effectively across the academic year based on the RGUHS’ academic plan.

* unit plan

Considering that the conventional programmes offered in the college are annual in nature (see also 1.2.6), there is no ‘unit plan’ per se, and the plan corresponds to the aforementioned academic calendar and teaching plan.

* evaluation blue print

Again, the college follows the aforementioned university-designated three formative evaluations (‘internal’ assessments) and the annual examination conducted by the affiliating university. However, as part of the formative evaluation, the college has, since 2010-11, introduced clinical competency assessments with the intention of a more objective evaluation of the student competency in the various dental treatment modalities. The competency assessments are orchestrated by individual departments once the faculty members therein deem a student has completed a set threshold. The competency assessment are integrated to the clinical internal assessment.

Competency in different diagnostic and treatment modalities are evaluated using competency assessment forms. On completing the required threshold, the student is permitted to challenge a particular competency, which faculty members evaluate on the prescribed form (Fig. __). The competency assessment forms contains a number of queries with a Yes/No response and the student is expected to achieve a 100% ‘Yes’ response in order to be deemed competent. In the event a student does not gain a satisfactory grading, he/she is allowed to re-challenge a competency; alternatively, the student also has the option of being graded as part of the year-end clinical assessment (Annual University Examination). However, it must be noted that students’ progression is based on university examination and, in part, their internal assessment examination. Competency assessment forms are mostly department-specific and are listed below:

Oral Medicine & Radiology
- Diagnosis & Treatment Planning—IV BDS
- Chart Documentation—IV BDS
- Critical Evaluation of Clinical Case—IV BDS
- Urgent Care—IV BDS

Conservative Dentistry & Endodontics
- Amalgam Restorations—IV BDS
- Caries Status & Risk Assessment—IV BDS

Oral Surgery
- Simple Extractions—IV BDS
- Infection Control—IV BDS
- Administering Local Anesthesia—IV BDS
- Managing Medical Emergencies—IV BDS
- Prescription Writing—IV BDS
- Urgent Care—IV BDS

Prosthodontics
- RPD Designing—II BDS
- Complete Dentures—IV BDS

Orthodontics
- Competency in Orthodontics—IV BDS

Pediatric Dentistry
- Pediatric Dentistry—IV BDS
- Caries Status & Risk Assessment—IV BDS
- Anxiety Management—IV BDS
- Managing Patients with Special Needs—IV BDS
- Urgent Care—IV BDS
- Post Treatment Review—IV BDS

Periodontics
- Periodontal Treatment Planning—IV BDS
- Periodontal Instrumentation and OHI—III BDS/IV BDS
- Infection Control—III BDS/IV BDS

Community Dentistry
- Community Dentistry—V BDS
- Cultural Communication—V BDS
- Ethical Analysis—V BDS
- Practice Management—V BDS

General Dentistry
- Diagnosis & Treatment Planning—V BDS
- Critical Evaluation of Clinical Case—V BDS
- Endodontic Treatment—V BDS
- Composite Restoration—V BDS
- PFM/All-ceramic—V BDS
- Cast Gold—V BDS
- Managing Patients with Special Needs—V BDS
- Anxiety Management—V BDS
- Post Treatment Review—V BDS

* outpatient teaching

Outpatient teaching is integral to dental training. The DCI has prescribed a specific number of hours in clinical training, large proportion of which is devoted to outpatient teaching. Since the college receives a large pool of outpatients who visit from several adjoining districts and, times, inter-state, students benefit from a diverse array of clinical material. Essentially, this serves as the classic ‘case-based learning’ model teaching-learning includes the mechanism of greeting a seating the patient, eliciting the chief complaint, detailed history-taking, appropriate investigations, diagnosis, treatment planning, its execution and post-operative follow-up is the are the standard approach to in-patient teaching.

* in-patient teaching

As a dental college, there is limited scope for in-patient teaching. However, Oral Surgery MDS students gain some amount of exposure in-patients in the on-campus Craniofacial Surgery and Research Centre.
* clinical teaching in other sites
MDS students undergo clinical training in sites external to the dental college. For example, students in Oral Surgery have extensive ‘external postings’ in a variety of hospitals and centres such as _______.
In addition, MDS students in Oral Medicine and Radiology also have external postings in Forensic Odontology and _______.

* teaching in the community
The mission of the college is to foster strong community relationships through research, services and linkages and provide efficient, effective and community acceptable system that excels in education and service.

Through the college’s collaborative extension activities and outreach programmes, the community receives free oral health education, have their dental health problems identified and also obtain free oro-dental health treatment.

Students are mandated to participate in field programmes and community-oriented health education. Since the extension activities of the college are highly successful and well-appreciated, such programmes in one area are conveyed by the local community to those of adjoining and far-flung regions, thereby generating requests from diverse areas for oral health screening and treatment camps.

2.3.2 Does the institution provide course objectives, outlines and schedules at the commencement of the academic session? If yes, how is the effectiveness of the process ensured?
Yes. The objectives of the BDS programme, in general, as well as that of individual subjects are provided to students in the ‘Policies’ book, as well as in individual department at the commencement of teaching-learning in that respective specialty. These are distributed to students in I BDS (Policy book, etc.) and III BDS (Clinic Code Book, Indection Control Manual, Basic Life Support Manual, Patient Confidentiality, etc.). Academic schedules are also provided to the students at commencement of each year.

The effectiveness of the programmes is partly assessed through the performance of students at the internal examinations, the competency assessments as well as university examinations.

The effectiveness is also measured through feedback from various stake holders, including students, parents, the Management, and alumni. A satisfaction rating of >90% amongst respondents is a threshold that is deemed as reflective of the objectives being achieved.

2.3.3 Does the institution face any challenges in completing the curriculum within the stipulated time frame and calendar? If yes, elaborate on the challenges encountered and the institutional measures to overcome these.
The college faces no any challenges what-so-ever in completing the curriculum within the stipulated time frame and academic calendar. The teaching-learning activities are planned in such a manner that the curriculum is completed on schedule. In fact, the curriculum developed by the DCI and adopted by the RGUHS is such that the number of work hours is sufficient for completion within the respective academic years. For example, the teaching-learning of several of the clinical subjects, which are examined in IV BDS, actually commence in III BDS. Two clinical subjects actually commence even earlier—Prosthodontics in I BDS and Conservative Dentistry in II BDS. Oral Pathology, too, which is
examined in III BDS commences its teaching-learning in II BDS.

There is also sufficient additional time for other forms of teaching-learning activities such as seminars, research and their presentation at an appropriate forum.

2.3.4 How is learning made student-centric? Give a list of participatory learning activities adopted by the faculty that contributes to holistic development and improved student learning, besides facilitating life-long learning and knowledge management.

The college believes that learning must be student-centric and has adopted participation-learning activities, wherein constant interactions with students form the base of teaching-learning programmes. The college promotes a concept of structured interactive sessions (SIS) that promotes students’ thought process and stimulates them intellectually. This encourages lateral thinking, enabling self-management of knowledge development and skill formation for a given circumstance. In addition, the college gives assignments, seminars, provides for skill-building through simulated models and mandates field/community visits with the objective of enhancing learning experiences. These, along with extra-curricular and sports infrastructure, give scope for holistic development of students as reasonable individuals and citizens of the nation.

2.3.5 What is the institution’s policy on inviting experts / people of eminence to augment teaching-learning activities?

To add value to the teaching-learning process, college invites experts/people of eminence on a regular basis to deliver lectures and/or conduct programmes on topical and current areas.

2.3.6 Does the institution formally encourage learning by using e-learning resources?

While a formal policy does not exist for encouraging learning by using e-resources, the college has continually recognised the importance of facilitating access to e-resources and encouraging students to use the same in learning. It was with this objective that the entire college building was WiFi enabled in 2010. Each student is provided a unique username and password allowing access to the 50 mbps bandwidth. This allows them free access to the world wide web the vast information online. Students are encouraged to access the information therein in their learning and other scholarly exercises such as seminar preparation and conference presentations.

In addition, the college subscribes to several journals online—partly facilitated by the RGUHS (through the HELINET consortium) and partly on its own (EBSCO Oral Health Sciences Database, Quintessence Group’s Oral Health Sciences Journal). These give round-the-clock and rich access to scientific literature and the evidence base. Students use these in research, seminars, conference presentations, and in general learning.

Furthermore, the college has, since March 2014, commenced organising webinars regularly (approximately once every month), providing yet another platform of e-learning.

2.3.7 What are the technologies and facilities such as virtual laboratories, e-learning and open educational resources used by the faculty for effective teaching?

The aforementioned subscribed and freely available internet resources and scientific databases are also accessed and utilised by faculty members to keep abreast of current trends and concepts, which are incorporated into their teaching activities while also ensuring that it is in conformity with the prescribed DCI curriculum.

2.3.8 Is there any designated group among the faculty to monitor the trends and issues regarding developments in Open Source Community and integrate its benefits in the institution’s educational processes?
2.3.9 What steps has the institution taken to transition from traditional classrooms into an e-learning environment?

As described in the preceding responses, the college has been transformed into a WiFi-enabled building, which has occurred in the previous five years. This has proved to be a game changer in terms of learning in that it has made access to information faster and in real time. Students are encouraged to make the most of this facility and environment, and compile information from the World Wide Web for clarification of known dental knowledge base (in addition to the traditional textbook referencing); students also collect information from the internet for the preparation of their seminars and pedagogy, which they are required to present by several departments.

Apart from the traditional classroom-based lecture delivery, the college also organises webinar wherein subject experts impart discourses from external or distant locations.

Furthermore, faculty member of forensic odontology make his presentations available to all students. In addition to the conventional slides viewed as part of the PowerPoint Show, these lectures also contain detailed notes which are accessible in the ‘notes section’ of each slide. This allows students a slide-by-slide access to the pertinent points made in class; it also allows those students who missed the lecture class access to the specific content covered in class.

2.3.10 Is there provision for the services of counsellors / mentors/ advisors for each class or group of students for academic, personal and psycho-social guidance? If yes, give details of the process and the number of students who have benefitted.

Yes. There is provision for counsellors/ mentors/ advisors for students for academic and personal guidance. At the beginning of BDS, a group of approximately ten students are assigned to Heads of Departments / senior faculty for mentoring and providing guidance. The mentor-protégé groups meet periodically to discuss the progress students have made and to address potential grievances. In addition, faculty members monitor a student’s academic progress and advice on academic issues and underlying personal ones. Students have also been motivated to alleviate personal barriers and enhance their overall output. While the faculty members play the role of counsellor and support students through dedicated one-on-one counselling whenever the need arises, students also have the option of a weekly visiting counsellor, who is a qualified psychiatrist. While these services are routinely made use of by students, an exact number is unknown.

This was a matter which was discussed in the college’s recent Academic Advisory Committee meeting in January 2014, wherein one of the Committee member suggested that the existing system may be more effective if it is incorporated into the academic timetable; this will compel direct interaction between faculty and students on a more continual basis, and may encourage students to be more forthcoming on potential hurdles which they may be facing in their studies. Several of the members believed that junior faculty members must also be included as mentors since they may have a better sense of the ‘pulse’ of students; it was opined that the mentors must maintain records of their meetings.

2.3.11 Were any innovative teaching approaches/methods/practices adopted and implemented by the faculty during the last four years? If yes, did they improve learning? What were the methods used to evaluate the impact of such practices? What are the efforts made by the institution in giving the faculty due recognition for innovation in teaching?

Most lectures are taken with the aid of multimedia aids (LCD projector and PowerPoint). In addition, lectures are also taken using conventional system of black board and through table clinics for small groups (e.g., Fixed Partial Denture in Prosthodontics). Clinical
demonstration by faculty precedes clinical procedures undertaken by students. Focused group-discussions address and supplement challenges encountered by students during clinical therapy. This and a comprehensive approach to oral health care prepare students to cope with problem-based learning (PBL) methods. Students are mandated to participate in field programmes and community-oriented health education. Home and clinical assignments expose the students to compiling information from the World Wide Web, exposing them to computer-assisted learning. This also assists them in pedagogy as well as preparing posters/scientific oral presentations at external forums.

The college promotes a concept of structured interactive sessions (SIS) that promotes students’ thought process and stimulates them intellectually. In addition sessions on critical thinking and communication skills are undertaken. These encourage lateral thinking, enabling self-management of knowledge-development and skill formation for a given circumstance. In addition, the college gives assignments, seminars, provides skill-building through simulated models and mandates field/community visits with the objective of enhancing learning experiences.

Furthermore, attention was drawn to the importance of referring to professional periodicals and journals, and obtaining information from various web-based resources. This was especially the case as part of the several undergraduate research projects—the experience ensured focused knowledge development in specific topics. The research projects were presented both within the college as well as at national and international conferences with some of them winning prizes.

Apart from the university-prescribed modes of student evaluation, a prominent method used to evaluate the impact of innovative practices was the competency assessment of clinical treatment modalities (see also 2.3.1).

The significance of continual dental education of the entire dental team is also highlighted to the students. Special importance is given to training students in the use of the internet and other web-based resources for collection and assimilation of information related to the field of interest. In the current era of information dissemination, the patient can be expected to be considerably informed about his/her oral health condition and relevant treatments. Thus, it becomes imperative that dentists continue to be educated even after completing their formal training. Students are given topics in their fields of interest and are required to undertake a web-based search for information on the same. After collection of relevant information, students present the same to an audience of faculty and fellow students. Students who are involved in research activities are also familiarised with the collection of relevant information from various scientific journals and web-based resources. This contributes towards developing positive attitude and aptitude among students for continual dental education and lifelong learning.

2.3.12 How does the institution create a culture of instilling and nurturing creativity and scientific temper among the learners?

As described under 1.2.2 (b), since 2010, undergraduate students have the option to be part of research projects, under faculty guidance in diverse departments. Usually, a group of undergraduate students undertake such projects under faculty guidance although, on occasion, a single undergraduate student may also pursue a project. The research is published and/or presented in conferences—both national and international. Moreover, news of accepted publications are prominently displayed in the college for view by students, faculty and patients, which potentially further impacts the drive for research and the pursuit of science.

Amongst the several lectures by external experts which the college organises are those related to business management and entrepreneurship. Several of the college’s graduates have pursued unconventional courses and have excelled, which further serves as inspiration and
motivation. All these combined instill a culture of creativity, entrepreneurship and scientific temper amongst the college’s students.

2.3.13 Does the institution consider student projects mandatory in the learning program? If yes, for how many programs have they been (percentage of total) made mandatory?

* number of projects executed within the institution
* names of external institutions for student project work
* role of faculty in facilitating such projects

Again, as described under 1.2.2 (b) and 2.3.12, BDS students have the option to be part of research projects, under faculty guidance in diverse departments. However, this is an elective option and not mandatory. More than 100 students have participated in such research initiatives.

On the other hand, research projects undertaken by MDS students is usually mandatory—for example, the MDS dissertation is completed as partial requirement of the Masters course, while additional short-term research projects may be undertaken for presentation in specialty conferences. A given number of presentations, which varies across departments, is mandatory for the MDS students. Including only the MDS dissertations, at least 200 research projects have been completed in the last five years.

In most of the research projects—under- or postgraduate—faculty members conceive and design the research, including its methodology and appropriate statistical analyses. The data procurement is usually undertaken by the student(s) while the interpretation of the results, the writing of the manuscript may be a combined effort. The final approval usually always rests with the supervising faculty member and, at times, may also involve the department Head.

2.3.14 Does the institution have a well qualified pool of human resource to meet the requirements of the curriculum? If there is a shortfall, how is it supplemented?

Yes. The college has a well-qualified pool of human resource to meet the requirements of the curriculum. In fact, there is more than the DCI-required number of faculty members employed in the college and this contributes to the excellence in the teaching-learning process.

2.3.15 How are the faculty enabled to prepare computer-aided teaching / learning materials? What are the facilities available in the institution for such efforts?

In general, the Head of the Department is provided with a desktop computer, while the respective department is also provided with a similar desktop computing system for use by faculty members. Each department also has a computer assistant who assists in preparation of the teaching-learning material as and when required.

However, a vast majority of faculty member own and operate their own portable (‘laptop’) computer systems, and they are well-versed in using the same for preparing teaching-learning material, including lectures (multi-media presentations) and lecture hand-outs. Moreover, the college/hospital building is WiFi-enabled, which facilitates real-time access to information on the World Wide Web during preparation of teaching-learning material.

2.3.16 Does the institution have a mechanism for the evaluation of teachers by the students / alumni? If yes, how is the evaluation feedback used to improve the quality of the teaching-learning process?

Yes. The teachers are evaluated by the students on a feedback form similar to the one recommended by the NAAC. In general, the grading of teachers across all years met the benchmark set by the college, although more substantive conclusions can be derived after assessment of all teaching faculty, which is presently underway. The feedback is evaluated by
the Principal and Dean of Academics, and faculty members are informed of their strengths and weaknesses with respect to knowledge, skills, attitude and personal behaviour. Faculty members are encouraged to approach the Principal or the Dean of Academics to obtain the results of their feedback. In particular, individual teachers with CGPA < 2.5 (less than ‘Good’) are counselled to overcome weaknesses and enhance one’s potential. Remarks are conveyed by a confidential letter or verbally through one-on-one discussion. Ample opportunities are given to improve one’s acts and commissions.

In addition, interns provide an assessment of the college as a whole towards the end of their course. This also enables an objective assessment of all services of the college to initiate corrective measures, where necessary.

A formal alumni survey was conducted in 2011 to ascertain if training in the school has helped translate into use in the alumnus’ community of practice. While alumni feedback was previously (and currently still is) being obtained informally and verbally during the school’s biennial alumni meet and other interactions, the formal survey is intended as a more objective mechanism of obtaining and analysing the feedback. The survey inquires about graduates’ general ability at competent practice, including whether they are able to undertake proper patient management techniques, time management and ethical practice.

2.3.17 Does the institution use telemedicine facilities for teaching-learning processes? If yes, cite a few instances.

The college utilises telemedicine facility to an extent—for example, in oral surgical and oral implant surgical demonstration as part of educational programmes, the procedure is telecast live to a distant location for view by the audience.

With the advent of social networks (Facebook, Whatsapp), faculty members are also regularly consulted on these platforms with regards to diagnosis, treatment planning and outcomes, and the consultation provided in real time.

Furthermore, the use of Webinars in the teaching-learning process (as described under 2.3.6) is also an example of the application of telemedicine in the college.

2.3.18 Does the institution utilize any of the following innovations in its teaching-learning processes?

* ICT enabled flexible teaching system.

Students are encouraged to obtain knowledge using modern learning tools and the use of the World Wide Web has been a very helpful tool adopted by students and faculty alike. Students are permitted during college hours by Heads of Departments to collect learning material and obtain knowledge from the Internet—both online journals and textbooks are downloaded.

The Internet per se is a vast resource of knowledge, which provides students with lectures on a number of topics and also gives the students access to computer-based 3D animations that assist in comprehension.

* Simulations.

Undergraduate students at the college have an extensive clinical curriculum that is structured across III BDS, IV BDS and Internship. Prior to entering clinics in III BDS, students are expected to obtain a satisfactory grading and 50% marks in their year-end preclinical exercises’ university examinations in II BDS. The exercises are organised in the simulation labs (phantom head laboratory). Basic preclinical instruction in restorative dentistry begins in II BDS. Students in this year learn the principles of cavity preparation and restoration of adult dentition in the simulation clinics (phantom head laboratory). Silver amalgam, glass ionomer and composite restorations are included in this instruction. The aim
of the preclinical exercises is to develop skills in various restorative procedures pertaining to the salvage of dentition before students start treating patients per se in III BDS.

Simulation exercises are also undertaken in prosthodontics, paediatric dentistry, orthodontics (e.g., using the simulation software programmes such as Dolphin 10, Vistadent OC), and forensic odontology (covered under oral pathology and oral medicine and radiology).

Furthermore, simulation exercises are part of MDS training in the aforementioned subjects. Furthermore, the Department of Oral Implantology also has an independent simulation and training laboratory which is utilised in graduate student training.

* Evidence based medicine.
  The concept of evidence-based dentistry requires updating oneself with the latest research or literature-based evidence on current trends in the effectiveness of various treatment modalities. As described under 1.1.7 and 2.3.15, faculty in the college update themselves regularly using conventional and modern means and apply the same in lectures, clinical teaching and treatment.

* Emphasis on development of required skills, adequate knowledge and appropriate attitude to practice medicine.
  The college emphasise on development of skills first through acquisition of sound knowledge. Hence, as much as possible, didactics, lectures and group discussions precede clinical and practical training. In some departments, clinical skills are first practiced on simulated cases/models. The teaching and assessment pattern ensures that, without sound knowledge practical and clinical skills cannot be developed.
  Through adequate exposure to treating patients—both in an urban and rural setting—the college believes that students are sensitised to develop an attitude of service essential to practicing dentistry and health sciences. Lectures on personality development and ethics also have a similar aim.
  Based on the college’s goals, the Comprehensive Oral Health Care programme is organised in the Department of General Dentistry, which serves as a one-stop clinical facility for some of the most common dental complaints. Providing comprehensive dental care prepares students for private clinical practice after graduation. The quick and effective patient service offered improves time management and enhances patient rapport.

* Problem based learning (PBL).
  The principle of problem-based learning is undertaken informally through Clinical Stations, analogous to OSPE and OSCE, in a few departments (e.g. General Medicine and Oral and Maxillofacial Surgery).

* Student assisted teaching (SAT).
  Not applicable

* Self directed learning and skills development (SDL).
  The students have provision for self-study during college hours, incorporated into the time-table.

* Narrative based medicine.
  Not applicable

* Medical humanities.
Not applicable

* Drug and poison information assistance centre.
  Not applicable

* Ayurveda practices.
  As described under 1.1.13, the college has organised continual dental education programs in collaboration with SDM College of Ayurveda, a sister concern, exploring and highlighting common ground between ayurvedic medicines and dental care.

* Yoga practices.
  Not applicable

* Yoga therapy techniques.
  Not applicable

* Naturopathy and its practices.
  Not applicable

* Any other.
  None.

2.3.19 Does the institution have an Electronic Medical Records facility, staffed by trained and qualified personnel? Is it used for teaching-learning process?
  Yes. The college has an outpatient dental records facility in the dental hospital located adjacent to the main entrance in the lobby. It is staffed by a full-time Hospital Accountant and seven other staff members, well-experienced in maintaining and accessing day-to-day and archival records. The records are maintained for more than 10 years. The demographic data entry is electronic in nature although the records per se are conventional and follow a paper filing-based system. The Dental Records Section functions in the following manner:
  Each prospective patient is given an Oral Health Record (OHR) along with a Registration Card (for patient’s reference) on payment of a nominal fee (Rs. 5/-). The OHRs are serially numbered and each new allocation of OHR is electronically entered into the “New Case Register”.
  All OHRs are kept in folders, each of which contain fifty Case Sheets, and are stored in safe filing cupboards. The records are maintained for a period of at least three years from the date of initial registration.
  On subsequent appointment, the patient is required to produce the Registration Card number at the Records Section to obtain his/her OHR. The entries of the OHR are made in the “Old Case Register”.
  Towards the completion of each working day, the OHRs are collected from the patient or from the treating department and are cross-checked with the entry made in the Old- and New Case Register, to ensure that all dental records have been returned. The serial numbers of OHR that have not been returned (if any exist) are entered in a separate register for future reference.
  The OHRs are provided to students, who have examined the particular case, for assistance in teaching-learning activity (e.g., radiographic interpretation, research). A separate entry about this is maintained to ensure that the OHR is duly returned.

2.3.20 Does the institution have well documented procedures for case sheet writing, obtaining
informed consent and the discharge process of the patients?

Yes, the college has a well-documented procedures for writing and entering information in the OHRs, which contains a detailed proforma for eliciting medical and dental history, investigations, diagnosis and referrals; the OHR also contains a general consent form which allows for obtaining initial consent from patients in the Department of Oral Medicine to undertake the clinical, radiological and laboratory examination procedures. This consent also outlines the need to use the patient’s clinical photographs, if required, for teaching/research purposes. Students are taught about the importance of informed consent and its legal implications in the practice of dentistry. Faculty members ensure that students realise the importance of educating and involving the patient while making treatment-related decisions. Specific treatment consent forms are available and used in the respective departments. Lastly, there is a well-documented procedure discharge process of the patients, particularly in the departments of oral surgery, as well as in oral implantology.

2.3.21 Does the institution produce videos of clinical cases and use them for teaching-learning processes?

Yes. Faculty members in several departments (e.g., Oral Implantology, Oral Surgery) prepare videos of interesting and unconventional clinical cases for use in presentations both in internal and external lectures.

2.3.22 Does the institution perform medico legal/post-mortem procedures with a view to train the undergraduate and post-graduate students in medico legal procedures?

The college boasts of India’s first exclusive department of forensic odontology and is in a position as one of very few dental establishments in the country that performs medico legal/post-mortem procedures. The department (and college) was recognised by the Karnataka Government as a State Referral Centre for forensic dental cases in October 2010. This paved the way for regular case referrals from the police, government agencies, forensic medical departments, other dental colleges, and private citizens. Such cases include age assessment in the living, trauma analysis, post-mortem assessment of sex, post-mortem age estimation and bite mark investigations. The experience gained in these cases (and the cases themselves) are included as part of both BDS and MDS teaching-learning activities—while it is covered in lectures for the undergraduate students of III BDS and IV BDS, it is covered as practical teaching and hands-on training in the forensic odontological posting of oral medicine and radiology MDS students.

2.3.23 Does the institution have drug and poison information and poison detection centres? How are these used to train the students?

The dental college does not have a drug and poison information and poison detection centres, since these topics are included in the DCI curriculum; however, SDM College of Medical Sciences—a sister concern—does have such a centre and this can be accessed and its services utilised if necessary.

2.3.24 Does the institution have a Pharmacovigilance / Toxicology centre /clinical pharmacy facility / drug information centre/Centre for disease surveillance and control/ Prevention through Yoga/Promotion of positive health/Well-equipped Psychology Laboratory/ Naturopathic diagnostic centre, etc.?

While the dental college does not have most of these centres and facilities, which are perhaps more relevant to a medical college set-up, it does adhere to strict protocols of disease surveillance and infection control. The college has established policies and procedures for infection control and handling and disposing of hazardous waste. All clinical departments and
laboratories are provided with a Clinical and Lab Safety Manual with necessary precautions and instructions. All people in the respective departments have to be conversant with the operational policies. Students are made to take a mandatory compliance training programme, which is an online educational training followed by an exam. Students successfully completing the programme are given a compliance certificate eligible for a standard timeframe (currently two years). The faculty members also undergo the training programme with a refresher course every year to keep them abreast of newer changes or innovations in the operational policies.

In brief, the infection control and waste disposal policies are in most parts compliant with the CDC recommendations for Infection Control in dental settings (CDC, 2003). Additionally, the college also has a separate Sharps Injury Prevention programme in place. The Sharps Injury Prevention Committee, an arm of the Office of Safety and Infection Control, is aimed at eliminating sharp injuries from dental settings. It overlooks the amount of sharp injuries reported from every department. The programme also focuses on understanding the attributable reasons by performing a root cause analysis for every injury and develops an action plan for reducing the possibility of recurrence.

2.3.25 Laboratories / Diagnostics
* How is the student’s learning process in the laboratories / diagnostics monitored? Provide the laboratory timetable (for the different courses).
* Student staff ratio in the laboratories / diagnostics.
  Provided onsite.

2.3.26 How many procedures / clinical cases / surgeries are observed, assisted, performed with assistance and carried out independently by students in order to fulfil learning objectives?
  Provided onsite.

2.3.27 Does the institution provide patients with information on complementary and alternative systems of Medicine?
  The college provides, to an extent, information on complementary and alternative systems of Medicine to its patients. This may pertain to the application of herbals in dental treatment, the use and benefits of relaxation techniques. To serve this end, the college has organised programmes with SDM College of Ayurveda, a sister concern, to explore further the possibility of the use of alternative systems of medicine in dentistry, and possibly giving patients these options.

2.3.28 What are the methods used to promote teaching-learning process in the clinical setting?
  A variety of methods are used to promote teaching-learning process in the clinical setting. These include case-based learning (please refer to 2.3.1), focused group discussion (as described under 2.2.12), one-on-one interactions, and, the assessment of competency of clinical diagnostic and treatment modalities through the use of in-house developed formats (additional details under 2.3.1).

2.3.29 Do students maintain log books of their teaching-learning activities?
  At the BDS level, the formative evaluative methods include the maintenance of log books of the practical / clinical work. The work is graded and the log book provides data on students’ performance throughout the year. The log book evaluation forms part of the internal assessment as well as University examination. While day-to-day work is signed by the faculty
In general, MDS students in different departments also maintain a Day Log Book. The Log includes details of the treatment performed, date of treatment and approval / signature of faculty. For example, in Oral Medicine and Radiology, all postgraduates maintain a detailed ‘work done’ record (log book). It contains all particulars such as seminars / journal club presentations, conferences / postgraduate symposium attendance and paper / poster presentations in the same, patient biopsies undertaken in the department, and a list of complete recording of specialty cases are also included.

2.3.30 Is there a structured mechanism for post graduate teaching-learning process?

Yes, there a structured mechanism for the MDS teaching-learning process, which is based on the DCI-prescribed three-year curriculum. In general, the MDS course is divided into several ‘modules’ and there are guidelines with regards to the work completion/threshold/quota expected in each ‘module’. The postgraduate students are expected prepare several seminars (as mutually decided by faculty and the student), ‘journal clubs’ (literature critique), a library dissertation, and a thesis as a partial requirement for the completion of the Masters degree.

2.3.31 Provide the following details about each of the teaching programs:

* Number of didactic lectures (yearly)
  - Orthodontics—65
  - Conservative Dentistry & Endodontics—129 (includes dental materials)
  - Oral Pathology—125 (includes forensic odontology);
  - Dental Anatomy and Oral Histology—75
  - Paediatric dentistry—65
  - Public Health dentistry—60

* Number of rotations
  - Orthodontics—IV BDS = eight/year; Interns = 26/year
  - Conservative Dentistry & Endodontics—III BDS = six/year; IV BDS = eight/year; Interns = 12/year
  - Oral Pathology—MDS students spend one month each in Anatomy, Physiology and Oral Medicine
  - Paediatric dentistry—III BDS, IV BDS, and Interns = 12/year
  - Public Health dentistry—Eight/year

* Details of student case study/drug study
  - Orthodontics—IV BDS = five case histories/batch; five OPDs/day
  - Conservative Dentistry & Endodontics—N.A.
  - Oral Pathology—Eight to ten cases/day by each MDS student posted in Oral medicine
  - Paediatric Dentistry—Presentation of case history and treatment planning (10 patients); oral prophylaxis (5 cases); restorations (glass ionomers = 10 cases); topical fluoride applications (5 cases); dental extractions (15 cases)
  - Public Health Dentistry—MDS students= 10 comprehensive cases/year; BDS student = five cases for each of the indices

* Nursing Care Conference (NCC)
  Not applicable

* Number of medical/dental procedures that the students get to see
  - Orthodontics—IV BDS = one fixed appliance, one removable appliance and one
functional appliance; interns = observation and assistance of all cases being treated by MDS students; MDS = 50 case histories and complete treatment

- **Conservative Dentistry & Endodontics**—II BDS = Class II amalgam on extracted tooth, access opening on anterior tooth, cavity preparation for class II inlay; IV BDS = rubber dam application for single tooth, access opening on anterior tooth, composite restoration; Interns = rubber dam isolation for bleaching, bleaching

- **Oral Pathology**—BDS = tooth carving four demonstrations (incisor, canine, premolar, molar), oral histology slide discussion (seven topics, 40 slides), oral pathology slide discussion (14 topics, 45 slides); MDS = specimen grossing – 193/student, tissue processing – 193/student, paraffin block sectioning – 10/student, hematoxylin & eosin preparation and staining – 12/student, special stains – two/month per student, frozen sectioning and staining – 15/student, chemical preparation – three to five solution/month, museum specimen mounting – five/student, FNAC and exfoliative cytology slide preparation & staining – 20/student, biopsy procedures - 8-10/month (two months) , IHC staining procedure – 10/month (3 months), slide reading – two hours/day, slide discussion one/15 days

- **Cast – Discussion** (11 casts - I BDS, 13 casts - IIIBDS), Specimens- Discussion (26 specimens - I BDS, 36 specimens - IIIBDS), Model- Discussion (22 Models- I BDS) Demonstration of routine tissue processing and histochemistry procedure

- **Paediatric dentistry**—By the end of IV BDS = 30 cases; presentation of case history and treatment planning = 10 patients; oral prophylaxis = five cases; restorations (glass ionomer) = five cases; topical fluoride applications = 5 cases; dental extractions = 15 cases

- **Public Health dentistry**—N.A.

* Mannequins / Simulation / skills laboratory for student teaching

- **Orthodontics**—III BDS = preclinical wire bending exercises such as wire straightening, vive ‘U’ clasp, five ‘V’ clasp, circle, triangle, ‘C’ clasp, and full clasp; IV BDS = preclinical exercise components of removable appliances, Adam’s clasp, triangular clasp, labial bow, canine retractors, model analysis, cephalometric analysis; MDS students = all preclinical wire bending exercise including removable appliances, functional appliances, typhodont exercises, soldering exercises, and welding exercise, model analysis, cephalometric analysis

- **Conservative Dentistry & Endodontics**—II BDS = class II amalgam on extracted teeth, access opening on anterior teeth, cavity preparation for class II inlay

- **Oral Pathology**—BDS = carving of permanent teeth, understanding morphology of teeth using casts, specimens, models, histology of teeth and its supporting structures, oral and para-oral tissues, histopathology of various head and neck lesions, identification of developmental anomalies affecting human dentition; MDS = carving of permanent dentition, ground section and decalcified teeth section preparation, head and neck dissection (Department of Anatomy), oral and general histology and oral pathology slides (undergraduate slides), haematology preclinical work (Department of Physiology)

- **Paediatric dentistry**—Carving of all deciduous teeth, basic wire bending exercises, fabrication of various appliances (e.g., Hawley’s), basic soldering exercise, fabrication of space maintainers

- **Public Health dentistry**—N.A.
* Average number of procedures in the ORs per week, month and year
  - Orthodontics—
  - Conservative Dentistry & Endodontics—260 cases/week
  - Oral Pathology— N.A.
  - Paediatric dentistry—III BDS = two to three cases/week/student; IV BDS = five cases/week/student; MDS = 35 cases/week/student
  - Public Health dentistry— N.A.
* Autopsy/Post-mortem facility
  Yes. Available in Forensic Odontology.

Public Health Dentistry
* Number of medical / dental procedures that the students get to see/observe: nil
* Mannequins / Simulation / skills laboratory for student teaching (preclinicals):Nil
* Number of students inside the operation rooms at a given time: Nil
* Average number of procedures in the ORs per week, month and year: nil

2.4 Teacher Quality
2.4.1 How does the institution plan and facilitate its faculty to meet the changing requirements of the curriculum?
   As described under 1.2.8, the college has organised several continual dental education programmes for enhancing professional skills and career advancement. These have contributed to the enhancement of knowledge and expertise of its faculty members. Furthermore, it is the college supports its faculty members attend conferences and continual dental education programmes—both financially, and in terms of providing leaves. This has resulted in faculty members attend and participate in conferences in the period between April 2009 and March 2014. It must also be noted that several faculty members are experts and leaders in their field of specialisation and frequently get invited as resource faculty to various continual professional educational programmes. These not just facilitate the faculty members to meet the changing requirements of the curriculum, but also ensure that they are competent to meeting such a task.

2.4.2 Does the institution encourage diversity in its faculty recruitment? Provide the following details (department / school-wise).
   The college Management has a policy on faculty and staff recruitment and appointment (Standard 1 Exhibits 7e), which the college has adopted and enforced, while also taking into consideration the DCI requirements of the requisite faculty number. The policy ensures transparency in the recruitment and appointment of faculty members. Consequently, faculty profile of the college is diverse and includes faculty members who are graduates of the same college, other colleges from elsewhere in the state as well as from inter-state. Some of the consultant faculty members of the college are also from outside the country. The complete profile is provided in the table below.

2.4.3 How does the institution ensure that qualified faculty are appointed for new programmes / emerging areas of study? How many faculty members were appointed to teach new programs during the last four years?
   The college has the requisite number of competent faculty members to handle all courses—current and new/emerging programmes (kindly refer ‘3. Evaluative Report of Departments’). Prior to appointing qualified faculty members, the college scrutinises the prospective employee’s original degree certificate(s) to ensure their validity in terms of
recognition by the DCI. In addition, the college considers the number of years of experience of the concerned faculty member for the purpose of appropriate designation (again, based on DCI-prescribed guidelines); furthermore, the college may also take into consideration recommendation of senior dentists in the concerned specialty, or the faculty member’s previous employer. In general, senior members of faculty are selected based on their previous teaching experience, academic background (number and quality of publications, guest lectures, etc.), reference from academic peers and employer(s) and performance in the interview conducted by the Principal and Department Head. Junior faculty (those who recently graduated) are also selected based on their interview performance, in addition to performance in their postgraduate programme. These ensure that qualified and competent faculty members are appointed.

Also, as described in Criterion 1, the DCI modifies the curriculum from time to time, and the faculty members update their knowledge by a variety of means—self learning by accessing the current literature and evidence base, contributing to the same through research, participation in conferences/continual professional education programmes. These ensure that the faculty members serving in the college and teaching in existing and new programmes are updated and competent to do so.

2.4.4 How many Emeritus / Adjunct Faculty / Visiting Professors are on the rolls of the institution?
Available onsite.

2.4.5 What policies/systems are in place to academically recharge and rejuvenate teachers? (e.g. providing research grants, study leave, nomination to national/international conferences/seminars, in-service training, organizing national/international conferences etc.)

- Providing research grants
  The college has the provision for allocating research grants to faculty members and students alike. A grant of Rs. 50,000 is annually set aside for the purpose. Also, specific grants exist in a few individual departments for study topics of high potential and interest (e.g., the Department of Orthodontics has an ‘Alumnus Research Trust’ for use in student and faculty projects, as well as the ‘Prof. Jayade Fund’ for the best graduate thesis synopsis) (Standard 1 Exhibit 3, Assessment Plan Matrix for Goal 5 – Research/Scholarly Output and Quality).

- Study leave
  The college provides study leave for faculty members who wish to pursue further studies/fellowships and visiting and utilizing extramural facilities. In addition, the college also provides a one-session weekly study off to faculty members to pursue scholarly interests; furthermore, 25 special leave is also allocated to faculty members to attend external continual education programmes in the capacity of participants and as resource faculty.

- Nomination to national/international conferences/seminars
  The college has provided financial support to one of its faculty members (Dr. Bhushan Jayade) in the attendance of an international conference in Seoul, Korea; the college has also nominated the successful application of another of its faculty members (Dr. Ashith Acharya) to the SERB, the RGUHS, CSIR and the CCSTDS for the attendance of a conference in Florence in Italy.

- In-service training
  While no faculty members have been deputed for in-service training per se, several faculty
members of the college have enrolled as Doctoral students in the RGUHS while utilising the college’s recognition by the same as a PhD Centre of several departments such as Periodontics and Prosthodontics. This comprises of Drs. Anirudh Acharya, Sangamesh Basalingappa, Sudhindra Kulkarni and Konark Patil in the former and Satyabodh Guttal in the latter.

- Organising national/international conferences
  The college has had a tradition of organising conferences and there was no exception in the last five years. For example, on 3–5 Dec 2009, the college hosted and organised the 34th National Conference of Indian Society of Periodontology. On 22–24 July 2011, the college conducted the 4th National Conference of the Indian Society of Periodontics–Restorative Dentistry–Prosthodontics (ISPRP).

2.4.6 How many faculty received awards / recognitions for excellence in teaching at the state, national and international level during the last four years?
Several faculty members have received awards / recognitions for excellence in teaching at the state, national and international level during the period since last accreditation.

2.4.7 How many faculty underwent professional development programs during the last four years? (add any other program if necessary)
Available onsite.

2.4.8 How often does the institution organise academic development programs (e.g.: curriculum development, teaching-learning methods, examination reforms, content / knowledge management, etc.) for its faculty aimed at enriching the teaching-learning process?
The college regularly organises academic development programmes for its faculty members, aimed at enriching the teaching-learning process.
KLE programme.

2.4.9 Does the institution have a mechanism to retain faculty? What is the annual attrition rate among the faculty?
The college provides a very conducive atmosphere for academics, research and teaching-learning activities. The college’s management supports most of the initiatives of faculty, as well as their requirements in terms of equipment, infrastructure, professional development and advancement. It is therefore unsurprising that the college has a low attrition rate (Table __). Overall, in the preceding five years, only 18 faculty members have been relieved, averaging under four every year. This has been compensated for sufficiently by new recruitments. In fact, several faculty members have been in service for more than a decade while a few have served for over two decades in the college.

<table>
<thead>
<tr>
<th>Year*</th>
<th>New Appointments</th>
<th>Relieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>2010-11</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>2011-12</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>2012-13</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>2013-14</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>18</td>
</tr>
</tbody>
</table>

* Represents financial year (1st April to 31st March)
2.4.10 Does the institution have a mechanism to encourage mobility of faculty between institutions/universities for teaching/research?

The college has had in place several long-term and short-term Memorandum of Understandings (MoUs) with academic organisations within and outside the country, and through these faculty members have been able to pursue teaching and research:

**Long-term MoU**

- **Tufts University School of Dental Medicine (TUSDM), Boston, USA**—An agreement of cooperation has been in place with TUSDM since 2005; the two institutes have student exchange programmes and research collaborations.

- **Erciyes University, Kayseri, Turkey**—An MoU with this university has been in place since 2011 with students from the university visiting Dharwad.

- **King’s College London Dental Institute (KCL), UK**—The contact program of the distance education course in Masters in Clinical Dentistry in Prosthodontics has been organized in our school since 2006; in addition, two of KCL’s faculty members were visiting consultants/professors the college while the former Director of the college, Prof. Bhaskar Rao, was a Visiting Professor to KCL.

- **Indira Gandhi National Open University, India**—At a national level, the institution is associated with this university for conducting graduate certificate course in Oral Implantology and Endodontics.

- **Maratha Mandal’s N.G.H. Institute of Dental Sciences and Research Center, Belgaum, India**—In March 2010, the school entered into a Memorandum of Understanding (MoU) with this centre to utilise facilities available in its Department of Molecular Biology and Immunology.

- **Enhanced Continual Dental Education (ENCODE), India**—The school also collaborates with a renowned continual education foundation, ENCODE, of Mumbai (Bombay) in organizing postdoctoral certificate course in aesthetic dentistry. (Note that this collaboration also included the University of Buffalo, State University of New York, USA.)

- **College of Dental Sciences, Davangere, India**—An agreement was put in place for undertaking a stereomicroscopic-based forensic odontology research with the Department of Oral Pathology and Microbiology in December 2009.

These MoUs have allowed faculty members to participate in the teaching-learning/research activities at these fora/institutes or to students deputed from these institutions. In addition, the college encourages its faculty members, who are invited by external institutes for their specialist skills, to deliver guest lectures and partake with their knowledge and know-how. Additional details are available in ‘Part 3 Evaluative Report of the Department’ (Q.6, Q.18, Q.25 and Q.28).

* faculty exchange programs with national and international bodies?

- Dr. Ashith B. Acharya from the Department of Forensic Odontology was nominated by the Indian Association of Forensic Odontology to represent it at the Department of Forensic Medicine, University of Dundee, Scotland, UK, in May 2013 for inputs on curricular content in the Master of Forensic Odontology course and exploration of areas of mutual interest in forensic odontology research.

2.4.11 Does the institution have well defined career advancement policy for Health Science professionals? If yes, outline the policy.
The college follows the below mentioned criteria for faculty advancement and promotion, which is based on the revised Dental Council of India regulations as well as institutional rules and regulations:

**Reader** – A faculty member shall be promoted to the post of Reader subject to him/her having 4 years teaching experience after the postgraduate qualification (MDS or equivalent); also, the faculty member shall have published *at least* one paper as first author in an indexed journal, preferably an international journal.

**Professor** – A faculty member shall be promoted to the post of Professor subject to him/her having 5 years teaching experience as Reader; also, the faculty member shall have published *at least* two papers as first author in an indexed journal, preferably an international journal.

In addition, recommendations of the Head of Department based on the annual performance appraisal of each faculty will be taken into consideration prior to promotion. Faculty appraisal is undertaken on a prescribed format which is provided by the Human Resources section of the college. The criteria on the format have been determined by the college’s Management, with inputs from the Human Resources and faculty members of the college. The performance appraisal includes an assessment of knowledge, responsibilities assigned, time spent on teaching (undergraduate students, graduate students, etc.), clinical load and clinical work undertaken, research and publication. The Head also assesses the faculty’s conduct and character, drive and initiative, organisational capacity, leadership, interpersonal skills, creativity, verbal and written ability, and academic memberships, among others.

Furthermore, recommendations of the Principal and assessment by students (based on student feedback forms) are also taken into consideration prior to promotion. The aforementioned is described in the college’s ‘Policies’ book, a copy of which is distributed to all faculty members and students.

2.4.12 How does the institution create synergies with other PG institutes for generating required number of specialists and super specialists?

Through numerous collaborative efforts, including formal MoUs (e.g., listed under 2.4.10), the college ensures that its students and faculty gain the benefit of expertise available in external institutes, while also making sure that students and faculty members from other institutes have access to the know-how and skills developed and nurtured in this college. In addition, the college encourages its faculty members to participate in skill-building courses offered from time-to-time in other institutes, as well as through the organisation of courses with invited resource faculty visiting the college (e.g., a one-day workshop entitled ‘Newer Trends in Teaching Learning Techniques’ was conducted on 6th December 2013 in the college by resource faculty of the Department of Education for Health Professions, K.L.E. University, Belagavi).

2.4.13 Does the institution conduct capacity building programs / courses in subspecialties for its faculty?

Yes. The college has organised approximately 30 programmes with a view to enhance knowledge and refine expertise of its faculty. These have been broad-ranging topics and included dental, medical, educational and philosophical perspectives to the professional outcomes. The intention was to facilitate faculty members to realise their developmental goals while enhancing the abilities that will allow them to achieve measurable and sustainable results (include list from Budget Presentations and Document emailed by Rajest Anegundi?).
2.5 Evaluation Process and Reforms

2.5.1 How does the institution ensure that all the stakeholders are aware of the evaluation processes that are in place?

The college has an examinations section and the Principal is designated by the affiliating university as the Chief Superintendent of Examinations for the college. Prof. Anirudh B. Acharya, faculty member in Periodontics, is the Deputy Chief Superintendent of Examinations and assists the Chief Superintendent of Examinations in supervising the conduct of university examinations held in the college. Mr. B.O. Chavan is the Examinations Section Head. Based on the directive and guidelines of the RGUHS, the Section provides protocols and procedures on various aspects of the conduct of the university examination—such as entry of marks during answer script evaluation and uploading of marks to the university—to concerned faculty members of diverse departments. Some of the staff and faculty members have also undergone training pertaining to the same in the university a few years ago.

During the evaluation process, the institution appoints a Custodian as mandated by the University, who assists the Chief/Deputy Chief Superintendent of Examinations. The Custodian is responsible for the conduct of the evaluation process and is the liaison between the college and the University. It is also the responsibility of the Custodian to instruct the faculty members regarding their function as evaluators.

With regards to internal assessments, individual departments orient students on evaluations conducted, which are normally held three times each academic year; the same holds true for competency assessments, which is assessed at least once for diverse treatment modalities. Information related to student conduct and discipline in written examinations, adopted from the RGUHS, is detailed in the ‘Policies’ book which is distributed to all students and faculty members.

2.5.2 What are the important examination reforms implemented by the institution? Cite a few examples which have positively impacted the examination system.

Since 2010-11, the college has initiated the assessment of student competency on diverse dental treatment modalities. On completing the required threshold, the student is permitted to challenge a particular competency, which faculty members evaluate on the prescribed form. The competency assessment forms contains a number of queries with a Yes/No response and the student is expected to achieve a 100% ‘Yes’ response in order to be deemed competent. In the event a student does not gain a satisfactory grading, he/she is allowed to re-challenge a competency; alternatively, the student also has the option of being graded as part of the year-end clinical assessment (Annual University Examination). However, it must be noted though that competency assessment are undertaken only at the college level with the view to serve as an innovative additional tool in student assessment; they have little bearing on students’ progression through the course since the university guidelines rely on student performance in year-end university examination (and partly on the three internal assessment examinations). Competency assessment forms are mostly department-specific and are listed below:

**Oral Medicine & Radiology**
- Diagnosis & Treatment Planning—IV BDS
- Chart Documentation—IV BDS
- Critical Evaluation of Clinical Case—IV BDS
- Urgent Care—IV BDS

**Conservative Dentistry & Endodontics**
- Amalgam Restorations—IV BDS
- Caries Status & Risk Assessment—IV BDS

**Oral Surgery**
- Simple Extractions—IV BDS
- Infection Control—IV BDS
- Administering Local Anaesthesia—IV BDS
- Managing Medical Emergencies—IV BDS
- Prescription Writing—IV BDS
- Urgent Care—IV BDS

**Prosthodontics**
- RPD Designing—II BDS
- Complete Dentures—IV BDS

**Orthodontics**
- Competency in Orthodontics—IV BDS

**Paediatric Dentistry**
- Paediatric Dentistry—IV BDS
- Caries Status & Risk Assessment—IV BDS
- Anxiety Management—IV BDS
- Managing Patients with Special Needs—IV BDS
- Urgent Care—IV BDS
- Post Treatment Review—IV BDS

**Periodontics**
- Periodontal Treatment Planning—IV BDS
- Periodontal Instrumentation and OHI—III BDS/IV BDS
- Infection Control—III BDS/IV BDS

**Community Dentistry**
- Community Dentistry—Internship
- Cultural Communication—Internship
- Ethical Analysis—Internship
- Practice Management—Internship

**General Dentistry**
- Diagnosis & Treatment Planning—Internship
- Critical Evaluation of Clinical Case—Internship
- Endodontic Treatment—Internship
- Composite Restoration—Internship
- PFM/All-ceramic—Internship
- Cast Gold—Internship
- Managing Patients with Special Needs—Internship
- Anxiety Management—Internship
- Post Treatment Review—Internship

2.5.3 What is the average time taken by the university for declaration of examination results? In case of delay, what measures have been taken to address them? Indicate the mode adopted by the institution for the publication of examination results (e.g. website, SMS, email, etc.).
The college is affiliated to the RGUHS, which conducts the year-end examination and awards the degrees. The results are usually declared on time and average approximately six weeks from the end of examinations. One must note that the academic year in the college commences four weeks from the end of the examinations and irrespective of the declaration of results (an exception being the commencement of internship, which begins only after declaration of the IV BDS results). The results are declared on the university’s website which the students can access on the World Wide Web.

2.5.4 How does the institution ensure transparency in the evaluation process?

Students are made aware of their performance following the three internal assessment examinations—students are allowed to scrutinise their answer scripts and encouraged to clarify doubts or outstanding issues concerning their performance; students are provided information about their attained clinical skills during the respective clinical postings and at the time of challenging the competencies. Following competency assessment, the student is shown the assessment results and given the opportunity to verify the results; in case the student does not agree to a particular assessment, she/he has the option to dispute the result, discuss it with the evaluator and put forth his/her view-point. If the faculty evaluator is satisfied, student grades can be revised. This information is communicated to the student prior to assessment and is displayed in all clinical departments’ notice boards, as well as the website.

With regards to issues concerning the year-end university examinations, students have two options of seeking redress: (1) apply for reviewing photocopy of their answer script(s) (Standard 2 Exhibit 6a), and (2) apply for verification/re-totalling of answer script(s) (Standard 2 Exhibit 6b).

2.5.5 What are the rigorous features introduced by the university to ensure confidentiality in the conduct of the examinations?

Several features have been introduced by the university to ensure confidentiality in the conduct of the examinations. For example, codes are provided accessible only to examination superintendent/deputy superintendent for downloading the question papers minutes prior to the commencement of the written examination; also, following evaluation, specific procedures and protocols exist for uploading the results/marks and freezing, ensuring that it is not tampered with further.

2.5.6 Does the institution have an integrated examination platform for the following processes?

Yes. The college has an integrated examination platform, with the university appointing squads for surprise inspections to ensure fair examination practices; invigilators are appointed by the college. Instructions and General Guidelines of the University are circulated to the concerned staff/faculty. The powers and functions of the Observer and Squad Chief—both appointed by the University—are also circulated among the concerned staff/faculty.

* pre-examination processes –
  * Time table generation: The college confirms the time table provided by the University through the University website
  * Hall ticket: The examination application and hall ticket are provided by the University through its website, which is downloaded by the college, candidate details are filled, endorsed by the Principal and uploaded/sent to the University and hall ticket provided to the respective candidates
  * OMR: Applicable to details filled by the candidate in the answer script
  * Student list generation: The list is sent/uploaded by the college to the University
invigilators: appointed by the college, squads: appointed by the University, attendance sheet uploaded by the college on to the University website,

- Online payment gateway: The prescribed examination fee is collected by the Examination Section and duly paid to the designated University bank account
- Online transmission of questions: Transmitted by the University to the Examination Centre
- Marks: Internal assessment marks are uploaded by the college on to the University website

* examination process – Examination material management, logistics, etc., are procured by the college from the nodal centre at Belgavi (Belgaum) prior to the commencement of the examinations (once intimation from the University is obtained) and managed during the examinations.

* post-examination process – Attendance capture, OMR-based exam result, auto processing, result processing, certification, etc.

- The attendance is verified during the examination with the signatures of the candidates appearing for the particular exam, which is dispatched to the University. A verified format is also dispatched to the University.
- Subsequent to the receipt of the answer scripts from the University by the college, they are decoded under the supervision of the Custodian. The identity of the candidate will not be known even during the decoding process at the evaluation centre because the candidate details slip which is OMR-based would have been detached and sent separately to the University at the time of the written examination.
- The decoded answer scripts are evaluated by eligible evaluators of the respective subjects/specialties and marks are uploaded onto the University website. The answer scripts are then dispatched for a second valuation to another evaluation centre as specified by the University. Any designated evaluation centre of the University may receive the answer scripts either for first valuation or second valuation, as predetermined by the University for that particular academic year. The procedure for online uploading of marks remains the same.

2.5.7 Has the university / institution introduced any reforms in its evaluation process?

The evaluation reforms introduced by the college have been described under 2.5.2. With regards to the university examinations, after 2009, the college has Closed-circuit Television (CCTV) to monitor examination halls. This minimises malpractice and facilitates implementing necessary action in such an event. Also, at the University level, centralised evaluation is done by double evaluator as per the guidelines prescribed by the RGUHS. The double evaluation is undertaken both for answer scripts and viva voce. A panel of paper setters, moderators and examiners are selected by the university, while the invigilators are provided by the Examinations Section of the college.

As described under 2.5.6, the examination procedures such as transmission of question papers from the University and uploading of marks by the evaluation centre has been made online. In 2014, the online transmission of question papers was made more secure by providing the login passwords (to log on to the University Question Paper Transmission web page during the conduct of the theory examinations) to the Chief Superintendent of Examinations by email. The email ID of the Chief Superintendent is verified by the University prior to the conduct of the Examinations during a ‘trial run’ (details under 2.5.10).

2.5.8 What is the mechanism for redressal of grievances with reference to examinations?
Give details.
Students are made aware of their performance following the internal assessment examinations—they are allowed to scrutinise their answer scripts and encouraged to clarify doubts or outstanding issues concerning their performance with faculty members. If the faculty evaluator is satisfied, student grades can be revised. With regards to issues concerning the year-end university examinations, students have two options of seeking redress: (1) apply for reviewing photocopy of their answer script(s), and (2) apply for verification/re-totalling of answer script(s). The details have also been provided under 2.5.4.

2.5.9 Does the institution have a Manual for Examinations and if yes, does it specifically take cognizance of examination malpractices by students, faculty and non-teaching staff?

As mentioned under 2.5.1, the college has a policy on student conduct and discipline in written examinations, which is adopted from the RGUHS and detailed in the ‘Policies’ book that is distributed to all students and faculty members. This takes cognizance of examination malpractices by students.

2.5.10 What efforts have been made by the university to streamline the operations at the Office of the Controller of Examinations? Mention any significant efforts which have improved the process and functioning of the examination division/section.

Several initiatives have been undertaken by the university to streamline the operations at the Office of the Controller of Examinations. For example, a few days prior to the commencement of the theory examinations, the University verifies the online transmission of question papers with a trial run. The college has to verify online its preparedness for the conduct of the forthcoming examinations, and a signed undertaking by the Chief Superintendent (i.e., the Principal) needs to be transmitted to the University. The University also provides a list of Nodal Centres and helpline numbers to effectively manage and troubleshoot any problems which may occur during the conduct of the examinations. A sample question paper is also transmitted online during the trial process.

As described under 2.5.1, the Principal is designated by the affiliating university as the Chief Superintendent of Examinations for the college. Prof. Anirudh B. Acharya is the Deputy Chief Superintendent of Examinations and assists the Chief Superintendent of Examinations in supervising the conduct of university examinations held in the college. The evaluation process as mentioned earlier is augmented by the appointment of a Custodian (please refer to 2.5.1 and 2.5.6 for responsibilities of the Custodian).

These efforts have considerably improved the examination process, per se, and the functioning of the Examination Section.

2.5.11 What are the efforts of the institution in the assessment of educational outcomes of its students? Give examples against the practices indicated below:

* Compatibility of education objectives and learning methods with assessment principles, methods and practices.

As described under 2.3.1, the college has introduced a system of assessing competency through the use of several structured formats. These competency assessment forms (listed under 2.5.2) address and test whether students have knowledge of current and relevant trends in dentistry for providing patients with optimal unsupervised oral health care, possess awareness of preventive, diagnostic and technical aspects of dentistry for delivering comprehensive oral health, deliver emergency general and oral health care, are compassionate and view patient health in a holistic manner, and harbor the concepts of ethical practice, and render care taking into consideration social and cultural sensibilities of the community of their practice—all of which are part of the college’s objectives for the BDS programme.
* Balance between formative and summative assessments.
   The three internal assessments, conducted as part of the formative assessment, contribute to 10% of the university-conducted year-end examination—an attempt to strike a balance between formative and summative assessments.

* Increasing objectivity in formative assessments.
   Again, the introduction of the competency assessment formats is an attempt to increase the objectivity of the formative assessments.

* Formative (theory / orals / clinical / practical) internal assessment; choice based credit system; grading / marking.
   As per university rules, three internal assessments need to be conducted in an academic year. In addition, individual departments also organise an ‘improvement’ internal assessment, as necessary, with a view to give students an opportunity to improve upon their internal assessment average marks.

* Summative (theory / orals / clinical / practical).
   The college is responsible for the conduct and hosting of the year-end university examination, based on the guidelines of the university. This includes providing the necessary examination halls for the written examinations, internet access for downloading question papers and uploading marks; space and logistical support for evaluation of answer scripts, use of laboratories and clinics for clinical/practical examination; and hospitality of external examiners. The college is one of just three centres in northern Karnataka recognised/designated by the affiliating university for answer script evaluation.
   In addition, the competency assessments may also be part of the annual examination. While they are undertaken primarily as part of formative assessments, in the event a student does not gain a satisfactory grading in the same, the student has the option of being graded as part of the year-end clinical assessment (Annual University Examination). However, it must be noted that students’ progression is based on university examination per se and, in part, their internal assessment examination.

* Theory – structure and setting of question papers – Essays, long answers, shorts answers and MCQs etc. Questions bank and Key answers.
   The theory university examination and internal assessments normally includes essay questions, short essays and short answers, although MCQs per se are not part of the format. However, certain individual departments have taken the initiative to introduce MCQs and provide the necessary answer keys. For example, in the Department of Oral Pathology, chapter-wise MCQ tests have been conducted since 2013 for I BDS (in dental anatomy and histology) and III BDS (in oral pathology) as part of practical classes. Here, MCQs and answers keys are framed by faculty members based on the teaching schedule and curriculum; following each test, detailed discussion on the questions and answers are also held. In the Department of Paediatric Dentistry also, MCQ tests are conducted and question bank and answer keys provided for preparing the students in competitive entrance examination.

* Objective Structured Clinical Examination (OSCE).
   Yes. Introduced in Periodontics.

* Objective Structured Practical Examination (OSPE).
Yes. OSPE forms part of both internal assessments and university examinations. For example, in the Department of Oral Pathology, OSPE form part of the evaluation, to an extent, in the form of models, dental casts, and specimens.

* Any other.

2.5.12 Describe the methods of prevention of malpractice, and mention the number of cases reported and how are they dealt with?

As mentioned under 2.5.7 the college has CCTV to monitor examination halls. Also, at the University level, centralised evaluation is done by double evaluator as per the guidelines prescribed the RGUHS. The double evaluation is undertaken both for answer scripts and viva voce. A panel of paper setters, moderators and examiners are selected by the university, while the invigilators are provided by the Examinations Section of the college. These measures have ensured that virtually no cases of malpractice were reported in the college in the preceding five years.

2.6 Student Performance and Learning Outcomes

2.6.1 Has the institution articulated its Graduate Attributes? If so, how does it facilitate and monitor its implementation and outcome?

Yes. The college has elaborated on what it believes are the qualities and attributes which its graduates must harbour. These are specified in its goals, which have been listed under 1.1.1.

Towards achieving this, the college implements a current and relevant curriculum which embodies the acquisition and integration of knowledge and skills, social awareness, and critical thinking. The college is also committed to service learning and an appreciation for continuous learning. In addition, the college provides adequate clinical experience that offers wide access to consultative, comprehensive and emergency oral health care.

Furthermore, the college organises programmes in soft skills, such as communication skills and critical thinking, which provides additional tools for the students to undertake a refined practice of dentistry. Also, training in basic life support adds value to managing medical emergencies.

An emphasis and encouragement of undergraduate research facilitates literature search and selection, and exposure to research methodologies—abilities vital for choosing and understanding relevant information in clinical and academic practice.

As described under 2.3.1 (listed under 2.5.2), through the implementation of the competency assessment using the prescribed formats, the outcome achieved in terms of the competency gained in diverse facets of dental diagnosis, treatment planning and care are monitored. For example, the BLS training assists students in demonstrating competence in Managing Medical Emergencies (assessed in IV BDS), lectures in behavioural sciences facilitates their developing competence in Anxiety Management (assessed in IV BDS), while the module on communication skills and critical thinking assist competency development in Cultural Communication (assessed in Internship) and Critical Evaluation of Clinical Case (assessed in Internship).

2.6.2 Does the institution have clearly stated learning outcomes for its academic programs/departments? If yes, give details on how the students and staff are made aware of these?

Yes. The college has clearly stated learning outcomes for its academic programmes (which is listed on its website – www.sdmcds.org under ‘Students Info’); in addition, individual departments also have specific learning outcomes and educational objectives,
which is communicated to students and faculty verbally and in the written format (e.g., in the practical journal books).

2.6.3 How are the institution’s teaching-learning and assessment strategies structured to facilitate the achievement of the intended learning outcomes?

The college has sufficient clinical material which, under the proper faculty guidance is optimally utilised by the students to gain skills and experience; where necessary, remedial measures are incorporated to ensure competency. The competence is evaluated through competency assessment forms as well as internal examinations and university examination.

2.6.4 How does the institution ensure that the stated learning outcomes have been achieved?

As described under 2.6.1, the college facilitates and monitors the implementation and outcome of the graduate attributes, which includes its learning outcomes. The primary indicator of this is the performance of students in the university examination and the results thereof. Also, an indication of this is the placements obtained by the college graduates, feedback provided by the alumni.
3.1 Promotion of Research

3.1.1 Is there an Institutional Research Committee which monitors and addresses issues related to research? If yes, what is its composition? Mention a few recommendations which have been implemented and their impact.

Yes. The college has a dedicated Research Committee, comprising of faculty and student members who monitor and address issues related to undergraduate research. The Committee oversees undergraduate research activity through guidelines laid down for undertaking short-term research. The committee facilitates research to be undertaken in a coordinated manner and as a ‘team’ comprised of a faculty coordinator and three to six students in individual departments (each department may have several teams). The Research Committee was instrumental in designing the formats for submitting the student research proposals, and completed study formats. The Committee was also responsible in designing the adult/child consent templates as part of such research protocols. The proposals go through the standard ethical clearance issued by the Institutional Review Board (IRB). Overall, 232 students from the III BDS, IV BDs and Internship have been part of the research in the preceding five years. Forty two projects have been completed till now. Four such studies undertaken have been published, while several others have been presented in national and international conferences. The Committee was instrumental in organising the Undergraduate Research Day in October 2010. The Committee meets at least twice a year, usually at commencement of academic year and mid-term, and as and when necessary. The following is the composition of the Research Committee:

- Prof. Padmini Sivakumar, Research Dean & Convener
- Prof. Atul P. Sattur, Member
- Dr. Gouri V. Anchosur, Member
- Dr. Sangamesh B, Member
- Dr. Ameet Revankar, Member
- Dr. Niranjan K.C., Member
- Spoorthi Shetty, Student Member

3.1.2 Does the institution have an institutional ethics committee to monitor matters related to the ethics of inclusion of humans and animals in research?

Since 2011, the College’s Ethics Committee has been merged with the Institutional Review Board (IRB), which takes all decisions related to matters concerning research involving humans and animals. The IRB addresses ethical issues related to research and monitors the soundness of the scientific proposals and ethical considerations of the same. Previously, however, such decisions were taken by the Ethics Committee which was headed by a Chairman (Prof. Shyam Amur) and included internal and external members (including Dean of the SDM College of Medical Sciences, Dharwad, and a former Vice Chancellor Karnataka University, Dharwad). The Ethics Committee used to meet at least once every year for scrutiny and possible clearance of research synopses—particularly those related to MDS dissertations and clinical trials.

3.1.3 What is the policy of the university to promote research in its affiliated / constituent colleges?

The affiliating university supports research activities of faculty members of its constituent colleges by providing financial assistance. Five faculty members of the college applied for and obtained funding totalling ₹1,76,000) from the RGUHS for their studies in the preceding five years:
- Prof. Swati Setty, Head of Periodontics
- Prof. Rajesh T. Aneugundi, Paedodontics
- Prof. Gouri V. Anehosur, Prosthodontics (and Geriatric Dentistry)
- Prof. Leena Shettar, Periodontics
- Dr. Geeta Hiremath, Reader in Conservative Dentistry & Endodontics

Additional details of this are provided under 3.2.2. Also, Prof. Anand Patil (Head of Orthodontics) obtained financial assistance of ₹50,000 for registration in his specialty’s conference in Washington D.C., USA, in May 2010, while Dr. Ashith Acharya (Head of Forensic Odontontology) obtained financial assistance of ₹28,000 for registration in his specialty’s international conference in Florence, Italy, in August 2013.

3.1.4 What are the proactive mechanisms adopted by the institution to facilitate the smooth implementation of research schemes/projects?

a. Externally funded projects (both government and private agencies):

* advancing funds for sanctioned projects.
  Once the seed money is approved and sanctioned by the external funding agency, which is credited to the college account, the college’s Account Section—under the directive of Principal—swiftly releases the amount to ensure timely commencement of the research.

* simplification of procedures related to sanctions / purchases to be made by the investigators.
  Once the amount is credited to the faculty member, he/she has complete freedom to undertake their own purchases in relation to the commencement, progress and completion of the research project; however, the relevant bills are submitted to the Principal.

* autonomy to the principal investigator/coordinator for utilising overhead charges.
  Complete autonomy is given to the principal investigator/coordinator for utilising overhead charges, who submits the receipts/invoices related to expenditure to the Principal.

* timely release of grants.
  The grants are released in a timely manner, within a few days, once the principal investigator/faculty member makes an application to the Principal seeking the release.

* timely auditing.
  An audit of all monies credited/debited through the college’s account, including those related to externally funded projects, is undertaken by the college’s Accounts Section, internal auditors appointed by the college’s Management, as well as independent external auditors.

* submission of utilisation certificate to the funding authorities.
  Reports and updates concerning fund utilisation are submitted timely to funding authorities, as per requirement; when required, the reports are forwarded through the Principal of the college.

* writing proposals for funding.
  The college’s statistician is consulted by faculty members during preparation and writing of the research proposal and prior to its submission. At times, senior faculty members and/or faculty members more experienced in the nuances of research proposal development may also be consulted in this.
any training given for writing proposals.
Two faculty members—Prof. Shruthi Patil and Dr. Prashanth Battepati—both from the Department of Paediatric Dentistry attended a workshop on the modalities of undertaking literature review—including its writing—at the SDM Institute for Management Development in Mysuru, Karnataka in December 2013.

b. Institution sponsored projects:
* providing seed money.
The college’s Management allocates research grants, amounting to ₹1,00,000, as part of the annual budget allocation. The college’s research grants utilised by faculty members in the preceding five years is listed in Table 3.1.

Table 3.1: Year-wise break-up of the college research grants utilised by faculty members

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount (in ₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>14,949</td>
</tr>
<tr>
<td>2010-11</td>
<td>42,247</td>
</tr>
<tr>
<td>2011-12</td>
<td>9,100</td>
</tr>
<tr>
<td>2012-13</td>
<td>17,356</td>
</tr>
<tr>
<td>2013-14</td>
<td>31,882</td>
</tr>
<tr>
<td>2014-15*</td>
<td>8,200</td>
</tr>
</tbody>
</table>

*For the period till June 2014

* Proportion of funds dedicated for research in the annual budget.
The proportion of funds dedicated for research in the annual budget is listed under 3.1.8.

* Availability of funding for research/training/resources.
Faculty members make use of research funding available from the college, government agencies (e.g., ICMR), as well as the industry (e.g., Colgate Palmolive) for research; faculty members also made use of travel grants available from the college, private organisations (e.g., Sir Dorabji Tata Trust) as well as government agencies (e.g., DST, CSIR, CCSTDS/CICS) to participate in training programmes per se as well as those organised as part of conferences and/or workshops.

* Availability of access to online databases.
The college subscribes to online databases such as EBSCO’s Dentistry and Oral Sciences Resources, which provides access to full text of 108 periodicals (https://search.ebscohost.com); the college also has access to over 400 online dental, health sciences, and life sciences journals through the Helinet consortium, which is accessible via the affiliating university’s website (www.rguhs.ac.in).

3.1.5 How is multidisciplinary / interdisciplinary / transdisciplinary research promoted within the institution?
* between/among different departments / and
An important part of the college’s vision statement is “community-oriented research of excellence” and the college’s mission statement highlights the importance of fostering strong community relationships through research. Therefore, research is undertaken not just as an end in itself but to benefit the community which the college (and the dental profession, in general) serves. Heads of department, senior faculty members and administrators are aware that this is optimised through inter-departmental collaborations. In fact, such an approach to
research is in vogue in the college, as evidenced in several multi-specialty contributions to the list of published research papers in the preceding five years. Some of the common ‘blocs’ formed for research are Endodontics–Restorative Dentistry–Periodontics, and Oral Pathology–Oral Diagnosis–Oral Surgery. Other unconventional collaborations have also been forged, for example, Endodontics–Forensic Odontology and Prosthodontics–Forensic Odontology. The latter also has collaborated extensively with Oral Diagnosis and Oral Pathology. Partnerships are forged with sister-concerns, such as the S.D.M. College of Medical Sciences and S.D.M. College of Engineering and Technology.

* collaboration with national/international institutes/industries.

Several departments/faculty members have on-going or completed research endeavours in collaboration with national/international institutes/industries. These range from clinical trials with industry leaders such as Colgate Palmolive (in Public Health Dentistry) to testing dental material components for treatment (implant-supported removable partial denture, with ADIN Dental Implants). Towards this end, the college has several MoUs with facilities and institutions within (Maratha Mandal’s N.G.H. Dental College, Belgaum; P.C. Jabin Science College, Hubli) and outside the country (Tufts University School of Dental Medicine, USA; Erciyes University, Turkey). Collaborations are also undertaken with national centres of excellence such as the National Aerospace Laboratories of the CSIR, Bengaluru, for fabricating an indigenous dental magnet that has application dental and maxillofacial prostheses (in Prosthodontics).

3.1.6 Give details of workshops/training programmes/sensitisation programmes conducted by the institution to promote a research culture in the institution.

Members of faculty are deputed to the RGUHS for workshop(s) on research methodology as well as to continual professional education programmes which cover aspects of research methodology such as literature review and qualitative research. For example, Prof. Anirudh Acharya and Dr. Swetha Acharya were deputed to SDM Institute for Management Development in May 2012 to attend a programme that covered a range of research-related issues—the programme covered quantitative techniques for research and included statistical techniques, statistical decision theory, role of statistics in research, and the stages in statistical studies/surveys/projects; Prof. Shruti Patil and Dr. Prashant Battepati were deputed for a workshop on literature review in the same institute in December 2013. Moreover, a consultant statistician visits the college two days every week and clarifies a variety of statistical queries of members of faculty, which serves in further sensitisation to certain aspects of research methodology.

3.1.7 How does the institution facilitate researchers of eminence to visit the campus? What is the impact of such efforts on the research activities of the institution?

Through the organisation of national conferences, the college provides a platform for its faculty members and students to interact with leading practitioners, consultants and researchers in the specialty. Such senior dentists, who conduct leading-edge research, have extensive discussions and deliberations on trends and directions in scholarly activity inspiring and guiding future course of research in the college.

- In December 2009, the college organised the 34th National Conference of Indian Society of Periodontology. Renowned international resource faculty were part of the conference as speakers:
  - Prof. Robert Genco, an authority on the perio-systemic link, was specifically invited to share his views on the topics with the vast gathering and inspire the younger generation of dentists and periodontists. Also, being the Editor-in-Chief of the Journal
of Periodontology, the leading journal of periodontology in the world (published by the American Academy of Periodontology), he was asked to lecture on ‘Scientific Writing’.

- Prof. Philip Preshaw, of Newcastle University, UK, was the second of the invited foreign speakers and lectured on the clinical aspects of periodontology and current status of the management of periodontal defects. He also lectured on periodontitis and diabetes, with ongoing studies to elucidate the molecular mechanisms that underpin these links.

- In July 2011, the college organised the 4th National Conference of the Indian Society of Periodontics-Restorative Dentistry-Prosthodontics. The scientific sessions of the conference, with Guest Speakers from Mumbai, Pune, Chandigarh, Chennai and Bengaluru, opened with the ISPRP Oration ‘Advances in Interdisciplinary Dentistry—Philosophy, Rationale & Future’, by Dr. Neel Bhatavadekar, a prominent Periodontist from Pune who is one of the accredited Indians by the American Academy of Periodontology. The other scientific sessions included discourses and privilege papers by Prof. Suhasini Nagda (Dean of Nair Dental College & Hospital, Mumbai), Prof. Gopikrishna V (then Editor of the Journal of Endodontics), amongst others. The scientific sessions provided the delegates—students, faculty members and clinicians—scope for better understanding of the approaches in interdisciplinary dentistry.

- In June 2013, the college organised the 14th Indian Academy of Conservative Dentistry and Endodontics Postgraduate Convention. The convention was preceded by the pre-convention programme where eminent researchers and speakers such as Prof. B. Mohan and Prof. Gopikrishna V provided hands-on training in topics such as smile designing and rotary endodontics. The convention was marked by lectures given by esteemed guests speakers such as Dr. K.V. Raghavan (a Distinguished Fellow of University of Grants Commission); another guest, Dr. Abrar Ahmad (Principal Scientist at the Biochemical Sciences Division of the Council for Scientific and Industrial Research (CSIR) – National Chemical Laboratory, Pune), spoke about biological synthesis of inorganic nanomaterials and their applications in dentistry and endodontics. Prof. K. Ranganathan (Head of Oral and Maxillofacial Pathology, Ragas Dental College and Hospital, Chennai) gave an overview of research methodology for dental postgraduates.

- 14th International Rhinoplasty Workshop, 24–27 Feb 2010
- 15th International Rhinoplasty Workshop, 24–27 Feb 2011

3.1.8 What percentage of the total budget is earmarked for research? Give details of heads of expenditure, financial allocation and actual utilization.

The percentage of the total budget earmarked for research is detailed in Table 3.2 while the heads of expenditure/actual utilisation is listed in Table 3.3.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>College Budget (in ₹)</th>
<th>Research Allocation (in ₹)</th>
<th>% of Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>10,14,00,000</td>
<td>1,00,000</td>
<td>0.10</td>
</tr>
<tr>
<td>2010-11</td>
<td>13,40,00,000</td>
<td>1,00,000</td>
<td>0.07</td>
</tr>
<tr>
<td>2011-12</td>
<td>14,55,00,000</td>
<td>1,00,000</td>
<td>0.07</td>
</tr>
<tr>
<td>2012-13</td>
<td>15,09,00,000</td>
<td>1,00,000</td>
<td>0.07</td>
</tr>
<tr>
<td>2013-14</td>
<td>16,72,00,000</td>
<td>1,00,000</td>
<td>0.06</td>
</tr>
<tr>
<td>2014-15</td>
<td>17,00,00,000</td>
<td>1,00,000</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Table 3.3: Details of the heads of expenditure/actual utilisation of the college research fund
<table>
<thead>
<tr>
<th>Date</th>
<th>Name/Beneficiary</th>
<th>Amount (in ₹)</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-4-09</td>
<td>Dr. Ashith B. Acharya</td>
<td>927</td>
<td>Publication Charges towards Journal of Forensic Dental Sciences</td>
</tr>
<tr>
<td>25-6-09</td>
<td>Dr. Sunil Mutalik</td>
<td>3500</td>
<td>Research on GST null genotype and antioxidants</td>
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<td>29-6-09</td>
<td>Dr. Atul Sattur</td>
<td>2600</td>
<td>Research Expenses</td>
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<tr>
<td>17-7-09</td>
<td></td>
<td>3500</td>
<td>Dean, Kasturba Medical College, Manipal, towards immune-histochemistry markers</td>
</tr>
<tr>
<td>31-7-09</td>
<td>Dr. Atul Sattur</td>
<td>1422</td>
<td>Attendance of Symposium on cancer in RGUHS</td>
</tr>
<tr>
<td>3-3-10</td>
<td>S.B. Javali</td>
<td>3000</td>
<td>Research Expenses</td>
</tr>
<tr>
<td>16-4-10</td>
<td>Dr. Sudeendra Prabhu</td>
<td>2500</td>
<td>Publication Charges towards Journal of Oral &amp; Maxillofacial Pathology</td>
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<tr>
<td>19-5-10</td>
<td>Dr. Kanesh Karthik</td>
<td>14070</td>
<td>Research expenses in Oral Surgery</td>
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<tr>
<td>23-6-10</td>
<td></td>
<td>3000</td>
<td>S.D.M. Medical College</td>
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<tr>
<td>27-7-10</td>
<td></td>
<td>5069</td>
<td>Purchase of Implant O-Ring</td>
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<tr>
<td>19-10-10</td>
<td>Mahesh B Shikaripur</td>
<td>3025</td>
<td>Printing of Certificates for Research Day</td>
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<tr>
<td>19-10-10</td>
<td>Dr. Padmini S.</td>
<td>5756</td>
<td>Expenditure incurred for organising Research Day</td>
</tr>
<tr>
<td>23-10-10</td>
<td>Dr. Padmini S.</td>
<td>644</td>
<td>Expenditure incurred for organising Research Day</td>
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<td>16-12-10</td>
<td>Department of Paediatric Dentistry</td>
<td>2000</td>
<td>Jaypee Brothers Medical Publishers Pvt. Ltd.</td>
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<tr>
<td>19-10-10</td>
<td>Dr. Veda Hegde</td>
<td>2000</td>
<td>Publication Charges towards Indian Journal of Dental Research</td>
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<tr>
<td>3-1-11</td>
<td>Dr. Shyam Amur</td>
<td>2133</td>
<td>Expenses incurred in organising HIV AIDS Day</td>
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<tr>
<td>22-8-11</td>
<td>Dr. Naveen J &amp; Dr. Sudeendra Prabhu</td>
<td>3500</td>
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<tr>
<td>3-10-11</td>
<td></td>
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<tr>
<td>19-12-11</td>
<td></td>
<td>300</td>
<td>Red Flower Publications</td>
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<tr>
<td>4-1-12</td>
<td>Dr. Preeti Patil</td>
<td>2500</td>
<td>Research Expenses</td>
</tr>
<tr>
<td>17-3-12</td>
<td>Dr. Rajesh Aneugundi</td>
<td>300</td>
<td>Red Flower Publications</td>
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<tr>
<td>13-6-12</td>
<td></td>
<td>7356</td>
<td>Cactus Communications Pvt. Ltd.</td>
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<tr>
<td>21-6-12</td>
<td>Dr. Sanjay Navani</td>
<td>2800</td>
<td>Research Expenses</td>
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<tr>
<td>26-10-12</td>
<td>Dr. Aishwarya Nayak</td>
<td>3000</td>
<td>Research Expenses</td>
</tr>
<tr>
<td>13-12-12</td>
<td></td>
<td>3000</td>
<td>Indian Journal of Dental Research</td>
</tr>
<tr>
<td>14-12-12</td>
<td>Eshana B.N.</td>
<td>1200</td>
<td>Microbiological Analysis of Water Sample in S.D.M. Medical College</td>
</tr>
<tr>
<td>18-4-13</td>
<td>Dr. Satyabodh Guttal</td>
<td>7272</td>
<td>Research Expenses</td>
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<tr>
<td>1-6-13</td>
<td>Dr. Veda Hegde</td>
<td>3100</td>
<td>Publication Charges</td>
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<tr>
<td>10-6-13</td>
<td>Dr. Satyabodh Guttal</td>
<td>3090</td>
<td>Research Expenses</td>
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<tr>
<td>24-1-14</td>
<td>Dr. Niranjan K.C.</td>
<td>9320</td>
<td>Research Expenses</td>
</tr>
<tr>
<td>27-1-14</td>
<td></td>
<td>2800</td>
<td>Memorial Hospital, for Immunohistochemical Study for</td>
</tr>
</tbody>
</table>
In its budget, does the university earmark funds for promoting research in its affiliated colleges? If yes, provide details.

Does the institution encourage research by awarding Postdoctoral Fellowships/Research Associateships? If yes, provide details like number of students registered, funding by the institution and other sources.

Yes. The college offers a Fellowship in Cleft Lip/Palate, which is recognised by the RGUHS.

Also, the college has appointed Research Fellows in Prosthodontics and Oral Pathology as part of ICMR-funded research projects. In Prosthodontics, Dr. Medha Naik was appointed as a Junior Research Fellow in April 2010 and was promoted as a Senior Research Fellow after one year, a tenure which lasted till March 2013 until the completion of the project. In Oral Pathology, Dr. Priyadarshini Sungar and Dr. Rishika Habib were appointed as Junior Research Fellows from September 2012 to July 2013.

What percentage of faculty have utilised facilities like sabbatical leave for pursuit of higher research in premier institutions within the country and abroad? How does the institution monitor the output of these scholars?

Dr. Krishnaraj GaneshNarayan of Periodontics availed study leave of over six months to complete his doctoral studies in the University of Medicine and Dentistry, Newark, USA, in 2011-12; another faculty member, Dr. Narayan Gandedkar of Orthodontics was provided study leave in 2009-10 for 16 months for his Fellowship in Craniofacial Orthodontics in Chang Gung Memorial Hospital, Taiwan. Dr. Abhijit Joshi of Oral Surgery obtained Special Leave from the college for his travel to the European Face Centre in Brussels, Belgium, for eight weeks for a basic course on ortho-facial surgery. The knowledge and skills gained have been applied in research and patient care as reflected in publications and informal feedback from faculty members.

Provide details of national and international conferences organised by the institution highlighting the names of eminent scientists/scholars who participated in these events.

The details of conferences organised by the college, highlighting the names of eminent scientists/scholars who participated in these events, have been described under 3.1.7.

Mention the initiatives of the institution to facilitate a research culture in the below mentioned areas:

- Training in research methodology, research ethics and biostatistics.

Newly admitted MDS students are orientated to research methodologies through a series of lectures by the Department of Biostatistics; the students are also deputed to the RGUHS for workshop(s) on research methodology. Training of faculty members in research methodologies has been described under 3.1.6.

Also, various departments of the college—Periodontics, Prosthodontics, Oral Surgery
and Endodontics—have successfully applied for recognition as centres of PhD under the RGUHS. This, in turn, serves to encourage those wishing to pursue higher research, with some of these departments already having PhD students enrolled and pursuing doctoral studies.

* Development of scientific temperament.
  The college encourages and facilitates its faculty to attend continual professional education programmes on research methodologies; the college employs the services and expertise of a statistician, which facilitates clarification of certain research methodological queries posed by the faculty; the college provides access to scientific literature—both online databases and printed periodicals—to ensure updates on current research advances and stimulate ideas; moreover, the college has a policy that requires a minimum number of publications in indexed journals, preferably international, by faculty members for academic advancement—the arguably high standards of several international journals has the potential to further contribute to enhancing the scientific temperament.

* Presence of Medical / Bio Ethics Committee.
  Yes. The college has an Institutional Review Board that oversees ethics related issues in research undertaken in the college. Please refer to details under 3.1.2.

* Research linkages with other institutions, universities and centres of excellence. (national and international).
  The college has linkages with several institutions, universities and centres of excellence—both national and international—which are listed under 3.1.5.

* Research programs in Basic Sciences, Clinical, Operational Research, Epidemiology, Health Economics, etc.
  As aforementioned, several departments in the college serve as PhD centres and conduct research in basic sciences and clinical/operational research; epidemiological research is routinely undertaken in the Department of Public Health Dentistry, as well as other departments; clinical trials are also undertaken in the Department of Public Health Dentistry. Clinical/operational research is also undertaken as part of faculty research and MDS dissertations while basic sciences and para-clinical research is undertaken in oral pathology and forensic odontology.

* Promotional avenues for multi-disciplinary, inter-disciplinary research.
  There is extensive inter-departmental multi-disciplinary research undertaken in the college, the details of which are provided under 3.1.5.

* Promotional avenues for translational research.
  The college’s vision which emphasises on community-oriented research aims at not just undertaking research as an end in itself, but with the goal of applying the findings and outcomes therein for the benefit of the public and society, either in oral disease investigation, or treatment planning and execution. The translational research are listed.

* Instilling a culture of research among undergraduate students.
  In 2009, the college made it mandatory that undergraduate students undertake research projects. Students are initiated into research in III BDS while the Research Committee, headed by a Dean and comprising an Associate Dean and Assistant Deans (Table 3.1), ensure proper conduct and participation of undergraduate students. The committee has put forth
guidelines for undergraduate research (Standard 6 Exhibit 1a). A group of students numbering six to ten, drawn from III BDS to Internship are allocated a faculty supervisor (designated as the ‘Research Coordinator’). The group of students and the faculty coordinator conceive a research topic and develop a proposal on a prescribed format. Once a predoctoral research proposal is approved, projects are usually conducted in the clinical or departmental laboratory setting. Material costs are usually borne by the respective departments. If a particular study group requires extramural services, a detailed financial plan is presented to the Research Committee and the budget allocated accordingly from the school’s research fund.

The Research Committee monitors the progress of projects by liaising with the faculty coordinator and ensures the timeliness of completion of projects. If required, further actions are developed based on the outcomes of the monitoring process. The results and findings of the projects are shared with fellow members of the fraternity through paper and poster presentations in scientific meets organised at various levels, including student conferences, specialty conferences and the college’s Research Day; in addition, efforts are made to publish the research in peer-reviewed journals.

* Publication-based promotion/incentives.

Integrating DCI requirements, the college’s policy on faculty advancement and promotion requires that faculty member(s) have published at least one paper as first author in an indexed journal, preferably an International Journal, for promotion to the post of Reader; it also states that he/she have published at least two papers as first author in an indexed journal, preferably an International Journal, for promotion to the post of Professor.

![Bar Chart](image)

**Fig. 3.1:** A total ₹ 30,41,062 was spent on faculty members’ travel to conferences/professional development programmes in the last five fiscal years.

* Providing travel grant for attending national/international conference and workshops. The college encourages and mandates its faculty members to attend specialty conferences for disseminating the results of their research and other scholarly activity. The college
reimburses the registration, travel and accommodation for one conference and one CDE program for each faculty member in an academic year (the college also extends support to senior faculty for participating in international conferences—a facility utilised by two faculty members). The college’s spending (in ₹) on conference attendance and higher training programmes is depicted in Fig. 3.1.

3.1.14 Does the institution facilitate

* R&D for capacity building and analytical skills in product development like diagnostic kits, biomedical products, etc. for the national/international market

The college provides an environment conducive to research, capacity building and developing analytical skills. Faculty members of the college have undertaken research of excellence, as seen by the funding that they have successfully attracted from leaders in industry and renowned national agencies (please see 3.2.1, 3.2.2 and 3.7.1 ‘Collaboration with industry’).

Moreover, faculty members of the college have been developing new material components, for example, an indigenous dental magnet for use in retention of dental and maxillofacial prostheses is being fabricated by Dr. Satyabodh Guttal of Prosthodontics in collaboration with materials science department of the National Aerospace Laboratories of the CSIR, Bengaluru (please also refer to 3.1.5, and 3.7.1 ‘Collaboration with industry’). A faculty member of Prosthodontics filed for patent of the design of a ‘Jaw Dropper’ articulator, which was granted in July 2011 (details under 3.2.4). Faculty members and students of Periodontics have developed a herbal mouthwash whose efficacy is shown to be even better than conventional oral rinses.

Furthermore, new techniques in treatment (for anaesthesia) and investigations (identification, age estimation) have been developed in Periodontics, Prosthodontics and Forensic Odontology, respectively.

In addition, the faculty has appointed a renowned and consultant statistician who visits two days in a week to provide inputs to faculty and students on statistical methods and analyses; the statistician also assists the college in compiling results of various internal surveys, for example, patient feedback obtained from individual departments.

* Development of entrepreneur skills in health care

The college hosts professional development programmes which focus on improvement of entrepreneur skills. For example, a one-day programme on capacity building for teaching faculty of the S.D.M. institutions (including the Medical, Dental and Engineering colleges) was organised in September 2013 wherein resource faculty from ‘Focus Academy of Life Skills and Entrepreneurship’, Mysuru, served as the trainers.

Also, a day-long workshop on newer trends in teaching-learning techniques was held in December 2013 at the dental college, where faculty from the Department of Education for Health Professions, K.L.E. University, Belgavi, served as resource personnel.

Moreover, the college organises interactive workshops for undergraduate and postgraduate students wherein Corporate Trainers provide discourses on inter-personal skills, communication skills and networking, marketing skills, business management and entrepreneurship, legal aspects and finance management. These give students an insight on undertaking new enterprises in dentistry. For instance, a lecture was organised by the college in June 2011 in collaboration with the Indian Dental Association (Dharwad branch) for the interns on career guidance and options following graduation. Another programme was the ‘Future Dental Professional Programme’ for undergraduate and postgraduate students organised in the college in October 2012 by the IDA, Dharwad Branch, and Colgate Palmolive. In addition, a programme on SEBI Financial Literacy was conducted in November.
2013 where faculty from K.L.E. Institute of Management Studies and Research, Hubli, served as resource personnel.

* Taking leadership role for stem cell research, organ transplantation and harvesting, Biotechnology, Medical Informatics, Genomics, Proteomics, Cellular and Molecular Biology, Nanoscience, etc.

3.1.15 Are students encouraged to conduct any experimental research in Yoga and/or Naturopathy?

Although students are encouraged to undertake research related to dentistry per se, students of the college are yet to conduct any experimental research in Yogasana and/or Naturopathy.

3.2 Resource Mobilisation for Research

3.2.1 How many departments of the institution have been recognised for their research activities by national / international agencies (ICMR, DST, DBT, WHO, UNESCO, AYUSH, CSIR, AICTE, etc.) and what is the quantum of assistance received? Mention any two significant outcomes or breakthroughs achieved by this recognition.

In 2010 and 2011, the college made applications to its affiliating university for recognition of the Departments of Periodontics, Prosthodontics, Oral Surgery and Conservative Dentistry and Endodontics as centres for carrying out research leading to a Doctoral Degree, and the same was approved by the RGUHS in March 2011 (for Periodontics) and April 2013 (for the three other aforementioned departments). This has resulted in several faculty members of the college enrolling for their PhD in some of these departments.

Some of the researches undertaken in Prosthodontics and Oral Pathology have been funded by the ICMR:

- A study conceived by Prof. Gouri Anehosur, ‘Effect of anti-microbial activity of titanium oxide photocatalyst upon incorporation in heat cure polymethyl methacrylate denture base resin’ was sanctioned ₹14,15,900.
- Another study, headed by Prof. Kaveri Hallikeri, ‘Prevalence of oral mucosal lesions associated with smoke or smokeless tobacco usage: a cross sectional study’ has a funding of ₹6,23,974. The former served as a catalyst for faculty members from other departments to apply for extramural research grants.

Apart from these faculty projects, the same two departments also secured ICMR funding for three short-term student projects of ₹10,000 each:

- ‘Cervical lymph nodes metastasis in oral squamous cell carcinoma: a correlative study between histopathological malignancy grading and lymph node metastasis’ undertaken by Spoorthi Shetty in 2011 under the guidance of Dr. Swetha Acharya of Oral Pathology. This has further stimulated the interest amongst undergraduate students to undertake funded research.
- ‘Anti fungal activity of visible light activated TiO2 photo catalytic nanoparticles incorporated in acrylic denture base material’ undertaken by Varsha Palled in 2012 under the guidance of Prof. Gouri Anehosur.
- ‘Assessing the risk of cervical lymph node metastasis in oral squamous cell carcinoma by a clinicopathologic scoring’ undertaken by Sofia Sunny in 2013 under the guidance of Dr. Swetha Acharya of Oral Pathology.
- ‘Comparative analysis of clinicopathologic features of oral squamous cell carcinoma occurring in patients with and without oral submucous fibrosis’ is presently underway by Sartaz Rahman under the guidance of Dr. Swetha Acharya of Oral Pathology.
Also, as mentioned under 3.1.3, five faculty members of the college applied for and obtained a funding to the tune of ₹1,76,000 from the RGUHS for research projects.

The college has been a centre for industry-funded clinical trials since 2007, and this continues even after Cycle II NAAC accreditation—since April 2009, funding of ₹84,18,000 has been granted to the Department of Public Health Dentistry for these research (additional details under 3.2.5).

3.2.2 Provide the following details of ongoing research projects of faculty:

Details of the ‘major’ research projects (categorised by the college herein as ≥₹1,00,000) and ‘minor’ research projects (categorised by the college herein as <₹1,00,000) are listed in Table 3.4.

Table 3.4: Details of ongoing research projects of faculty members

<table>
<thead>
<tr>
<th>Year</th>
<th>Principal Investigator</th>
<th>Name of the Project</th>
<th>Name of Funding Agency</th>
<th>Total Grant Received (in ₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Prof. Gouri Anehosur</td>
<td>Evaluation of the effect of different types of curing models on shear bond strength and marginal integrity of resin cements on all ceramic crown – an in vitro study</td>
<td>RGUHS</td>
<td>40,000</td>
</tr>
<tr>
<td>2013</td>
<td>Prof. Leena Shettar</td>
<td>Genetic variants associated with aggressive periodontitis and neutrophil defects in the same individuals</td>
<td>RGUHS</td>
<td>40,000</td>
</tr>
<tr>
<td>2013</td>
<td>Prof. Swati Settty</td>
<td>Interleukin-1B gene polymorphism and its association with chronic periodontitis in a population of north Karnataka</td>
<td>RGUHS</td>
<td>40,000</td>
</tr>
<tr>
<td>2013</td>
<td>Prof. Rajesh Anegundi</td>
<td>Assessment of fluoride uptake on tooth enamel from four different fluoride dentifrices – an in vitro study</td>
<td>RGUHS</td>
<td>16,000</td>
</tr>
<tr>
<td>2013</td>
<td>Dr. Geetha Hiremath</td>
<td>Evaluation and comparison of antimicrobial activity of MTA, MTA-plus and biodentine using tube dilution method: an in vitro study</td>
<td>RGUHS</td>
<td>40,000</td>
</tr>
</tbody>
</table>

Major Projects (≥₹1,00,000)  
No ‘major’ faculty projects with university-funding are currently in progress

B. Other agencies – national and international (specify)
3.2.3 Does the institution have an Intellectual Property Rights (IPR) Cell?

While the college does not have an Intellectual Property Rights (IPR) Cell per se, it has published a detailed policy on IPR for three years now, which is distributed among all students and faculty members as part of the ‘Policies’ book. The aims of this policy include the following:

- Encourage creativity among the faculty, students and staff
- Increase the likelihood that ideas, inventions, and creative works produced at the college are used to benefit the public
- Protect the traditional rights of scholars with respect to owning the products of their intellectual endeavours
- Assure compliance with the provisions of contracts with external sponsors, and
- Provide that, when intellectual property is introduced for commercial development, the creator(s) and the college share any net profits.

The policy describes in some detail patentable intellectual property, copyrightable intellectual property, circumstances of waiver of rights, and income distribution that includes cost and royalties.

3.2.4 Has the institution taken any special efforts to encourage its faculty to file for patents? If so, how many have been registered and accepted?

In March 2010, a postgraduate student of Prosthodontics, Dr. Konark Patil (currently Assistant Professor in Oral Implantology), under guidance of faculty members of that department, filed for the patent of the design of ‘Jaw Dropper’ articulator. Here, the lower member of the articulator is mobile (unlike the upper member in conventional articulators); another unique feature of this articulator was its S-shaped condylar slot (unlike the conventional slot in other articulators). The articulator was fabricated in local workshops of Dharwad and used materials such as brass, hollow aluminium tube and stainless steel. Senior faculty members of the college provided the literature and articles to Dr. Patil for filing the patent claim. Following application, the office of the Intellectual Property of India, Mumbai, scrutinised the same and asked for clarifications/corrections, which was rectified by the faculty members. The patent was granted in July 2011, with Prof. (late) N.P. Patil and Konark Patil as first authors (principal owners/signatories for the transferring of patent/IP), Prof. Satybaodh Guttal as the second author and Prof. Ramesh Nadiger the third author.

3.2.5 Does the institution have any projects sponsored by the industry/corporate houses? If yes, give details such as the name of the project, funding agency and grants received.

Yes. As mentioned under 3.2.1, the college has been a centre for industry-funded clinical trials since 2007, and this continues even after Cycle II NAAC accreditation in 2009; also, other industry-funded research have been in progress, all of which are listed in Table 3.5.

Table 3.5: Details of clinical trials undertaken in the college since April 2009

<table>
<thead>
<tr>
<th>Title of the Project</th>
<th>Sponsor</th>
<th>Grants (₹)</th>
<th>CTRI No.</th>
<th>Start date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A comparison of dental plaque scores from anterior and posterior teeth in conjunction with</td>
<td>Colgate-Palmolive, New Jersey, USA.</td>
<td>6,75,000</td>
<td>Protocol CRO-0309-ANT-</td>
<td>16-4-09</td>
<td>Complete</td>
</tr>
</tbody>
</table>
### Microbiological Analyses

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Investigator Institution</th>
<th>Budget</th>
<th>Protocol Code</th>
<th>Approval Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A pilot clinical study to assess extrinsic stain removal efficacy of three dentifrices*</td>
<td>Colgate-Palmolive, New Jersey, USA</td>
<td>2,70,000</td>
<td>Protocol CRO-0209- WHT-KVVP-PS</td>
<td>24-5-09</td>
<td>Completed</td>
</tr>
<tr>
<td>A survey of dental plaque and gingivitis amongst adults from a region of India*</td>
<td>Colgate-Palmolive, New Jersey, USA</td>
<td>2,70,000</td>
<td>Protocol CRO-0609- SURVEY-PS.</td>
<td>24-8-09</td>
<td>Completed</td>
</tr>
<tr>
<td>Clinical investigation to examine the effects of toothbrushes on oral bacteria – A pilot study*</td>
<td>Colgate-Palmolive, New Jersey, USA</td>
<td>6,75,000</td>
<td>CRO-1109- BACT-BRUSH-PS-Pilot</td>
<td>13-11-10</td>
<td>Completed</td>
</tr>
<tr>
<td>Clinical investigation to evaluate the effects of oral hygiene with commercial dentifrices on dental plaque and gingivitis*</td>
<td>Colgate-Palmolive, New Jersey, USA</td>
<td>14,00,000</td>
<td>CRO-0612- Commercia l-Paste-PS</td>
<td>1-11-12</td>
<td>Completed</td>
</tr>
<tr>
<td>An A Clinical study to evaluate the effect of oral hygiene on dental plaque and gingivitis*</td>
<td>Colgate-Palmolive, New Jersey, USA</td>
<td>9,52,000</td>
<td>2013/Staff/Com/11</td>
<td>1-6-13</td>
<td>Completed</td>
</tr>
<tr>
<td>A clinical study to assess the Antibacterial effects of dentifrices on oral bacteria*</td>
<td>Colgate-Palmolive, New Jersey, USA</td>
<td>11,76,000</td>
<td>2013/Staff/Com/12</td>
<td>7-9-13</td>
<td>Completed</td>
</tr>
<tr>
<td>A clinical study to compare the effects of brushing with toothpastes on oral bacteria*</td>
<td>Colgate-Palmolive, New Jersey, USA</td>
<td>25,80,000</td>
<td>CRO-1013- Toothpaste -PS</td>
<td>2-7-14</td>
<td>Completed</td>
</tr>
<tr>
<td>The effects of brushing with commercial toothpastes on oral bacteria*</td>
<td>Colgate-Palmolive, New Jersey, USA</td>
<td>420,000</td>
<td>CRO-0114-COMMERICAL-TP-PS</td>
<td>30-6-14</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Patient satisfaction and retention with implant supported removable partial dentures†</td>
<td>ADIN Dental Implant System Ltd., Afula, Israel</td>
<td>1,30,000</td>
<td>Approval dated 22 April 2013</td>
<td>2-11-13</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

*Principal investigator – Prof. K.V.V. Prasad, Department of Public Health Dentistry
†Principal investigator – Prof. Satyabodh S. Guttal, Department of Prosthodontics

3.2.6 List details of
a. Research projects completed and grants received during the last four years (funded by National/International agencies).
Details of various Research projects completed and grants received during the last four years (funded by national/international agencies) are detailed under 3.2.1, 3.2.2 and 3.2.5.

b. Inter-institutional collaborative projects and grants received
i) National collaborations
ii) International collaborations

3.2.7 What are the financial provisions made in the institution budget for supporting students’ research projects?

As mentioned in 3.1.4, a separate provision for ₹1,00,000 exists for research in the annual college budget and is available both for faculty and student research. The Principal takes a decision on budgetary grants to deserving projects.

3.3 Research Facilities

3.3.1 What efforts have been made by the institution to improve its infrastructure requirements to facilitate research? What strategies have been evolved to meet the needs of researchers in emerging disciplines?

The college prides itself in innovating and establishing new departments. This resulted in the setting up of the Department of Geriatric Dentistry in 2011. This move is perhaps significant since one expects a greater proportion of older aged patient population in the coming decades, with their own set of unique oral health issues. At least four exclusive research projects have been undertaken in this department and one has also been published (Anehosur GV, Nadiger RK. Evaluation of understanding levels of Indian dental students’ knowledge and perceptions regarding older adults. Gerodontology 2012;29(2):e1215–21).

Also in 2011, the college set up an exclusive Department for Special Health Care Needs with the aims to cater to treatment of such patients as well as addressing student competency in this area. In addition to patient care and student training, a research project has also been initiated in this facility in 2013.

The Department of Forensic Odontology has, in March 2014, procured a 3D scanner for research focused at tooth morphology. The department has also obtained an ‘Outside Micrometer’, also focused on research in age estimation from tooth sections; furthermore, two digital callipers have been added. The department has already generated 20 research papers since the last NAAC peer team visit, and it is anticipated that these new additions will further enhance research and publication output in the coming years.

In 2011, the college began establishing a microbiology laboratory in the Department of Oral Pathology to perform research, especially related to microbiological tests for determining the efficacy of dentifrices. This laboratory consists of a variety of equipments such as:
- Biosafety cabinet (to ensure culture media is uncontaminated)
- Incubator
- Anaerobic jars (20 Nos.)
- Anaerobic work station
- Colony counter

3.3.2 Does the institution have an Advanced Central Research facility? If yes, have the facilities been made available to research scholars? What is the funding allocated to the facility?

While the college does not have an Advanced Central Research facility, it has signed collaborative agreements with various centres around the state with such advanced facilities for utilisation of these resources. For example, in March 2010, the college entered into a
Memorandum of Understanding with Maratha Mandal’s N.G.H. Institute of Dental Sciences and Research Centre, Belagavi, Karnataka to utilise facilities available in its Department of Molecular Biology and Immunology.

An MoU was also signed with P.C. Jabin Sciences College, Hubli, for the utilisation of that institute’s Department of Biotechnology and Microbiology for research by our college’s faculty members and students. Such collaborations with basic sciences institutions have the potential to attract additional extramural research funding, particularly from government agencies such as the Department of Biotechnology (DBT) and the Board of Research in Nuclear Sciences (BRNS).

Facility usage charges are given, as required, for utilising the centres—which is available to all faculty members and students of the college.

3.3.3 Does the institution have a Drug Information Centre to cater to the needs of researchers? If yes, provide details of the facility.

While the college does not have a separate Drug Information Centre, researchers have the option to consult faculty members of the Department of Pharmacology in SDM College of Medical Sciences, a sister-concern in research related to.

3.3.4 Does the institution provide residential facilities (with computer and internet facilities) for research scholars, post-doctoral fellows, research associates, summer fellows of various academies and visiting scientists (national/international)?

While the research fellows appointed so far by the college have been day-scholars, residential facilities can be provided if required. The computer and internet facilities available on-campus can be utilised by research scholars/fellows visiting the college on scientific/academic assignments.

3.3.5 Does the institution have centres of national and international recognition/repute? Give a brief description of how these facilities are made use of by researchers from other laboratories.

Yes. The college has a high standing in the dental fraternity, and several departments are recognised for their research accomplishments. Through procurement of extramural funding, cutting edge research and the publication of the results therein in journals of international repute, these departments have established themselves as centres of repute and excellence among dental professionals. On account of this, faculty members from other institutions/laboratories contact the departmental faculty for exploration of topical research. The modalities of the research are discussed and pursued in collaboration with faculty members of the external institute, with approval of the Principal, as required. Details of inter-institutional research collaborations are provided in the individual department profiles.

3.3.6 Clinical trials and research

* Are all the clinical trials registered with CTRI (Clinical Trials Research of India)?

Yes. All the clinical trials undertaken in the college are registered with CTRI. The details are provided under 3.2.5.

* List a few major clinical trials conducted with their outcomes.

Again, the major clinical trials undertaken in the college in the preceding five years are listed under 3.2.5. Few of these tested the benefits of certain agents in dentifrices to oral health and found that they contributed to the reduction of plaque, microbiological colony count, gingivitis, halitosis, etc. Furthermore, the results of these clinical trials were presented in the U.S.A. in 2010, 2011 and 2014.
3.4 Research Publications and Awards

3.4.1 Does the institution publish any research journal(s)? If yes, indicate the composition of the editorial board, editorial policies and state whether it/they is/are listed in any international database.

The college does not publish any research journal, but faculty members publish their research in leading dental, medical, life sciences, and other journals.

3.4.2 Give details of publications by the faculty and students:
* Number of papers published in peer reviewed journals (national/international)
* Monographs
* Chapters in Books
* Books edited
* Books with ISBN with details of publishers
* Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, EBSCO host, Google scholar, etc.)
* Citation Index – range / average
* Impact Factor – range / average
* Source Normalised Impact per Paper (SNIP)
* SCImago Journal Rank (SJR)
* h-index

3.4.3 Does the institution publish any reports/compilations/clinical round-ups as a part of clinical research to enrich knowledge, skills and attitudes?

While the college does not publish per se separate reports/compilations/clinical round-ups of its clinical research, the findings of research and other scholarly activities of faculty members are routinely published in reputed national and international journals; these are also highlighted in the media for the benefit of knowledge of the local population.

3.4.4 Give details of
* faculty serving on the editorial boards of national and international journals
* faculty serving as members of steering committees of national and international conferences recognised by reputed organisations/societies

Available onsite.

3.4.5 Provide details for the last four years
* research awards received by the faculty and students
* national and international recognition received by the faculty from reputed professional bodies and agencies

Available onsite.

3.4.6 Indicate the average number of post graduate and doctoral scholars guided by each faculty during the last four years.

Available onsite.

3.4.7 What is the official policy of the institution to check malpractices and plagiarism in research? Mention the number of plagiarism cases reported and action taken.

The college has developed a series of policies on academic and research practice, including Academic Freedom and Responsibility, Ownership of Course Materials, Copyright
Ownership, Intellectual Property, and Good Research Practice—all aimed at healthy and ethical practices in academics and research.

3.4.8 Does the institution promote multi/interdisciplinary research? If yes, how many such research projects have been undertaken and mention the number of departments involved in such endeavours?
   Available onsite.

3.4.9 Has the university instituted any research awards? If yes, list the awards.
   As described under 3.1.3, the university has provided several research grants for undertaking research, as well as grants related to presentation of research at international conferences.

3.4.10 What are the incentives given to the faculty and students for receiving state, national and international recognition for research contributions?
   The provision of incentive/reward to undergraduate and graduate students, and faculty members, for research-related contributions have been mooted in the college’s Academic Advisory Committee meetings of 2013 and 2014, and is currently under consideration by the college’s Management. One must note that the college provides support to faculty members in terms of research grants, special leave, reimbursement of registration and travel fare to conferences, and page charges/publications costs.

3.4.11 Give details of the postgraduate and research guides of the institution during the last four years.
   Available onsite.

3.5 Consultancy
3.5.1 What are the official policy/rules of the institution for structured consultancy? List a few important consultancies undertaken by the institution during the last four years.
   The college provides consultancy services to diverse areas:
   - State and Central Government agencies have recognised SDMCDS as a centre for treatment of their employees, some of whom reimburse the treatment charges. The different agencies include the following:
     - Nuclear Power Corporation of India Ltd. (NPCIL), Kaiga Generation Station (Annual renewal)
     - Employees State Insurance Corporation (ESIC) (renewed in May 2009)
     - Referral hospital for dental treatment for staff & students of Karnataka State Law College, Hubli (continues)
     - North-West Karnataka Road Transport Corporation (NWKRTC) (Mou signed in June 2006) and continues
     - University of Agricultural Sciences, Dharwad (order issues in April 2005) continues
     - Sports Authority of India for dental health screening of athletes
   - The college contributes faculty to the Dental Council of India for inspection and accreditation of other dental colleges. This is essential to maintain the standards of dental education and services rendered by institutions across the country. Since accreditation by the NAAC in 2009, many of our faculty (particularly Professors) have been appointed inspectors. Such inspection total over 100.
   - The college has an agreement with an NGO, Chirantana Trust, based in Bengaluru, which acts as a centre for identifying and directing patients with cleft lip/palate to the campus. The patients receive the treatment for free, while the college’s services are reimbursed by
the Smile Train organisation based in the United States. More than 1000 patients have been identified and rehabilitated in the joint venture in the preceding five years.

- Dental health screening and treatment camps are organised in association with local branches and chapters of NGOs such as the Lion’s Club, Rotary Club, Red Cross, Junior Cross and other local organisations. The NGOs and local administrative bodies invites the college for conducting extension activities and host us while we provide the requisite dental health services.
- Every Wednesday, the college treats school children of a local school—the Kelgeri Sangeet Charitable School—based on an agreement with an NGO.

3.5.2 Does the university have an industry institution partnership cell? If yes, what is its scope and range of activities?

Although the college does not have an industry-institution partnership cell per se, it collaborates extensively with industry—in terms of curriculum revision/imparting education, patient treatment, as well as research. The details have been elaborated under 1.1.6, 1.1.9, 1.2.2(f), 1.2.6, and 3.2.5.

3.5.3 What is the mode of publicising the expertise of the institution for consultancy services? Which are the departments from whom consultancy has been sought?

The expertise available in different disciplines of the college is made available on the website. The college also hand out press-releases about achievements of the faculty in their area of specialisation or unusual treatment procedures undertaken. At times, contribution of college faculty is spontaneously highlighted by the media, without the college handing out any press releases. For example, the college and its faculty’s contribution to certain cases that captured national and international attention (e.g., the ‘Nirbhaya’ case) have also served to highlight the services and expertise available.

The college also promotes the delivery of guest lectures by its faculty—at schools, other tertiary institutions, and the community in general—which, in itself, further publicises about dentistry and areas within it, as well as the faculty members who practice it.

Also, the college distributes leaflets to patients about dental disease and treatment, which acts as a reference to the patients themselves and their acquaintances at home and work. Videos of hospital services are displayed in waiting areas of some departments, which further informs and educates patients. Furthermore, Scroller Boards of specialised treatments are displayed in the college OPD lounge, which further generate interest and curiosity among patients and the public about various dental services.

Faculty members from virtually all departments have rendered consultancy in the preceding five years (please also refer to 3.5.1 and Evaluative Report of Departments).

3.5.4 How does the institution utilise the expertise of its faculty with regard to consultancy services?

The college encourages its faculty members to render consultancy in their area of expertise—this may range from serving as members of academic panels and organisations (e.g., Prof. Srinath L. Thakur – Member of Academic Council, KLE University, Belagavi in 2011-12; Prof. K. GopalKrishnan – Member of the Board of Trustees, Arbeitsgemeinschaft für Osteosynthesefragen (AO) Foundation, Switzerland; Dr. Ashith B. Acharya – Member, Nitte University Curriculum Development Cell, Mangaluru, in 2013-14), being consultants to foreign governments (e.g., Prof. C. Bhasker Rao – invited by the Ministry of Health, Kuwait, in 2010-11), the industry and corporate sectors, and dissemination of expert information via the media for public consumption (e.g., Dr. Ashith Acharya on All India Radio).
3.5.5 Give details regarding the consultancy services provided by the institution for secondary and tertiary health care centres and medical/dental practitioners.

The college has provided secondary and tertiary health care consultancy (how many?) within and beyond the Dharwad district, covering a radius of approximately 200 km.

The branches of National Dental and Medical bodies and other organisations invite several of our faculty to deliver lectures on topical areas for the benefit of private dental and medical practitioners and to increase their awareness. The topics of the discourses ranged from paediatric dentistry, prosthodontics, periodontics, infection control protocols, preventive dentistry, public health dentistry and forensic odontology (details under Evaluative Report of Departments).

Many of the faculty members of the college have also been invited as resource persons to deliver lectures at various forums, including specialty workshops (details under Evaluative Report of Departments).

3.5.6 List the broad areas of consultancy services provided by the institution and the revenue generated during the last four years.

The broad areas of consultancy services provided by the college include university academic councils, academic and research organisations (e.g. AO Foundation), health ministries, the industry and corporate sectors, media, and secondary and tertiary health care services. In most of these instances, the consultancy is offered on an honorary basis and no revenue per se is generated.

3.6 Extension Activities and Institutional Social Responsibility (ISR)

3.6.1 How does the institution sensitise its faculty and students on its Institutional Social Responsibilities? List the social outreach programmes which have created an impact on students’ campus experience during the last four years.

A part of the college’s vision statement is “…patient-centred service and community-oriented research of excellence”. Two of the four mission statements are as follows:

- Foster strong community relationships through research, services and linkages
- Inculcate values in learners to be socially and professionally acceptable

These are displayed prominently in the college, stated on the college website as well as in the ‘Policies’ book distributed to all faculty members and students. Moreover, the college’s objectives also lay emphases on institutional social responsibilities which are, also, detailed in the ‘Policies’ book (please also refer to 1.1.1).

Three annual social outreach programmes have created an impact on students’ campus experience, which are as follows:

- The Department of Oral Medicine and Radiology organises the World Anti-tobacco Day on 31st May each year, during which patients are educated on the menace of tobacco consumption and its deleterious effects on health; as part of the programme, several educational posters prepared by students, intended at education of patients visiting the dental hospital.
- On 1st August, annually, the college celebrates ‘Oral Hygiene Day’ when patients are treated free of charge and the Department of Periodontics spreads awareness among the masses about oral hygiene maintenance. As part of this, dental hygiene kits distributed free of cost and an essay competition is organised in which both under- and postgraduate students participate.
- On 14th November every year, Children’s Day is celebrated in the Department of Paediatric Dentistry where child oral health is highlighted, many children receive free treatment, and sweets & gifts being distributed.

In addition, in December 2010—to mark World AIDS Day—the college conducted a
series of lectures where several experts highlighted the relevance of HIV and AIDS in dentistry.

Furthermore, a major outreach event was organised on 30th November and 1st December 2012 by and in the dental college campus—the SDM Utsav. The outreach initiatives at the social educational extravaganza included scientific stalls and street plays—the former arranged by institutions of the SDM family and the latter by the dental college’s students. Nearly 10,000 children from schools of Hubli-Dharwad visited the scientific and educational stalls; the street plays were organised on both days of the Utsav, highlighting some of the most important aspects of oral health and disease, which generated tremendous interest among the public.

3.6.2 How does the institution promote university-neighbourhood network and student engagement, contributing to the holistic development of students and sustained community development?

The college networks extensively with local NGOs and voluntary agencies and caters to a neighbourhood that covers a radius of 200 km across four districts (kindly refer to 3.5.5). This enhances extension activities of the college and benefits the community in that they get greater and easier access to oral health education, screening and care. Consequently, the college encourages (and mandates) students to participate in such services, and the variety of such extension activities conducted (as listed under 3.6.3) enable students to acquire attitudes for service and training, as well as contribute to community development.

3.6.3 How does the institution promote the participation of the students and faculty in extension activities including participation in NSS, NCC, YRC and other National/International programs?

Depending on the nature of activity, faculty members, under- and postgraduate students, or the entire college, participates in extension activities. For example, faculty members and students participate in numerous free dental camps and dental health check-ups that are organised in collaboration with industry and local NGOs; students are taken to sites outside the college (community, schools, industry, rural and semi-urban areas) and conduct activities such as:

- Multi-media based health education
- Screening and health education
- Health service programme

The college provided services using the bobile dental clinic, which ensure rendering of extension services in remote areas and students and faculty take benefit of the same. The college endeavours to cater to new areas and it has also widened its scope of services; in addition to these, faculty members also deliver radio talk shows (please refer to 3.6.11).

3.6.4 Give details of social surveys, research or extension work, if any, undertaken by the institution to ensure social justice and empower the underprivileged and the most vulnerable sections of society?

The college undertakes extension work in underprivileged and disadvantaged communities—for example, it has organised approximately 15 oral health camps since the last accreditation. In fact, the extension work usually occurs in such underprivileged and disadvantaged communities following invites from local organisations (e.g., Lions Club, Rotary Club, Junior Chambers, Red Cross) of the area.

The college has undertaken a study on the oral health status of prisoners and the findings therein have been provided to the prison authorities for possible service provision. Research has also been undertaken on refugee populations (Tibetans) and transcontinental
underprivileged migrants (Siddhi community, who are African in origin). The results that the latter had lower levels of oral health have the potential for authorities to initiate additional interventions.

3.6.5 Does the institution have a mechanism to track the students’ involvement in various social movements/activities that promote citizenship roles?

The college not only tracks its students’ involvement in various social activities that promote citizenship roles but encourages their participation in such undertakings. For example, the college encourages student involvement in external and internal health exhibitions wherein they get the opportunity to interact with large volumes of the community for imparting oral health education, and gain additional perspective on knowledge level and awareness in the general public on oral health, and professionally handle the questions and queries posed by them. Listed below are a few of the external health exhibitions in which students have participated:

- In 2010, students of the college participated in the KARMAX Health Exhibition at Karnataka Institute of Medical Sciences, Hubli
- The college also set up educational stalls and students and faculty members participated in the Mastakabhisheka Health Mela in Varur near Hubli in 2009
- The college also organised educational stalls in a RUSETI programme in Hubli which was attended by thousands

Such outreach programmes and extension activities, in themselves, are social actions that have tremendous potential in promoting citizenship roles of students.

3.6.6 How does the institution ensure the involvement of the community in its outreach activities and contribute to community development? Give details of the initiatives of the institution that have encouraged community participation in its activities.

The college believes that the community is an equal partner in spreading awareness on oral health and disease. Towards this end, the college has initiated a number of educational programmes to train parents and school teachers—for example, in November 2010, the college organised programme on schoolteachers’ training in child health (entitled ‘Oral and General Health Care for School Children’) where over 300 teachers from all over northern Karnataka participated; the college has also conducted a programme for parents and elementary school teachers in managing injuries to anterior teeth of children.

The college also, as a matter of routine, counsels parents (in Paediatric Dentistry) and patients in other departments (e.g., Public Health Dentistry) during their visit to the hospital, engaging them as participants in the process.

The radio talks given by several of our faculty members on their area of expertise has also potentially contributed to encouraging community participation in oral disease prevention and oral health care. The list of college faculty members who delivered such talks include the follows:

- Dr. Ashith B. Acharya in September 2012 and September 2013 (forensic dentistry and it importance for the welfare of the community)
- Prof. Rajesh Anegundi in December 2012 (paediatric oral health)
- Dr. Prashant Battepati in May 2014 (paediatric dental health)
- Dr. Pragathi Bhat in February 2013 and February 2014 (pregnancy and periodontal health, and oral malodour, respectively)
- Dr. Girish Nagarale in August 2012 (importance of periodontal health)

Since the extension activities of the college are highly successful and well-appreciated, the programmes in one area are conveyed by the local community to those of adjoining and far-flung regions, thereby generating requests from diverse areas for oral health screening and
3.6.7 Give details of awards received by the institution for extension activities and/contributions to social/community development during the last four years.

The college has received several letters of appreciation and mementos from the local organisations (such as the Rotary Club, Lions Club, etc.) who had invited the college to conduct the extension activities, following the completion of the oral health camps.

3.6.8 What intervention strategies have been adopted by the institution to promote the overall development of students from rural/tribal backgrounds?

The college’s extension activities cover schools in rural areas, thus contributing to the creation and/or improvement of oral health awareness amongst that populace; this contributes to the development of health in general, and oral health in particular.

3.6.9 What initiatives have been taken by the institution to promote social justice and good citizenship amongst its students and staff? How have such initiatives reached out to the community?

The college provides discounted rates for handicapped individuals and free services for very poor patients (authorised by the Principal, on a need basis) (details under 4.2.1). In general, the diverse range of treatment provided by the college is also subsidised for the benefit of socially/economically disadvantaged segments of the society. Moreover, all treatment undertaken as part of the college’s extension activities is delivered free of cost. These approaches give a sense to the students and staff of the college about the importance of promoting social justice and good citizenship.

3.6.10 How does the institution align itself with the annual themes/programs of WHO/ICMR?

The WHO oral health goal for 2020 is ‘Impact of General health on Oral Health and the Impact of Oral health on General Health’. Towards this end, the college has a policy of referring all patients >40 years of age for general health screening in the college’s exclusive Department of General medicine. This has been in force for several years and screening for systemic problems has a synergistic effect on the dental treatment planning and care.

Also, research by faculty members of the college helps generate databases concerning epidemiology and oral health of the local population, as required by the WHO.

In addition, faculty members of the college (Prof. K.V.V. Prasad) are consulted by the ICMR in screening projects for research funding; this contributes to the college being part of the ICMR’s themes and research focus.

3.6.11 What is the role of the institution in the following extension activities?

* Community outreach health programs for prevention, detection, screening, management of diseases and rehabilitation by cost effective interventions.

The extension activities of the college include prevention, detection, screening, management of diseases and rehabilitation by cost effective interventions.

Prevention – Extension activities of the college involve health education and promotion using traditional teaching-learning aids as well as audiovisual aids comprising overhead projection from computer-based presentations.

Detection – In its extension services, the college conducts cancer detection camps.

Screening – The college undertakes screening both for children and adults, for example, exclusive oral health education and screening is undertaken for school children.

Intervention – The extension services include oral health treatment camps, and the college under undertaken __ such camps in the preceding five years, treating ___ patients in the
process.

* Awareness creation regarding potable water supply, sanitation and nutrition.

Following a visit to a local water purification plant in 20__, faculty members of the Department of Public Health Dentistry identified lacunae in the system of water treatment and pointed this in a feedback to the Water Board. This resulted in necessary intervention undertaken by the concerned authorities. Apart from this, the Department of Public Health Dentistry undertakes awareness creation programmes on high fluoride content in drinking water, particularly in endemic fluorotic areas (some parts of the state are). The extent of the disease is noted through clinical surveys and the population there educated about alternative water supply. Furthermore, education concerning aspects of healthy nutrition is also imparted in the extension programmes.

* Awareness creation regarding water-borne and air-borne communicable diseases.

Not applicable.

* Awareness creation regarding non-communicable diseases – cardiovascular diseases, diabetes, cancer, mental health, accident and trauma, etc.

As described above, cancer-screening and education in undertaken as part of the college’s extension activities. These screenings sometimes relates exclusively to tobacco and is part of the general anti-gutkha campaign. Also, some of the college’s outreach activities, for example, the annual Anti-tobacco Day Campaign on 31st May and the ‘SDM Utsav’ organised in late 2012 emphasise(d) on cancer education and prevention.

* Awareness creation regarding the role of healthy life styles and physical exercise for promotion of health and prevention of diseases.

The aforementioned awareness creation on the deleterious effects of tobacco and cancer, proper water supply and nutrition imbibes a sense of the importance of healthy life styles with the potential to prevent disease.

* Awareness creation regarding AYUSH Systems of medicines in general and / or any system of medicine in particular.

While there is limited depth and scope concerning awareness creation regarding AYUSH Systems of medicines, there may be instances when patients enquire about the use of ayurved-based dentifrices, herbal mouthwashes and other similar products concerning oral health care. If such products are known to be safe for use, the college recommends the same contingent to patients finding relief in its usage. In fact, if patients are allergic to allopathic medicine, alternative forms of medicine (e.g., ayurvedic/herbal-based) may be prescribed.

Also, the college has conducted a programme ‘Herbal Therapeutics in Periodontics’ in June 2012, which focused on the use of herals in periodontal treatment. The event attracted postgraduate students from across northern Karnataka.

Several studies undertaken by faculty members/postgraduate students have also successfully tried to fuse the use of herals and other traditional/organic components with allopathic medicine.

* Complementary and alternative medicine.

Not applicable.

* Pharmaco-economic evaluation in drug utilisation.

The research undertaken in the college on efficacy of mouth rises and dentifrices are
pharmaco-economic evaluation of drug utilisation.

* Participation in national programs like Family Welfare, Mother and Child Welfare, Population Control, Immunization, HIV/AIDS, Blindness control, Malaria, Tuberculosis, School Health, anti tobacco campaigns, oral health care, etc.

As described in 3.6.1, the college organises several outreach programmes each year such as the World Anti-tobacco Day during which patients are educated on the menace of tobacco consumption and its deleterious effects on health, the Oral Hygiene Day when the Department of Periodontics spreads awareness amongst the masses about oral hygiene maintenance, and Children’s Day when the Department of Paediatric Dentistry highlights child oral health. These are in consonance with national programmes related to oral health and anti-tobacco campaigns, as are the oral health awareness, education, detection, screening and interventions programmes undertaken, especially in relation to gutkha, as part of the extension activities.

The college has also conducted a programme highlighting the relevance of HIV and AIDS to dentistry. In addition, oral health education is also imparted to students of nursing from across the northern Karnataka region.

* Promotion of mental health and prevention of substance abuse.

The college educates the public during prescription of medicine and drugs to prevent misuse and abuse; furthermore, it also has initiatives against consumption of tobacco and gutkha, as elaborated earlier.

* Adoption of population in the geographical area for total health care.

While the college has not adopted a population in the geographical area, it’s extension activities cover diverse groups over a radius of 200 km around Dharwad.

* Research or extension work to reach out to marginalised populations.

The extension work undertaken by the college is amongst marginalised populations, as mentioned in 3.6.4.

3.6.12 Do the faculty members participate in community health awareness programmes? If yes, give details.

Yes. Faculty members participate in a range of community health awareness programmes, as illustrated in 3.6.1 through 3.6.6, 3.6.9, and 3.6.11.

3.6.13 How does the institution align itself and participate in National programme for prevention and control of diseases?

As described in 3.6.11, several of the programmes organised by the college address child and adult oral health, while others have a thrust on anti-tobacco use messages and actions; furthermore, programmes organised have also highlighted the relevance of HIV and AIDS to dentistry. All of these are in alignment with some of the national programmes for prevention and control of diseases.

3.7 Collaborations

3.7.1 How has the institution’s collaboration with other agencies impacted the visibility, identity and diversity of campus activities? To what extent has the institution benefitted academically and financially because of collaborations?

**Collaborations with components of higher education** The college has extensive and long-standing collaborations with other academic organisations, including universities and
dental institutes:

Royal College of Physicians and Surgeons (RCPS), Glasgow, UK—The college has been a centre for conducting the fellowship examination of the RCPS since 1994 (reformatted as the Membership of Faculty of Dental Surgery (MFDS) examination in 1998), and this has continued over the last five years, enabling the college maintain visibility as an examination centre for a widely respected Fellowship.

Erciyes University, Turkey—The college has entered into an MoU with this leading university of that country in 2011, which has resulted in student exchange.

Tufts University School of Dental Medicine (TUSDM), Boston, USA—An agreement of cooperation has been in place with TUSDM since 2005 and the two colleges have had student exchange programmes and research collaborations in the preceding five years. This has impacted the college’s visibility as a partner of a leading dental institution from the USA.

King’s College London Dental Institute (KCL), UK—The contact programme of the distance education course in Masters in Clinical Dentistry in Prosthodontics has been organised in the school since 2006 and up to 2010; in addition, KCL’s faculty members are visiting consultants to the college while Prof. Bhasker Rao, founder-Principal was a Visiting Professor to KCL. These enhanced the visibility, provided a greater sense of identity and contributed to the diversity of faculty in the college.

Indira Gandhi National Open University, India—At a national level, the school is associated with this university for conducting graduate certificate course in Oral Implantology and Endodontics, with three batches of students graduating. This has reflected well on the college as a centre for not just the conventional BDS and MDS degrees, but also additional new courses.

Maratha Mandal’s N.G.H. Institute of Dental Sciences and Research Centre, Belagavi – In March 2010, the college entered into a Memorandum of Understanding with this centre to utilise facilities available in its Department of Molecular Biology and Immunology, which has since been used in research endeavours. This has contributed to creating new avenues for the college in establishing an identity for itself in undertaking research in molecular biology.

Enhanced Continual Dental Education (ENCEDE), Mumbai—The college also collaborates with a renowned continual education foundation, ENCODE, in organising graduate certificate course in aesthetic dentistry, an emerging clinical field sought after by private practitioners, enhancing visibility and identity in this group of dentists.

P.C. Jabin Sciences College, Hubli—An MoU was signed in 2013 with this leading local sciences college for the utilisation of that institute’s Department of Biotechnology and Microbiology for research by the college’s faculty members and students.

Collaboration with industry The college also collaborates with industry leaders within and outside India. These include:

Nobel Biocare, Sweden—The college and this commercial enterprise from Sweden, who are leaders in manufacturing dental implants, have been conducting a certificate course in oral implantology (spread over four modules) since 2007.

Colgate Palmolive, USA—The college has been chosen as a centre for clinical trials by leading oral health care companies such as Colgate Palmolive. The grant received from the company totalled ₹ 84,18,000 over the past five years.

BioHorizons, USA—The college has also been organising Continual Dental Educational (CDE) programmes in multidisciplinary contemporary oral implantology with BioHorizons—another leader in the field of implant dentistry—since 2008, and has extended to the preceding five years. The CDE initiative is primarily targeted at general dental practitioners for skills enhancement, but also offered to interns and dental specialists.

ADIN Dental Implants, Israel—In April 2013, this company has extended support to a
clinical trial being undertaken in the Department of Prosthodontics to test the patient satisfaction and clinical success of an oral implant-supported removable partial denture.

Glaxo-Smithkline Healthcare Ltd., India—In June 2014, the college has agreed to collaborate with this pharmaceutical company to conduct modular dental education courses for the interns and postgraduate students.

National Aerospace Laboratories of the CSIR, Bengaluru—This renowned national agency is assisting faculty members of the college develop an indigenous dental magnet for retention of dental and maxillofacial prostheses.

These collaborations have contributed to undertaking and completing research in diverse areas, facilitated improved academic and research interactions, and enhanced the overall academic and research experience. The surplus finances generated from these programmes is used to improve infrastructure facility of the college and its facilities, further impacting the college visibility and identity.

Collaboration with local bodies/community  The college has a variety of collaborative activities with local bodies and the community. The college networks extensively with NGOs in the state (e.g., Rotary Club, Lion’s Club, etc.) and voluntary agencies, and caters to a neighborhood spanning a radius of 200 km across four districts of the state. This enhances the extension activities of the college, and facilitates taking oral health care to remote and underserved locations, further improving the visibility and identity of the college in such areas. The college also interacts with another state-based NGO, the Chirantana Trust, which directs and refers patients who require specialised treatment such as cleft lip/palate rehabilitation. The treatment is supported through the college’s collaboration with the renowned Smile Train organisation of USA, which reimburses ₹15,000 per patient in the college’s endeavor to rehabilitate individuals with the deformity. This, too, greatly enhances the college’s identity and reputation.

3.7.2 Mention specific examples of how these linkages promote

* Curriculum development
  The college’s collaborations with overseas institutions have enabled the faculty members appreciate the teaching programmes and curriculum of those institutions, and recommending the same to the affiliating university, RGUHS, other universities (in the capacity of BoS members) and the DCI. This has contributed to restructuring of the curriculum in those universities.

* Internship
  The interns participate in different CDE programmes, including oral implantology and aesthetic dentistry courses, which are part of the national and international collaborations. They also participate in research workshops (kindly refer 3.1.8 above), gaining invaluable pointers to research methodology.

* On-the-job training
  Overseas and external consultants who visit, for example, Oral Implantology, disseminate their expertise, giving useful on-the- job training to faculty members of the college.

* Faculty exchange and development
  A number of our faculty members have obtained additional know-how and perspectives through collaborations, especially in Oral and Maxillofacial Surgery and Prosthodontics.

* Research
Collaborations and exchange programme with Tufts University School of Dental Medicine has resulted in increased scope for research, particularly in the Department of Oral and Maxillofacial Surgery. Collaboration with the Department of Molecular Biology and Immunology at Maratha Mandal’s N.G.H. Institute of Dental Sciences and Research Centre, Belagavi, has contributed to creating new avenues for the college in undertaking research in molecular biology by the college’s Departments of Oral Pathology and Periodontics. Collaborations with medical departments have facilitated research in the application of basic medical sciences to dentistry. Collaboration with industry in terms of clinical trials has also benefited the institution in the diversity of its research activities.

* Publication
Collaborations with international academic organisations, national and local institutions and industry have all yielded quality research, which culminated in multiple publications in journals of relatively high impact.

* Consultancy
Collaborations allow greater visibility and awareness among the college’s partners of the variety and depth of expertise available in the institution. This helps further expand the horizon for consultancy services offered by the college.

* Extension
The college’s collaboration with numerous NGOs and industries facilitates continued extension activities (as described in 3.4.4).

* Student placement
The college’s national and international collaborations have enabled students and faculty members to interact and develop contacts with personnel from diverse regions. This has made it possible for graduates to obtain placement within and outside India, either through direct contact or through recommendation of faculty members. For example, a number of our graduates have obtained admission to centres of higher education for graduate studies in the USA; others have obtained placement in district hospitals and health centres of the UK as clinical attachés, Hon. Senior House Officers (SHOs) and observers.

* Any other (specify)
None.

3.7.3 Has the institution signed MoUs or filed patents with institutions of national/international importance/other universities/industries/corporate houses etc.? If yes, how have they enhanced the research and development activities of the institution?
Details on the college’s MoUs and patents filed are described under 3.2.4 and 3.7.1; the impact created by these have also been aforementioned, as well as in 3.7.2.

3.7.4 Have the institution-industry interactions resulted in the establishment/creation of highly specialised laboratories/facilities?
As described in 3.3.1, the college established a microbiology laboratory in the Department of Oral Pathology beginning 2011 to perform research related to microbiological tests for determining the efficacy of dentifrices. This laboratory was established from funds obtained from the industry to undertake clinical trials.

3.7.5 Give details of the collaborative activities of the institution with the following:
* Local bodies/community
   As illustrated above, the college has a variety of collaborative activities with local bodies and the community; the college also has collaborations with academic institutions and hospitals of the region.

* State government/Central government/NGOs
   The college collaborates with state-level NGOs, who direct and refer patients who require certain highly specialised treatment, such as cleft lip/palate rehabilitation.

* National bodies
   The college’s associations at the national-level include those with universities such as Indira Gandhi National Open University (IGNOU) for conducting a postgraduate distance education programme in Oral Implantology and Endodontics; the college also collaborates with renowned continual education foundations such as ENCODE (Enhanced Continual Dental Education) of Mumbai in organising postgraduate certificate course in aesthetic dentistry.

* International agencies
   The college has a long and rich history of partnering with international organisations in conducting academic courses, qualifying examinations and research.

* Health Care Industry – Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO)
   The college deals with various state and government agencies at different levels, e.g., the affiliating university (RGUHS), Director of Medical Education, the Regulating body (DCI) and the Ministry of Health and Family Welfare

* Service sector
   The college has collaborated with the local road transport sector for providing dental services to its employees (also, please refer 3.3.1 above).

* Any other (specify)
   None.

3.7.6 Give details of the activities of the institution under public-private partnership.
   The college has several activities and initiatives as part of public-private partnership:
   - The department of Forensic Odontology and the college per se is recognised as a state referral centre for forensic dental cases, and the department provides opinion both to the state and central government in referred cases.
   - Also, as stated in 3.5.1, the State and Central Government agencies have recognised SDMCDS as a centre for treatment of their employees from NPCIL and ESIC.
   - The college also undertakes cancer screening and anti-tobacco/gutkha drives—all of which are in line with the government policies.
4.1 Physical Facilities

4.1.1 How does the institution plan and ensure adequate availability of physical infrastructure and ensure its optimal utilisation?

The college is part of the SDM Educational Society based in Ujire town in coastal Karnataka, in the southwest of the state. The Society has three Secretaries, of whom one based in the Head Office in Ujire and manages the Society’s day-to-day affairs; another Secretary assists him from Dharwad while the third Secretary is in charge of establishment of infrastructure (construction) and new projects.

New projects are planned and executed from the Head Office while the development of existing projects/colleges is undertaken at the level of the respective institute. Plans are prepared, concurrently with an estimate of the budget, at the college and discussed by the Principal with the Secretary. The college takes into consideration the expected income and expenditure for the ensuing fiscal year; the remaining balance of amount is borne by the Society. These are forwarded to the Head Office, which processes them and, if approved, are presented to the Board of Management together with their own plans for new projects. The President of the Society, in consultation with the Board, will approve the plans in the order of priority and after considering the finances available. The approvals are communicated down the line.

Budgets are similarly planned and prepared at the school/college and submitted to the Head Office. Budgets are prepared both for recurring and capital expenditure. However, budget for immovable assets is prepared by the Head Office only following assessment of the funds available, after providing for recurring expenditure, movable assets, repayment of loans and other cash outflows. The Head Office holds detailed discussions with college prior to approving their individual budget. These are then consolidated into an organisational budget which is presented to the Board for approval. This is done at an annual budget meeting at the Head Office where Principals of all institutes meet and present their plans for the following year. The sanctioned budget documents are dispatched to the Principals before the end of March. The whole exercise is begun and completed in the last quarter of the fiscal year (the fiscal year spans April 1st to March 31st). The budgets are monitored by the Head Office through monthly reports of ‘Budget vs. Actuals’. A half-yearly budget review is held in the second half of October when necessary adjustments to the budget are made, as required.

The infrastructure provided is based on the needs as well as potential for growth in various areas of dentistry and beyond. The optimum use of infrastructure facilities is made by inducing a productivity-based work culture, and also reorganising existing space and infrastructure availability. This has allowed for the expansion and creation of new and upcoming specialties, for example, Special Health Care Needs, Geriatric Dentistry, Forensic Odontology, and an Oral Implantology simulation laboratory. These are appropriately and adequately utilised in patient care, teaching, research and consultancy, as required, ensuring their optimal utilisation.

The optimum use of infrastructure facilities is also ensured through critical management of students’ academic schedule, cultural activities and participation in sports. The hospital’s patient statistics (please refer 4.2.1) signifies the optimum utility of clinics while the overall academic results and research output reflect optimum utilisation of academic-related infrastructure facilities. The institutional calendar, timetable for all years, the learning and clinical outcomes assessment of institution, and the diversity of courses also reflects optimum use of infrastructure facilities.
4.1.2 Does the institution have a policy for the creation and enhancement of infrastructure in order to promote a good teaching-learning environment? If yes, mention a few recent initiatives.

Although the college and the Management does not have a policy per se for the creation and enhancement of infrastructure, it is continually modified and enhanced—in terms of space, equipment and consumables—with a view to promote a good teaching-learning environment. As described in 4.1.1, new departments are established and existing ones improved focussed on giving students exposure to additional and unconventional aspects of the profession in terms of preclinical skills, clinical exposure as well as research.

4.1.3 Has the institution provided all its departments with facilities like office room, common room and separate rest rooms for women students and staff?

Yes. Each department has separate offices for senior faculty/Heads of Department, while separate office rooms are also available for male and female faculty members; postgraduate students have common rooms with individual workstations. The departments also have common rest rooms, however, with each floor of the college having separate rest rooms for women and men accessible to students and staff.

4.1.4 How does the institution ensure that the infrastructure facilities are barrier free for providing easy access to college and hospital for the differently-abled persons?

The college has constructed a ramp at its entrance to facilitate access for the differently-abled; to further enhance access to such individuals, in November 2009, an elevator was installed for use by geriatric patients and patients with ambulatory impediments. Presently, all clinical areas (excepting the Department of Orthodontics) are accessible to ambulatory and non-ambulatory patients.

4.1.5 What special facilities are available on campus to promote students’ interest in sports and cultural events/activities?

The college is known for its rich sporting culture and a history of sporting achievements of its students. The infrastructure facilities for sports have continually grown over the past five years. For example, in 2013, a new football pitch was completed which allows enthusiasts to play the game without interference (previously, it was housed on the cricket field). The cricket field itself now has an additional pitch to prevent excess wear of the original, and ensure load equalisation. Also, the basketball court was fitted with floodlights so that students can practice and play in low-lit conditions.

In 2014, the following were added to the existing Indoor Sports Complex and Gymnasium:
- Commercial treadmill (2 nos., of 3 Horsepower each)
- Cross-trainer
- Elipical Bike Trainer
- Abdominal Trainer

4.1.6 What measures does the institution take to ensure campus safety and security?

The college has an extensive security machinery, with round-the-clock security personnel manning the gates and hostel, movement register, 24-hour surveillance through a CCTV camera focussed on the main entrance, both within the hospital and the main gates, and wireless communication systems (additional wireless communication units, numbering 8 units, have been procured for use in January 2011). In early 2014, CCTV cameras were also installed in the hostels, dining hall (‘Mess’) and other strategic locations on-campus. In 2013, the number of security personnel appointed has also increased from the previous 26 to 30
currently. About one-third of them are drawn from ex-services. The security personnel undertake regular patrolling of the campus to ensure campus safety; vehicular movement in and out of the campus is screened, with the number plates of all vehicles being noted. Entry to outsiders after college hours is limited (e.g., only visiting family members/acquaintances of students are allowed). Furthermore, students are mandated to return on-campus before 10.30 pm, encouraging academics and enhancing personal security of students as well. Resident wardens in both the boys and girls hostels guarantee safety within hostels. The all-weather perimeter fence also enhances security.

Entry to the departments after hours is also restricted—limited personnel (e.g., postgraduate students and faculty members of the respective departments) are given access following documented sign-in and sign-out with respect to possession of the department keys.

The Section Head of Security organises regular meetings and security briefings, usually once every month. A fire drill is also organised every year to highlight fire safety and a demonstration given to students, faculty and support staff on various fire management protocols.

4.1.7 Facility of Animal House
* Is animal house maintained as per CPCSEA guidelines?
* Whether records of animal house are maintained for learning and research activities?
* Does the animal house have approval for breeding and selling experimental animals as per CPCSEA guidelines?

The dental college does not have an Animal House, however, the facilities available at the S.D.M. College of Medical Sciences are used for the purpose of animal studies.

4.1.8 Provide the following details on the use of laboratories/museums as learning resources:
* Number
* Maintenance and up-gradation
* Descriptive catalogues in museums
* Usage of the above by the UG/PG students

Paediatric Dentistry (1)—The laboratory in this department includes an acrylisation machine, trimmer, polisher, vibrator, dental plaster/stone dispenser, heavy-duty straight hand piece, soldering gun.

Orthodontics (3)—The laboratories contain a Hydro Solder Unit, Torque Angulation Device (TAD), Bracket Positioning Device (BPD), Arch-mate (NiTi wire former), Bracket Recycling Unit, Biostar machine, dental plaster/stone dispenser, ortho-measure, Dolphin imaging software, Visualiser.

Prosthodontics (5)—Titanium Casting Machine, Welding Unit, Ceramic Furnaces, Burnout Furnaces, Laboratory Composite Light Curing Unit, Sand Blasting Machines, Acryliser, De-Waxing Unit, Preclinical Workstations (110 Nos.), All Ceramic Furnace, B.P.S Machine [System].

Oral Pathology (1)—Routine processing and staining set-up, monocular and binocular microscopes, research microscopes, penta-head microscope, microtome, automatic knife sharpener, cryostat, microbiological incubator, image analyser, high-definition audiovisual networking.

Conservative Dentistry and Endodontics (2)—Kavo Phantom Heads and Workstations (40 Nos.), 20 Heads & Workstations Confident Ceramic Furnace, Multicast Casting Machine, Sand Blaster, Thermanat, Burnout Furnace, Amalgamator, Dental Plaster / Stone Dispenser, Vibrator, Dental Polishing Lathe, Model Trimmer, Acrylic Jaws, Microscope, Bleaching Unit, Radiovisiography (RVG).
Oral Implantology (1)—Phantom Head Workstations (12 Nos.) with all attachments for implant simulation procedures

Forensic Odontology (1)—3D Scanner, Digital Micrometer, Digital Callipers, Light Magnifier, Light Tables, Cutaway Magnifying Lens, ASU Anthropology System.

Clinical Laboratory (1)—Semi auto-analyser, Centrifuges, NAYCO Card Reader HbA1c, binocular microscope.

Clinical Haematological Lab (1)—Located in the Craniofacial Unit on-campus, this laboratory contains Haematology Analyser (POCH 100), Semi Auto-Analyser, Microscope, Electronic Weighing Machine, Electrolyte Analyser.

Oral Microbiology & Public Health Dentistry (1)—Freezer Compartment, Biosafety Cabinet, Binocular Light Microscope (1 Nos.), Colony Counter.

4.1.9 Dentistry

* Dental chairs in clinic – specialty wise
* Total dental chairs
* Schedule of chair side teaching in clinics – specialty wise
  Available onsite.

* Number of procedures in clinics per month and year
  The number of patients visiting the college for treatment, listed in 4.2.1, provides an indication on the minimum number of procedures undertaken in the clinics annually.

* Mobile dental care unit
  A mobile dental clinic was procured in 2003 for use in the college’s extension services (considering the paucity of dental infrastructure in some of the remote areas, the mobile clinic makes such activities feasible and easier). The mobile clinic has a compressor and two dental chairs fitted with airotors, micromotors, ultrasonic scalers as well as composite light-cure units. The mobile clinic also includes facilities for autoclaving instruments, a generator, syncope bed, and seats fifteen personnel.
  The availability of the Mobile Dental Unit facilitates students’ participation in extension services and the variety of such programmes organised enable students to acquire attitudes for service and training, as well as contribute to community development. Students and faculty members routinely perform multi-media based health education, screening and provide primary health services in such programmes.

* Facilities for dental and maxillofacial procedures
  The dental college has a department of oral surgery where simple and trans-alveolar dental extractions, as well as alveoloplasty and other minor surgical procedures are undertaken. More complex maxillofacial surgery related to temporomandibular joint, carcinoma removal and rehabilitation, post-trauma reconstruction, and cleft lip/palate rehabilitation, is undertaken in the Craniofacial Research Centre on-campus. Additional details are provided in 4.2.1.

* Dental laboratories
  The dental laboratories pertaining to different departments and their usage have been described under 4.1.8.
4.1.10 Pharmacy
* Pharmaceutical Science Laboratories
* Museum for drug formulations
* Machine room
* Herbarium / crude drug museum
* Balance room
* Chemical store
* Instrumentation facilities
* Pilot plant
* Computer aided laboratory
  Not applicable.

4.1.11 Yoga and Naturopathy
* Demonstration hall with teaching facility to cater to the needs of the students.
* Diet Service Management Department
* Yoga cum multipurpose hall for meditation and prayer
* Solarium compatible for multimedia presentation
* Mud Storage Unit
* Outdoor Facilities - Walking track with reflexology segment.
* Swimming Pool
* Naturopathy blocks
  Not applicable.

4.1.12 Homoeopathy
* Museum and demonstration room (Homoeopathic Pharmacy Laboratory, Pathology Laboratory, Community Medicine, Homoeopathic Materia Medica, Organon of Medicine including History of Medicine)
* Repertory with Computer Laboratory and Demonstration Room
  Not applicable.

4.1.13 Nursing
* Nursing Foundation Laboratory
* Medical Surgical Laboratory
* Community Health Nursing Laboratory
* Maternal and Child Health Laboratory
* Nutrition Laboratory
* Pre clinical Laboratories
* Specimens, Models and Mannequins
  Not applicable.

4.1.14 Ayurveda
* Herbal Gardens
* Museum Herbarium
* Panchakarma Facility
* Eye Exercises Clinic
* Kshara Sutra and Agni Karma Setup
* Ayurveda Pharmacy
  Not applicable.
4.1.15 Does the institution have the following facilities? If so, indicate its special features, if any.

* Meditation Hall
  While the dental college per se does not have a meditation hall, its two sister-concerns (S.D.M. College of Engineering and Technology, and S.D.M. College of Medical Sciences) do have meditation halls which can be accessed and used by students, faculty and support staff.

* Naturopathy blocks
  The dental college does not have naturopathy block(s), however, the S.D.M. College of Medical Sciences has the facility.

4.1.16 Provide details of sophisticated equipments procured during the last four years

4.2 Clinical Learning Resources
4.2.1 Teaching Hospital

* Year of establishment
  The college was established in 1986

* Hospital institution distance
  The college and hospital are integrated into one building

* Whether owned by the college or affiliated to any other institution?
  The hospital is ‘owned’ by the college (both administered by the same Management).

* Are the teaching hospitals and laboratories accredited by NABH, NABL or any other national or international accrediting agency?
  **National Accreditation Agency** The college is in the process of applying for accreditation by the NABH. In this regard, faculty members from the college have participated in orientation programmes on the same (Dr. Ashith Acharya in November 2011 in RGUHS); in addition, five faculty members (Drs. KVV Prasad, Venkatesh Naikmasur, Padmini Sivakumar, Ashith Acharya, and Prashant Battepati) and a support staff (Mr. Vitthal Ambekar) were deputed to the RGUHS for an NABH implementation training programme in October 2012. Subsequently, a ‘gap analysis’ was performed for the college by a group of external and internal members of Quality Assurance of RGUHS to give guidance and suggestions for the progress of accreditation. Following this, three faculty members (Drs. Venkatesh Naikmasur, Ashith Acharya, and Prashant Battepati) were deputed to attend an NABH one-day training programme in March 2014 at RGUHS. The dental college plans to proceed with applying for accreditation by the NABH soon after Cycle III NAAC accreditation.

  **International Accreditation Agency** Also, in the preceding five years, the college had applied for accreditation by the American Dental Association’s Commission on Dental Accreditation (CODA). A self study report was submitted in March 2011 and a site visit—called the Preliminary Accreditation Consultation Visit (PACV)—was made by a team from the CODA in September 2011. Several of their recommendations have been implemented since.

* Number of beds
The Craniofacial Surgery and Research Centre has 50 beds to cater to in-patients admitted for the purpose of major surgical therapy. The dental hospital has 300 dental units.

* Number of specialty services

* Number of super-specialty services
  Apart from the nine DCI-recognised dental specialties, the college also offers specialised services in oral implantology, forensic dentistry, geriatric dentistry, and special healthcare needs, totalling 13 ‘specialised services’.

* Number of beds in ICU / ICCU / PICU / NICU, etc.
  The ICU in the Craniofacial Surgery and Research Centre has six beds, while the step-down ICU has four beds.

* Number of operation theatres
  The Craniofacial Surgery and Research Centre has two operating theatres.

* Number of Diagnostic Service Departments
  Oral Medicine/Radiology and Oral Pathology are the two diagnostic service departments in the college.

* Clinical Laboratories
  There are two clinical laboratories on-campus, including in the college and one in the Craniofacial Unit.

* Service areas viz. laundry, kitchen, CSSD, Backup power supply, AC plant, Manifold Rooms, pharmacy services
  With a view to improve safety and infection control several new support infrastructure initiatives have been undertaken. These include the setting up of a Central Sterile Supplies Department (CSSD), and a new generator for uninterrupted power supply. The college previously had laundry and pharmacy services, which continue to date.
  **CSSD** The college employs a CSSD for its autoclaving needs. The CSSD has a 1000 sq. ft. area with three distinct zones:
  - Decontamination Zone (Dirty zone)
  - Packaging and autoclaving Zone (Clean Zone)
  - Storage (Sterile Zone).
  - Washing: The washing area has been demarcated and a separate enclosure has been made. This is the area where used instruments from various departments are received. Here, a record of the number of cassettes received from every department will be made and a register will be maintained to this effect. All the departments are hereby notified that they have to ensure that the person who deposits the instruments in the CSSD must be fully aware of the number of cassettes and the instruments composition of each cassette. This person will also be the one to receive the instruments after sterilization. After the instruments are rinsed with a detergent solution, they will be processed either in the ultrasonic cleaner or the 650 litre washer-disinfector. This equipment is state of the art.
medical grade washing machine that runs cycles at different temperatures to spray wash the instruments with an inbuilt dryer.

- **Packing and Processing:** Once the instruments are washed and dried after disinfection, these instruments are then transported to the next facility entitled “packaging”. Here, the instruments are first inspected for any unremoved debris or for breakages. After the inspection under a magnifying glass, the instruments along with the washed cassettes are packaged according to the respective composition. Here it is extremely important that each department provide a cassette composition that the people in the CSSD and identify and assemble. This area will also have to process gauze pieces and suture material for sterilization and pack into respective cassettes. After the cassettes are assembled, these cassettes are then packed into their respective pouches and transported for sterilization. The cassettes are loaded into pre-vacuum high pressure high vacuum B class autoclaves that are connected to a printer. These autoclaves provide us with a digital printout of the cycle parameters aiding us in physical monitoring of the autoclave function. The autoclaves are also checked for chemical monitoring by incorporating ‘signaloc’ indicator strips that change colour when a desired temperature is reached. The CSSD also employs Bowie Dick Steam Penetration kits thrice a week to ensure that the systems function properly. Biological monitoring is done using Biological Indicators of ampoules containing 105 spores of Geobacillus stearothermophilus which are then incubated at 55°C for 48 hours to monitor for efficacy of sterilization. Once sterile, these cassettes are then date stamped to a shelf life of 7 days.

- **Sterilisation and Storage:** The packed cassettes are then labelled for every department and loaded into the autoclave. This two door autoclave ensures that the sterile instruments are taken out from the sterile section of the CSSD and then stored in designated tracks for delivery. The sterile cassettes and bins are checked for sterile pack integrity and colour change. Further, the digital print outs are examined for an aberration in cycle parameters. Only after all these inspections, the cassettes are stamped “Tested-Sterile” and dispatched to the departments.

**Generators** The college previously has two 125 KVA generators, procured in 1994 and 2004, for generating back-up power. In 2011, the college installed a 320 KVA which is currently used for uninterrupted power supply. This can automatically initiate power supply to the entire campus within one minute of power outage. The two older generators are kept as stand-by.

**Pharmacy** In general, drugs required to manage emergency situations are stored in each department. Prescription drugs, however, are to be purchased by the patient from the Central Pharmacy—Manjushree Medicals—which is located within the hospital building. The pharmacy is staffed by two full-time personnel, both with D. Pharma qualifications, both of whom have more than 20 years of experience. The pharmacy is open from 8.30 am to 5.00 pm. The most commonly stored drugs and medication are analgesics, antibiotics, prescription dentifrice. Also, the pharmacy stores syringes, saline and mouth rinse. Surgical items are also stored and supplied to the Craniofacial Surgery and Research Centre, along with medicines. Medicines and surgical items are also supplied to the central stores.

Storage of chemicals and drugs—In the pharmacy, all medications are stored alphabetically according to the generic name. Storage of chemicals and drugs is done as per manufacturers’ guidelines and instructions. Those that require cold storage are refrigerated. Drugs which have approached within 3 months of the expiry date are returned to the supplier and the stock replenished with fresh supply.

Dispensing medication—Most departments prescribe medications to a limited extent. All prescriptions are cross-verified by the faculty, and the institution’s Pharmacy sells the prescribed medication.
**Laundry** Also available is an on-campus laundry facility, which caters to students’ needs, providing them with clean and fresh linen. The laundry service also caters to linen used in the hospital and clinics, with two agencies (each assigned to the northern and southern wings, respectively, of the hospital building) collecting soiled linen from the different departments every evening and providing with fresh linen before clinics commencement next morning.

**Kitchen** The canteen in the hospital—leased to a renowned caterer—caters to the outpatients’ food requirements during their visit for oral health screening and treatment.

**Dharmashāla** The campus also houses a centre where relatives of inpatients admitted to the Craniofacial Unit can avail free-of-cost lodging and accommodation.

* Blood Bank services
  No applicable.

* Ambulance services
  Not applicable.

* Hospital Pharmacy services
  Aforementioned.

* Drug poison information service
  Not applicable.

* Pharmacovigilance
  Not applicable.

* Mortuary, cold storage facility
  Not applicable.

* Does the teaching hospital display the services provided free of cost?
  The cost of all treatment modalities provided in the hospital is displayed prominently in the patients’ waiting lounge of each department. It is college policy to provide treatment free of cost to visually impaired and paraplegic individuals (physically challenged patients other than these categories are given 50% discount); freedom fighters are also rendered free treatment; furthermore, patients treated as part of university examination, as well as those considered to be of ‘academic interest’ are also give free treatment. In addition, students and staff of the college, ‘VIPs’ and ‘dignitaries’, are provided treatment free of cost. Free services for very poor patients are also offered (authorised by the Principal, on a need basis). This is based on the college’s Management permitting free treatment to the tune of ₹5,00,000 annually to poor patients. Also, free dentures are provided to patients >75 years of age. The college provides free/concessional rates for differently-abled individuals depending on the severity of impairment. Based on government/hospital-approved certificate, the Help Desk located in the college atria guides patients, including providing information on eligibility for free/discounted treatment.

* What is the mechanism for effective redressal of complaints made by patients?
  The college has drafted a policy on patient right and responsibilities, which is prominently displayed in individual departments (for information of patients) as well as in the Policies’ book (for information of students and staff). Normally, treatment is undertaken taking care of the concerns, health and benefit of the patient, and complaints do not as such
arise. However, in case the patient has a grievance, there is an established mechanism for addressing such a situation:

- At the outset, patient(s) with grievance(s) can approach an available faculty member of the concerned department
- If this does not provide a solution to the patient, s/he can approach one of six listed faculty members for solution to their grievance:
  - Prof. Ramesh Nadiger
  - Prof. BalRam Naik
  - Prof. Priya Horatti
  - Prof. Venkatesh Naikmasur
  - Prof. Anand Tavargeri
  - Prof. Swati Setty
- If this also does not provide a resolution, the patient can make a written representation to the Principal, who will refer it to a Patient Grievance Committee (which also includes a Lawyer)

Patients can also drop their grievances in a complaint box; the college follows up on such grievances and calls back the concerned patients (when contact numbers are available) for additional clarifications/follow-up.

* Give four years statistics of inpatient and outpatient services provided.

<table>
<thead>
<tr>
<th>Year &amp; No. of Working Days</th>
<th>New Patients</th>
<th>Appointments</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>37,502</td>
<td>75,333</td>
<td>1,12,835</td>
</tr>
<tr>
<td>Avg./Working Day (291)</td>
<td>129</td>
<td>259</td>
<td>388</td>
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<tr>
<td>2010-11</td>
<td>34,721</td>
<td>75,441</td>
<td>1,10,162</td>
</tr>
<tr>
<td>Avg./Working Day (300)</td>
<td>116</td>
<td>251</td>
<td>367</td>
</tr>
<tr>
<td>2011-12</td>
<td>33,850</td>
<td>70,740</td>
<td>1,04,590</td>
</tr>
<tr>
<td>Avg./Working Day (295)</td>
<td>115</td>
<td>240</td>
<td>355</td>
</tr>
<tr>
<td>2012-13</td>
<td>33,131</td>
<td>68,841</td>
<td>1,01,972</td>
</tr>
<tr>
<td>Avg./Working Day (295)</td>
<td>112</td>
<td>233</td>
<td>346</td>
</tr>
<tr>
<td>2013-14</td>
<td>29,017</td>
<td>64,776</td>
<td>93,793</td>
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<tr>
<td>Avg./Working Day (291)</td>
<td>100</td>
<td>223</td>
<td>322</td>
</tr>
</tbody>
</table>

* Does the hospital display charges levied for the paid services?
  Yes. The college prominently displays the charges levied for the paid services in the patient lounge of each department.

* Are the names of the faculty and their field of specialisation displayed prominently in the hospital?
  Yes. The names of all Heads of Department are prominently displayed in the college atria; furthermore, it is displayed on boards in the respective department, along with the names and designation of all faculty members of that department.

* Is pictorial representation of the various areas of the hospital displayed in a manner to be understood by illiterate patients?
  Yes. Various areas of the hospital such as individual departments are displayed through multilingual signage (Kannada and English language) and numbers; several vital areas of the hospital are also represented using pictorial representation and numbers, including:
  - Exits
  - Lavatories
  - Cafeteria
  - Fire extinguisher
Learning Resource Centre

* Is there a prominent display of ante-natal, mother and child health care facilities?
  Not applicable.
* How does the hospital ensure dissemination of factual information regarding rights, responsibilities and the health care costs to patient and the relatives/attendants?
  Dissemination of factual information regarding rights, responsibilities and the health care costs is undertaken through the prominent display of such information at strategic places all around the hospital building, for example, in patient lounges; moreover, such information is displayed both in the English language and the local language to facilitate comprehension by diverse groups of patients.
* How does the hospital ensure that proper informed consent is obtained?
  At the outset, the college’s Oral health Record is designed to provide guidelines for data collection, consultation, documentation, and preliminary informed consent. An initial consent is taken from patients in the Department of Oral Medicine to undertake the clinical, radiological and laboratory examination procedures. This consent also outlines the need to use the patient’s clinical photographs, if required, for teaching or research purposes.
  Individual departments have more specific informed consent formats. Students are taught about the importance of informed consent and its legal implications in the practice of dentistry. Faculty members ensure that students realize the importance of educating and involving the patient while making treatment-related decisions. Students take relevant case history, perform thorough clinical examination, advise necessary radiological and laboratory investigations and interpret the results, provide provisional and differential diagnosis and explain to the patient the treatment plan, treatment alternatives, risks associated with the treatment and consequences of not taking the treatment. Students, the supervising faculty and patient are involved in the discussion, with the latter being encouraged to be part of the decision-making process and contribute to effective dental care. Informed consent is obtained from the patient or guardian, as appropriate, before the treatment is initiated. Details concerning informed consent are also furnished in the college’s Clinic Code Book (Chapter 4, ‘Risk Averting in Dental Practice’). The college’s Informed Consent form is signed by every patient after reading and understanding the patient’s rights and responsibilities. The faculty in-charge monitors the informed consent and case records obtained by the students.

* Does the hospital have well-defined policies for prevention of hospital-acquired infections?
  The college has established policies and procedures for infection control. Prevention of transmission of infection and cross-contamination between patients presents a very important yet difficult aspect of any health care setup. The ultimate goal of the infection control programme of the college is to provide a safe working environment for all the dental health care providers with a minimal risk of infection transmission to the patient and health care workers. At the college, infection control is rated very high in the priority of health care services provided. This policy reflects the commitment of the college to improving standards of patient care and aims to constantly monitor and improve the same.

**Policy Statement** To provide a safe working environment for all dental health care workers with no risk of infection transmission from either the dental health care worker to the patient or vice versa.

**Policy Objectives**
1. To create a safe and clean environment conducive to improved health care for the patients visiting the college and in compliance with all local and state laws required in the state of Karnataka.
2. To implement newer ideas that might improve the quality of care or reduce the risk to our patients.
3. To monitor hospital acquired infections among patients and identify the routes of spread.
4. To monitor the processes and systems of infection control in the college.
5. To ensure that training and education be provided to all personnel involved in the treatment of patients.
6. To ensure that all health care workers are optimally immunised against key pathogens to minimise the risk of transmission of blood borne pathogens.

**Components of the Infection Control Programme** The infection control programme at the college is managed under the Office of Safety and Infection Control (OSIC), an office dedicated to the successful implementation of the infection control programme. The college has all its infection control measures documented in the Infection Control manual, a comprehensive booklet documenting the policies, guidelines and the standard operating procedures (SOPs) of each aspect of the infection control programme. This manual describes several initiatives of the college, both related to the patient as well as general setup of the hospital. Every member of the college is expected to be aware of, and compliant with, all the policies of the infection control programme.

**Organisation** The infection control programme is headed by the OSIC, which encompasses several programmes and committees. Under the directives of the OSIC, several programmes are run including the Sharp Injury Prevention Program (SIPP), the waste management programme (WMP), Hand Hygiene Program (HHP), etc. The safety wing of the OSIC includes programmes on patient confidentiality, fire safety and evacuation procedures, etc. The infection control programme is headed by the Principal who doubles up as the Chief Coordinator of the OSIC. The programme is organised under the following hierarchy:

![Organisation Hierarchy Diagram]

**Chief Administrator** The chief administrator overlooks the entire programme and is responsible for managing the hospital policies and introducing changes in the policy. The chief administrator is responsible for all the programmes, processes and systems run by the OSIC.
**Infection Control Coordinator:** The infection control Coordinator and a team of members working under the OSIC are responsible for the overall implementation of the OSIC programme. The infection Control coordinator is responsible for overlooking the compliance of infection control procedures in the college.

**Departmental Representative:** Every department has a representative who is accountable for the implementation of all infection control policies on a day to day manner.

**Clinical/Non-Clinical Worker:** The clinical/non-clinical worker is the most important part of the infection control implementation. These are the end users of the infection control protocols. The clinical/non-clinical workers include the students, faculty, assistants, technicians and attendants.

**Infection Control Monitoring Programme:** The OSIC overlooks the implementation of the infection control policies by maintaining records of the followed practices and identifying violations. The infection control monitoring programme involves periodic analysis of the infection control measure implemented in the department to ensure strict compliance. The departments/facilities are graded and scored based on the number of violations. A weighted scoring pattern has been devised to optimise the gravity of violations and give a score. Based on the inspections, the infection control of every department has been classified as:

1. Acceptable (equal to or greater than 2.5 out of a maximum possible 3)
2. Acceptable with scope for improvement (between 1.5 and 2.5 out of 3), and
3. Not acceptable (lesser than 1.5)

   The scoring patterns are weighted based on the severity of the violations. The scorings for critical, major and minor violations were accounted for 1.5, 1 and 0.5 each. For example, a critical violation would result in the loss of 1.5 points, deeming it as “unacceptable” immediately, even if it met all the other criteria.

   * Does the hospital have good clinical practice guidelines and standard operating procedures?

   The college and hospital has always strived to provide its patients with the best possible care. In the preceding five years, this philosophy was given clear-cut guidelines through the formulation of the college’s six ‘Standards of Care’. The Patient Care Committee of the college’s Internal Quality Assurance Cell (IQAC) established the ‘Standards of Care’, based on which the college’s quality of patient care was driven to further improvement. Quality assurance activities in patient care services at the college have guided ‘Standards of Care’, which have been described as follows:

1. Comprehensive and/or need-based/fractionated care is provided
2. Care is provided in a timely manner
3. Patient care is of high quality
4. Patients report satisfaction with care received
5. Confidentiality of patient information is maintained
6. Care is delivered in a safe environment

   To maintain and enhance the standards of care, data are collected through a number of mechanisms (e.g., patient surveys, record reviews, post-treatment reviews, clinic management system data, etc.) periodically. Findings are reported to the Patient Care Committee and recommendations made—both by the concerned department and the Committee—to improve upon areas found not to meet acceptable levels. Reassessment and monitoring occur and findings are disseminated to faculty and support staff through presentations and/or written reports.

   These standards were implemented as part of the patient audit undertaken for the period spanning almost two calendar years (2009 and 2010) across the 10 clinical departments and pathological diagnosis. As a direct result of the audit, deficiencies were noted and have been,
or are currently being addressed. For example, in Endodontics, a few failures were observed owing to instrument separation. With a view to prevent such incidences, endodontic instruments are regularly checked for damage; in addition, certain interesting statistics emerged from Paediatric Dentistry—a majority of traumatic injuries to children occurred during play. The dental college has initiated a number of educational programmes to train parents and elementary school teachers in managing injuries to anterior teeth.

Patient Rights are displayed in all departments and the same also provided to all patients. Patients have access to after-hours care and this information is displayed in the departments as well as on patient appointment cards.

To ensure all students, faculty members and support staff are able to administer Basic Life Support, a training programme and certification was initiated in 2009 by an American Heart Association-certified anaesthesiologist. To reaffirm safety and adequate clinical and laboratory asepsis, the college has developed numerous policies for clinical care, which are published and distributed among students, faculty members and staff. Notable among these are the ‘Clinic Code Book’, ‘Laboratory Safety Manual’, the ‘Infection Control Manual’, and ‘Patient Privacy and Confidentiality’; the ‘Policies’ book also includes several patient care policies. SOPs have been developed in all departments for all treatment procedures, and are being diligently enforced.

* Does the hospital have effective systems for disposal of bio-hazardous waste?

The college has established policies and procedures for handling and disposing of hazardous waste, which is summarized below:

**Biohazardous Waste** Medical waste of concern requires special storage, handling, neutralization and disposal, according to local government regulations. Such waste includes:

- Solid waste soaked or saturated with blood or saliva
- Surgically removed hard or soft tissue

The hospital follows a colour-coding pattern that segregates infectious waste, paper-based waste, body tissue or biohazard sharps. These waste items are placed into their respective colour-coded plastic bags, tied and placed into biohazard bins. Biohazard bags and bins are located in the clinic. At the end of the working day, these bins are transported to the local incinerator where they are disposed.

**Handling of Biopsy Specimens and Extracted Teeth** Biopsy specimens should be placed in a sturdy, leak-proof container with a secure lid prior to transport. If the outside of the container becomes, or, is suspected to be contaminated, it should be cleaned and disinfected or placed in an impervious bag prior to transport.

Extracted teeth collected for use in preclinical educational training should be cleaned of visible blood and gross debris and maintained in a hydrated state in a well-constructed closed container during transportation. Prior to being used in an educational setting, the teeth should be immersed in a 10% formalin solution for at least two weeks and rinsed well prior to use, and use of appropriate protective personnel equipment (PPE) when handling these teeth is mandated. All other extracted teeth are sent for incineration with care being taken to remove any amalgam restorations.

Note: This does not deal with chemical, pharmaceutical or other hazardous materials and controlled products and wastes.

**Infectious Dental Waste Classification** The definition of biomedical, or infectious waste, is pertinent to assist dentists in identifying those waste products which are subject to local government regulation for both their handling and disposal. Biomedical waste includes:

1. **Anatomical Waste**
   - Human anatomical waste (human tissues, organs and body parts, but excluding teeth, hair and nails)
Animal anatomical waste

2. Non-anatomical waste, prior to disinfection or decontamination
   - Microbiology laboratory waste (lab cultures, stocks or specimens, vaccines and materials in contact with them)
   - Blood and body fluid waste (fluid blood and blood products, items saturated or dripping with blood, body fluids contaminated with blood and body fluids removed for diagnosis or removed during surgery, treatment or autopsy, but excluding urine or faeces)
   - Waste sharps (clinical and lab materials consisting of needles, syringes, blades or laboratory glass capable of causing cuts or punctures). Disposable sharps are placed in puncture-proof sharps containers. The syringes are rinsed with 1% sodium hypochlorite and emptied prior to putting them into biohazard bins. The needles are burnt using a needle burner which also has an in-built syringe cutter. All the sharp containers are labelled as such and are colour coded for ease of detection and use. The hospital also has a dedicated sharps injury prevention programme that overlooks the incidence and prevention of sharp related injuries.

The following items can be considered general waste:
   - Soiled dressings
   - Sponges
   - Surgery drapes
   - Disposable casts
   - Disposable gloves
   - Specimen containers
   - It is adequate to place such waste items in sealed, sturdy impervious bags (heavy-duty garbage bags or double bagging) to prevent leakage or breakage, and to dispose of them as regular garbage. Within the clinic, soiled dressings and sponges are placed into biohazard bags and placed into bins designated for biohazardous waste.

Management and Storage of Biomedical Wastes
This involves:
   - Labelling the container in which the biomedical waste is stored
   - Implementing and documenting a worker education programme regarding hazards, proper handling and disposal of controlled products in the identified biomedical waste products
   - Maintaining an up-to-date, written inventory of controlled products in biomedical wastes produced in the school
   - Maintaining an up-to-date, written prevention programme which details the steps taken to ensure that no worker is exposed to a controlled product in biomedical wastes in excess of the occupational exposure limit

Body tissue, organs or parts:
   - Place in durable, leak-proof containers, colour-coded and labelled with the biohazard symbol, and arrange for incineration in a biomedical waste or municipal solid waste incinerator
   - Lab cultures, stocks or specimens are placed in durable, leak-proof containers for incineration as above or autoclaved prior to disposal with general waste

Blood, suctioned fluids, or other liquid waste:
   - Treated with 3% Sodium Hypochlorite for twenty minutes prior to disposal
   - Items saturated or dripping with blood are treated as infected waste and placed in leak-proof containers and discarded for incineration
Autoclave or arrange for incineration as for body tissue or organs

Sharp items:
- Place in sealed, puncture-proof containers, identified as containing sharps and colour coded and dispose
- The needles are burnt using a needle burner and the used syringes are disposed using a syringe cutter; the generated waste is further incinerated.

All clinical departments and laboratories are provided with a Clinical and Lab Safety Manual with necessary precautions and instructions. All people in the respective departments have to be conversant with the operational policies. Students are made to take a mandatory compliance training program, which is an online educational training followed by an exam. Students successfully completing the programme are given a compliance certificate eligible for a standard time-frame (currently two years). The faculty members also undergo the training programme with a refresher course every year to keep them abreast of newer changes or innovations in the operational policies.

In brief, the infection control and waste disposal policies are in most parts compliant with the CDC recommendations for Infection Control in dental settings (CDC, 2003). Additionally, the college also has a separate Sharps Injury Prevention programme in place. The Sharps Injury Prevention Committee, an arm of the Office of Safety and Infection Control, is aimed at eliminating sharp injuries from dental settings. It overlooks the amount of sharp injuries reported from every department. The programme also focuses on understanding the attributable reasons by performing a root cause analysis for every injury and develops an action plan for reducing the possibility of recurrence.

* How does the hospital ensure the safety of the patients, students, doctors and other health care workers especially in emergency department, critical care unit and operation theatres? Are the safety measures displayed in the relevant areas?

As part of the prescribed university curriculum in General Medicine, students are trained to prevent, recognise and treat medical emergencies occurring on the dental chair. The various medical emergencies covered in the BDS curriculum are:
- Cardiac problems – Angina, myocardial infarction, cardiac arrhythmias, acute left ventricular failure and cardiac arrest
- Respiratory problems – Acute exacerbations of asthma or chronic airflow limitation and inhaled foreign bodies
- Neurological problems – Epilepsy, faints and strokes
- Hypoglycemia
- Anaphylaxis

A total of three hours are devoted for the coverage of these topics which highlight the three essential steps in managing medical emergencies:
Step 1 – Obtaining a detailed medical history
Step 2 – Planning and preparation (which involves training both students and dental auxiliaries in managing medical emergencies)
Step 3 – Critical incident analysis (where students analyse whether the treatment provided in an emergency was appropriate or whether any improvements could be incorporated)

This prepares the student in the following modalities of medical emergency management:
- Assessing and treating a victim who has an unexplained change in level of consciousness or sudden illness
- Controlling bleeding
- Recognising asphyxiation
- Responding to medical emergencies involving
  - Chest pain
  - Stroke
  - Breathing problems
  - Anaphylactic reaction
  - Hypoglycemia in diabetics taking insulin
  - Seizures
  - Complications related to pregnancy
  - Reduced level of consciousness

In addition, the college initiated a detailed training programme in Basic Life Support (BLS) in the last five years for the students, faculty members and support staff. Students attend a three-hour session on the rendering of BLS. The session covers a wide range of topics related to the administration of BLS, beginning with what BLS means, and various clinical scenarios wherein these measures may have use. Common causes of cardiac arrest are discussed and students are informed about the local emergency number. Emphasis is laid on the rescuer himself/herself being safe and then transporting the patient to a place where BLS measures can be provided.

Details about airway, breathing and circulation are covered and the various methods employed outside the hospital and in-house to manage cardiac arrest are discussed. Each student is then given a mannequin to enact (1) outside hospital cardiac arrest, and (2) in-hospital cardiac arrest. Students are made to practice on the means to keep the airway patent, namely, ‘head tilt–chin lift’ and the ‘look–listen–feel’ drill. The student is then made to give a barrier to give two rescue breaths followed by thirty correct cardiac compressions. This is repeated in situations when the student is alone, when help is available, and in a hospital setting. Students are also taught the correct assembly of the ambu bag and valve, and the ‘C’ and ‘E’ technique used for ventilation. The same procedure is repeated on paediatric mannequins.

Advanced cardiac life support measures such as endotracheal intubation, laryngeal airway, and use of automated external defibrillator (AED) are briefly taught to students. Foreign body removal in children and abdominal thrust in adults (also referred to as the ‘Heimlich manoeuvre’) are additionally demonstrated. Finally, management of emergencies in the dental chair is discussed at length.

* How are the Casualty services/Accident and Emergency Services organized and effectively managed?
  - Available onsite

* Whether the hospital provides patient friendly help-desks at various places.
  - The college provides a patient Help Desk in the college atria, which provides general information as well as education to the patients; this includes information that the hospital is essentially a teaching institute, with student dentists performing dental procedures under faculty guidance. This facilitates better understanding about the hospital workings, allowing reasonable expectations on part of the patients in terms of time consumed for various treatments/consultations. The Help Desk also educates patients about the importance of a general health check-up, especially when >40 years old. This has resulted in several discoveries of systemic illnesses. The Help Desk also directs patients to the appropriate department and, on occasion, coordinates completion of treatment in case of appointments where the designated treating student dentist is unavailable.
* Does the hospital have medical insurance help desk?
  While the college does not offer medical insurance per se for patients, it has entered into agreement with several government agencies wherein patients avail treatment in the dental hospital the costs of which is reimbursed by those agencies. Please refer to 3.5.1 for details.

* What are the other measures taken to make the hospital patient friendly?
  Several measures have been implemented to make the hospital even more patient-friendly than before:
  **Faculty Practice** One major initiative towards this end was to set up the Faculty Practice in 2010. Here, patient care is rendered by faculty contributing to an even higher quality of treatment and further benefitting the patient.
  **Elevator** An elevator was installed in the hospital for the convenience of patients, especially the elderly and those with ambulatory issues, to access various departments.
  **Televisions** Patient Lounges of most departments have television sets for viewing cable/satellite channels by waiting patients and their companions.
  **Patient Chaperoning** The hospital also deputed interns to accompany patients from oral diagnosis to various departments—an initiative which further facilitated patient access to the relevant department.
  **Public Telephone** A coin-box telephone in the college atria serves patient(s) in getting in touch with friends and relatives.
  **Drinking Water** The college atria and the patient lounge in Prosthodontics postgraduate clinic have water coolers with a filtration system, providing hygienic/potable water for patient consumption.
  **Footwear Shelves** To maintain hygiene and minimise cross-contamination, patients are prohibited from wearing footwear inside the clinics; however, for patient convenience, shelves are provided outside each clinic for harbouring their footwear.
  **Enhanced Patient Lounges** The patient waiting areas/lounges of each department has been enhanced with television, drinking water, more seats, and child recreational area (in Paediatric Dentistry).
  **Staggered Lunch** During the lunch hour, faculty members and students break for lunch on rotation to ensure that part of the faculty and student work force is present in the clinics providing patient care, obviating prolonged patients waiting.
  **Support Railings** The numerous ramps in the hospital building have support railings for the convenience of those with ambulatory impediments; the ramps themselves also ensure access to clinics to wheelchair bound patients.
  **Patient Education Desk** In the patient lounge of Periodontics, a desk is devoted to patient education on oral health and maintaining oral hygiene.
  **Renovated Cafeteria** The cafeteria was renovated and let to a renowned local chain of restaurants with a view to improving food quality—for the convenience of students, faculty and patients.
  **New Signage** New signboards have been installed throughout the college and hospital for improved navigation around the campus and building.

* How does the hospital achieve continuous quality improvement in patient care and safety?
  As aforementioned, the Patient Care Committee—part of the IQAC—has developed ‘Standards of Care’ which have been used to drive a comprehensive audit of patient care in the dental hospital. Recommendations derived out of this have been implemented to enhance patient care and safety; furthermore, several policies and protocols concerning infection
control and asepsis, laboratory and workplace safety, basic life support, personnel protection equipment patient privacy, all have contributed to patient care and safety.

* What are the measures available for collecting feedback information from patients and for remedial actions based on such information?

The college surveys patients on their experience of the dental hospital’s services. In 2010-11, this was undertaken using a 15-point questionnaire, wherein patients provided feedback concerning the promptness of treatment, the quality of treatment they obtained, their interaction with the student dentists, as well as their overall satisfaction with the treatment rendered. The latter was 95.4% \((n = 511)\), with 35.1% patients rating their overall satisfaction as ‘very good’ while 60.3% rated it as ‘good’.

In 2013-14, the questionnaire was modified to add two additional queries which were divided into four sections—General, Student Dentist, Faculty Supervision, and Support Staff. On a sample of 826 patients, the overall satisfaction obtained using the revised survey was 95.6% (42.1% patients rating their overall satisfaction as ‘very good’ while 53.5% rated it as ‘good’).

* How does the institution ensure uniformity in treatment administered by the therapists?

In 2010, all clinical departments of the college developed Standard Operating Procedures for all treatment modalities, aimed at ensuring uniformity in treatment administered across the college.

* Does the institution conduct any orientation training programme for AYUSH-based para-medical staff?

Not applicable.

4.2.2 What specific features have been included for clinical learning in the out-patient, bedside, community and other clinical teaching sites?

As descaforementioned, clinical learning is undertaken using a mixture of diverse approaches including chair-side tutoring and discussion, case-based learning, focussed group discussions, inter-disciplinary interactions; adding to this is an extensive programme of extension activities which contributes to the students’ clinical learning and enriching their knowledge.

4.3 Library as a Learning Resource

4.3.1 Does the library have an Advisory Committee? Specify the composition of the committee. What significant initiatives have been implemented by the committee to render the library student/user friendly?

Yes. The library has an ‘Advisory Committee’, called the Learning Resource Committee, which is part of the IQAC. It is composed of the following teaching faculty:

- Prof. Shyam G. Amur, Convener
- Prof. Swathi Setty, Member
- Prof. Sanjay V. Ganeshkar, Member
- Prof. Venkatesh Anehosur, Member
- Prof. Anand Tavargeri, Member
- Mr. B.S. Halemani, Librarian & Member

The Committee is charged with procurement of books and journals, operations of the internet browsing centre in the LRC, and preparation of teaching aids. It meets twice a year, usually in the first and second half of the calendar year, and as and when necessary. Realising that the internet usage in the college was fast increasing—based on statistics available to the
LRC (nearly 150 members were logged in/hour at a given point in time)—it was deemed that
the existing 2 Mbps leased line was insufficient for the level of usage. Hence, in December
2009, the Committee decided to suggest to the Principal to submit a proposal to the College
Management to enhance the connectivity from 2 Mbps to 4 Mbps. The increase in bandwidth
came to fruition in February 2012.

4.3.2 Provide details of the following:
* Total area of the library (in Sq. Mts.)
  The LRC measures 1060 sq. mt.
* Total seating capacity
  The LRC seats 300
* Working hours (on working days, on holidays, before examination, during examination,
during vacation)
  Working days – 0700 Hrs. to 2330 Hrs.
  Holidays – 0800 Hrs. to 2300 Hrs.
* Layout of the library (individual reading carrels, lounge area for browsing and relaxed
  reading, IT zone for accessing e-resources)
  The LRC includes a stack area, undergraduate and postgraduate areas, faculty lounge,
  internet browsing centre, audio-visual room, circulation counter, photocopy section, and
  ‘group think’ for discussions.
* Clear and prominent display of floor plan; adequate sign boards; fire alarm; access to
differently-abled users and mode of access to collection
  Yes. A clear and prominent floor plan is displayed in the LRC; there are adequate sign
  boards indicating exits and fire safety; access to the LRC for differently-abled is through the
  use of need-based ramps.
* List of library staff with their qualifications
  The following is the list of LRC staff and their qualifications:
  - Mr. B.S. Halemani, MLISc (Senior Librarian)
  - Mrs. Poornima G. Rao, MLISc (Assistant Librarian)
  - Prashant H, BLISc (Library Assistant)
  - Gururaj Gudi, BLISc (Computer Operator)
  - Madhwachar K. Hirehal, BCom (Second Division Assistant)

4.3.3 Give details of the library holdings:
* Print (books, back volumes, theses, journals)
  Books = 8124
  Back volumes = 2684
  Theses = 1035
  Journals = 60
* Average number of books added during the last three years
  The average number of books added since accreditation in 2009 is 116 (580 in five years).
* Non Print (Microfiche, AV)
  Not relevant.
* Electronic (e-books, e-journals)
  e-book = 296
  e-journals
  - HELINET Dentistry = 41
  - HELINET Life Sciences = 266
  - EBSCO Oral Sciences = 201

* Special collections (e.g., text books, reference books, standards, patents)
  As above.

* Book bank
  There is no designated book bank per se, and all book collections are integrated into the LRC.

* Question bank
  Both print and e-format question banks are available for I–IV BDS as well as for MDS of all specialties.

4.3.4 To what extent is ICT deployed in the library? Give details with regard to

* Library automation
  The LRC services are automated through a software programme called the Educational Enterprise Resource Planning and Management System (or EERPMS), developed by College’s Management. All LRC material is bar-coded and is circulated through the aforementioned software. The EERPMS has the Online Publication Access Catalogue (OPAC) module for easy access to the LRC material. In the preceding five years, a newer version of the EERPMS has been installed.

* Total number of computers for general access
  The LRC houses 14 computers for general access—12 for browsing the internet and two for accessing the LRC material.

* Total numbers of printers for general access
  One printer is available for general access in the copy/printer section of the LRC.

* Internet bandwidth speed  2Mbps  10Mbps  1 GB
  The internet bandwidth speed in the college and LRC is 4Mbps.

* Institutional Repository
  In 2014, the college library commenced the compilation of an institutional Digital Repository, assembling together e-copies of PDFs of journal articles/theses, class lecture notes, PowerPoint presentations, etc., for access by all members of the college. The Digital Repository is accessible on the college intranet using the college IP address and allows computer-based access and search to extensive amounts of college teaching-learning and scholarly material such as published papers, dissertations and e-books (Fig. 4._).
A screenshot of the search page of the college’s digital repository.

* Content management system for e-learning
  Several material prepared and developed by the college for modules such as Basic Life Support, Infection Control, Laboratory Safety, as well as other policies, are accessible to students using an username and password on the college’s website.

* Participation in resource sharing networks/consortia (like INFLIBNET)
  Yes. The college participates in resource sharing networks/consortia such as HELINET (through it affiliating university, the RGUHS) as well as DELNET.

4.3.5 Give details of specialised services provided by the library with regard to

* Manuscripts
  The library does not per se provide specialised services in relation to manuscript preparation and submission, however, research-experienced faculty members usually assist other faculty members and students in this process.

* Reference
  Yes. Facility exists for selective dissemination of information, with the LRC providing both general and specific references.

* Reprography/scanning
  Yes. The LRC includes a reprography/printing/scanning facility.

* Inter-library Loan Service
  Yes. The LRC has inter-library borrowing facility with a number of libraries covering different types of tertiary institutions—basic sciences, health sciences and dental sciences, within the Hubli-Dharwad region as well as regions of the state. The students also directly avail the library facilities in the S.D.M. College of Medical Sciences, a sister-concern institution.
* Information Deployment and Notification
  Students and faculty members are made aware of the new arrivals by exhibiting the same on the display section, which is located prominently within the LRC. Notices on new acquisitions are also displayed on the LRC announcement board. Furthermore, faculty members are informed of new arrivals through circulation of notices/emails to different departments.

* OPACS
  As aforementioned, the EERPMS has the Online Publication Access Catalogue (OPAC) module for easy access to the LRC material, an updated version of which has been installed in the preceding five years. The OPAC module has an option to view the new arrivals in the LRC.

* Internet Access
  The college and the LRC provides WiFi internet access of 4Mbps band width.

* Downloads
  Students and faculty members’ queries related to downloading content is handled by the LRC’s concerned technical staff, and resolution provided on a need basis.

* Printouts
  The printouts generated in the photocopy section—outsourced to a private vendor—is listed below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Approximate Average Number of Copies per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>1200–1500</td>
</tr>
<tr>
<td>2010-11</td>
<td>1200–1500</td>
</tr>
<tr>
<td>2011-12</td>
<td>1200–1500</td>
</tr>
<tr>
<td>2012-13</td>
<td>800–1000</td>
</tr>
<tr>
<td>2013-14</td>
<td>800–1000</td>
</tr>
</tbody>
</table>

* Reading list/ Bibliography compilation
  The OPAC module provides access to the LRC’s reading list and bibliography compilation.

* In-house/remote access to e-resources
  While the EBSCO database provides ‘in-house’ access to e-learning resources, the HELINET consortia provides remote access to e-resources.

* User Orientation
  Newly admitted I BDS and I MDS students, as well as newly appointed faculty members, are orientated to the use of the LRC services and resources, for example, the use and application of the OPAC. The orientation includes providing information on how to gain access to print resources in-house and online e-resources. Other information services such as Current Awareness Services (CAS) and Selective Dissemination of Information (SDI) are also provided by the LRC to its users.
* Assistance in searching Databases
   As aforementioned, the LRC staff educate and guide students and faculty members in the use of the OPAC and other e-resources.

* INFLIBNET/HELINET
   As aforementioned, the college participates in resource sharing networks/consortia such as HELINET (through it affiliating university, the RGUHS) as well as DELNET.

4.3.6 Provide details of the annual library budget and the amount spent for purchasing new books and journals.
   The annual budget allocated to the LRC for the preceding five fiscal years, and the actual expenditure is listed below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget Sanctioned (in ₹)</th>
<th>Actual Expenditure (in ₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>30,000.00</td>
<td>30,16,274</td>
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<tr>
<td>2010-11</td>
<td>30,000.00</td>
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<tr>
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<td>30,71,619</td>
</tr>
<tr>
<td>2013-14</td>
<td>30,000.00</td>
<td>31,19,986</td>
</tr>
</tbody>
</table>

4.3.7 What are the strategies used by the library to collect feedback from its users? How is the feedback analysed and used for the improvement of the library services?
   The college obtains feedback from the students on the services offered in the LRC. The survey includes responses on the availability of books at the LRC, the ambience, personnel, and work hours of the LRC. A majority of students have rated these parameters as ‘Very Good’ or ‘Good’. The Principal discusses the results of the survey with the Convener of the Learning Resource and the Librarian for an appropriate analyses and implementing possible improvements thereof.

4.3.8 List the efforts made towards the infrastructural development of the library in the last four years.
   Several infrastructure upgrades have been undertaken in the preceding five years—in 2011, the ‘Group Think’ section was added which allows discussions and exchange of ideas in the LRC; the internet bandwidth was increased from 2 Mbps to 4 Mbps; 19 new computers and one server was installed in October 2011 while six wooden book racks were added in March 2011.

4.4 IT Infrastructure
4.4.1 Does the institution have a comprehensive IT policy with regard to:
   * IT Service Management and Information Security
     Yes. The college has detailed policies on Copyright Ownership, Ownership of Course Materials, and Rights and Responsibilities with Respect to Intellectual Property which delve into usage, copyright and ownership of a variety of educational material—both print and electronic—developed/used in the college. Course Materials are essentially materials prepared for use in teaching in any form, including digital, print, audio, visual, or any combination thereof. Course materials include lectures, lecture notes and materials, syllabi, study guides, bibliographies, visual aids, images, diagrams, multimedia presentations, web-ready content, and educational software. This Policy is to supplement the one on Copyright Ownership by addressing copyright ownership issues related to materials prepared for instructional purposes. It encompasses materials developed by faculty members, personal work, student work, sponsored work, commissioned work, and contracted facilities work.
With regards to the Policy on Copyright, it extends to all works of authorship and creativity covered by Indian copyright law. These works include print and electronic documents, software (including source code and object code), databases, multimedia and audiovisual materials, photographs, among other types of creative works. As the fundamental purposes of the college include the creation, compilation, and preservation of knowledge in permanent and transmissible forms, and the circulation and diffusion of such knowledge to the college community as well as the global community, the college holds in the highest regard the rights that govern the creation and diffusion of knowledge, and the laws that define and enforce them. This applies to both the rights of creators in and to their creations (copyright) and the rights of students, faculty, researchers, and scholars to avail themselves for legitimate purposes of others’ creations (fair deal).

Members of the college are expected to be mindful of the restrictions imposed on them by copyright law as well as the rights conferred on them by the fair deal exemption to the copyright laws. Members of the college are expected to comply with the copyright laws. There are resources within the college which provide basic information about copyright restrictions and the fair deal exemptions. Frequently asked questions and guidance for obtaining permission to use specific works or parts thereof may be found in the LRC. The college’s Librarian may also be consulted for guidance. Further explanation and related information may also be found in the college’s Policy on Rights and Responsibilities with Respect to Intellectual Property, which covers copyright ownership that members of the college have for their own creations. This information is included in the ‘Policies’ book which is distributed to all students and faculty members, as well as available on the college website.

* Network Security

The college’s IT network are secured by a ‘firewall’ (a unified threat management), provided by Cyberoam Technologies, which filters unwanted content from entering the network (both wired and wireless). This also allows retaining the bandwidth (i.e., allows legitimate usage of bandwidth or bandwidth management) by blocking unwarranted websites as per college policy. Users are provided with user-ID and password which is able to identify misuse, further enhancing security.

* Risk Management

The ‘firewall’ prevents the following network risks:

- **Internal threats**
  - Identity thefts
  - Data loss
  - Data deletion
  - Internal hacking

- **External threats**
  - Worms
  - Virus
  - Malware

- **Social engineering threats**
  - Phishing
  - Spam
  - Pharming

* Software Asset Management
The college ensures legal software usage for operating systems as well as major software applications (e.g., Microsoft Office) in all of its computers.

* Open Source Resources
  While the college per se does not have a policy on Open Source Resources, various administrative work is automated using the software programme EERPMS, which is based on Open Source Resources and developed by the College’s Management.

* Green Computing
  The college has, to a great extent, made a transition from cathode ray (CRT) monitors to monitors utilising Thin Film Technology (e.g., Liquid Crystal Display and Light Emitting Diode)—measures that contribute to lower power consumption and energy savings.
  In addition, the college’s policy on green computing recommends the following:
  - Computer monitor brightness settings are at 30% and contrast settings are at 70%
  - Automatically turn off the computer monitor display after 10 minutes of idle-usage
  - Put the computer to ‘sleep’ mode after 15 minutes of idle-usage
  - Turning off the hard disk after 20 minutes of idle-usage
  - Turning off the computer at the end of each day
  - Refilling the printer cartridges (rather than buying new ones) where possible
  - Refurbishing an existing computer instead of purchasing a new device, where possible

4.4.2 How does the institution maintain and update the following services?
* Hospital Management Information System (HMIS) and Electronic Medical Records System (EMR)
  In the preceding five years, the EERPMS has been expended to include a platform for Hospital Management, which allows for the cataloguing of new patient registrations as well as issue and activation of old/previously registered oral health records. It also allows immediate access to previously registered oral health records, generating the number of day-to-day new registrations as well as other demographic-related information (e.g., number of male/female patients, age-based information, etc.) required for evaluating patient statistics. Another advantage of this is that, in case an oral health record cannot be retrieved for a previously registered patient, it can be located based on the movement history of the oral health record.

* Digital diagnostic and imaging systems including PACS
  The college has digital diagnostic and imaging systems primarily in Oral Pathology and Oral Radiology. In Oral Pathology the Image analyser which was procured in 2006 has been maintained annually with a service engineer performing routine check twice a year, with the last maintenance undertaken in April 2014.

4.4.3 Give details of the institution’s computing facilities i.e., hardware and software.
* Number of systems with individual configurations
* Computer-student ratio
  Available onsite

* Dedicated computing facilities
  The college has the following dedicated computing facilities:
  - Internet browsing hub
  - Individual departments
  - Heads of Department
- Administrative Section
- LRC material access
- LRC audio-visual section

* LAN facility
  Wired and wireless LAN exists in the college building and is used for the internet, accounts, access to radiographs from Oral Radiology to different departments, and patient registration/billing; the EERPMS is installed in the college server but its different modules are accessed across the college.

* Wi-Fi facility
  The college has a 4 Mbps leased line.

* Proprietary software
* Number of nodes/computers with internet facility
  Available onsite.

4.4.4 What are the institutional plans and strategies for deploying and upgrading the IT infrastructure and associated facilities?
  The college plans to upgrade the billing process by computerising the process, while complete digitisation of patient oral health records is mooted. The Hospital Management platform of the EERPMS will also be undertaken in phased manner. Furthermore, the college is planning to implement additional innovative teaching methods (e.g., E-learning).

4.4.5 Give details on access to on-line teaching and learning resources and other knowledge and information database/packages provided to the staff and students for quality teaching-learning and research.
  As aforementioned, the college provides all its faculty and students access to WiFi internet facility, with members having a unique user ID and password for secure access. This serves as a gateway to the vast repository of knowledge and information available on the World Wide Web.
  Also, as stated in 4.3.3, the college accesses over 500 online journals (including 242 oral sciences periodical) through various e-databases (EBSCO) and e-consortia (HELINET), providing information and knowledge to the staff for quality teaching-learning and research, as well as serving as learning material for students.

4.4.6 What are the new technologies deployed by the institution in enhancing student learning and evaluation during the last four years and how do they meet new / future challenges?
  All clinical departments and laboratories are provided with a Clinical and Lab Safety Manual with necessary precautions and instructions. All people in the respective departments have to be conversant with the operational policies. In 2010-11, students were made to take a mandatory compliance training programme, which was an online educational training followed by an exam. Students successfully completing the program were given a compliance certificate.

4.4.7 What are the IT facilities available to individual teachers for effective teaching and quality research?
  The college provides its faculty members access to WiFi internet facility for accessing scholarly literature for use in teaching-learning activities and research. The WiFi internet can be accessed anywhere in the college building—including the classrooms—during lectures.
These lecture halls (numbering four) all have computers and LCD projectors for multimedia presentations; also, each of the nine DCI-recognised specialties has seminar rooms with LCD projectors for multimedia presentations.

Most faculty members have personal computing systems and are well-versed with use of relevant software programmes applied in teaching-learning activities; however, individual departments have computer systems with a dedicated computer assistant in hand for assistance in preparing teaching-learning and administrative material.

4.4.8 Give details of ICT-enabled classrooms/learning spaces available within the institution. How are they utilized for enhancing the quality of teaching and learning?

As aforementioned, the college has four lecture halls, all fitted with computers and LCD projectors for displaying PowerPoint/Keynote presentations; furthermore, since the entire college building is WiFi enabled, faculty members can download and stream videos/educational material in real time during lectures. One of the lecture halls also has electric outlets for each student desk, providing the option of plugging in electronic devices during teaching-learning activities.

4.4.9 How are the faculty assisted in preparing computer-aided teaching-learning materials? What are the facilities available in the institution for such initiatives?

As aforementioned, most faculty members have personal computing systems and are well-versed with use of relevant software programmes applied in teaching-learning activities; however, individual departments have computer systems with a dedicated computer assistant in hand for assistance in preparing teaching-learning and administrative material.

Faculty members may also avail the services of the college’s computer technician, stationed in the LRC; also, some faculty members are proficient in the use of statistical software programmes and image-editing software programmes, and utilise these in preparing relevant teaching-learning material.

4.4.10 Does the institution have annual maintenance contract for the computers and its accessories?

The college does not have an annual maintenance contract for the computers and its accessories, with most necessary maintenance being undertaken by the in-house computer technician. While basic maintenance and repair is undertaken by the computer technician, higher maintenance is undertaken by the computer manufacturer, depending on warranty and other terms and conditions of purchase.

4.4.11 Does the institution avail of the National Knowledge Network (NKN) connectivity? If so, what are the services availed of?

While the college does not avail of the National Knowledge Network (NKN) connectivity, it does avail resource sharing networks/consortia such as HELINET and DELNET.

4.4.12 Does the institution avail of web resources such as Wikipedia, dictionary and other education enhancing resources? What are its policies in this regard?

Yes. The college avails web resources such as Wikipedia, dictionary (http://dictionary.reference.com/) and other education enhancing resources. The college’s policies in this regard have been listed under 4.4.1.

4.4.13 Provide details on the provision made in the annual budget for the update, deployment and maintenance of computers in the institution.
Available onsite.

4.4.14 What plans have been envisioned for the transfer of teaching and learning from closed institution information network to open environment?

Currently, some of the departments (e.g., Forensic Odontology) provide PowerPoint presentation with detailed notes (in the notes section of each slide) to students for enhanced comprehension of lectures. This is accessible to students at the LRC which is provided by the staff upon request. These presentations are also provided via email to dentists and students around the country for their information and with a view towards knowledge creation. It is proposed to upload these presentations on the college/department website for accessing by all interested. Other departments may also follow this proposal.

4.5 Maintenance of Campus Facilities

4.5.1 Does the institution have an estate office/designated officer for overseeing the maintenance of buildings, class-rooms and laboratories? If yes, mention a few campus specific initiatives undertaken to improve the physical ambience.

Yes. The college campus has a ‘Project Office’ for overseeing the renovation and construction of buildings, class-rooms and laboratories. This comes under the authority of the college’s Management—S.D.M. Educational Society, and is headed by its Deputy Secretary (who works under the authority of the Secretary—please also see 4.1.1 for details on the hierarchy) and comprises of a Site Engineer, Junior Engineer, a Manager, Store In-charge/Purchase Officer, and two accountants. They also oversee the provision of RO water to the CSSD, as well as the water recycling plant. In the preceding five years, several portions of the campus, and the college building, have been renovated and refurbished.

2009-10 In March 2010, the Departments of Periodontics and Public Health Dentistry were renovated with vitrified tile flooring, individual patient cubicles/partitions, and aluminium windows; faculty/staff rooms were also refurbished. Underground water storage tank with a capacity of 5,00,000 litres to store municipal supplied river water was added in March 2010.

2010-11 The undergraduate clinic in Prosthodontics was renovated, again with vitrified floors and individual patient cubicles. Also, Faculty Practice was inaugurated in March 2010, which is housed in the previous guest house but set up through a major renovation to include vitrified flooring, false ceiling, internal partitions and dental cubicles. Some patients may request and seek treatment by members of faculty, and are referred to Faculty Practice where faculty members, exclusively, render oral health care.

Renovations were also undertaken of the Department of Oral Pathology, with vitrified flooring, aluminium windows and new workstations. Furthermore, India’s first Central Sterile Supplies Department in a Dental College was inaugurated in February 2011.

2011-12 The interns section of the Department of Conservative dentistry and Endodontics was renovated, while two new departments—Geriatric Dentistry (June 2011) and Special Health Care Needs (June 2011) were inaugurated. The faculty rooms in Paediatric Dentistry were completed in August 2011, with individual cubicles, new furniture and vitrified flooring. Renovation to the undergraduate clinic of Prosthodontics was completed in March 2012.

In March 2012, the dental mechanic laboratory was renovated with the placement of granite platforms, and vitrified tiling work. Marble flooring was laid in the entire college’s passages, corridors, and stairwells.
2012-13 The interiors of the clinic as well as faculty/staff rooms of the Department of Oral Surgery were renovated in 2013; also, in 2013, the operating theatre of Oral Implantology was reorganised, as was the flooring and windows—as done in other departments. Also, in 2013, the undergraduate clinic of Paediatric Dentistry obtained individual patient cubicles.

The Utsav Hall was renovated to include the Music Room and an Aerobics Hall. One sewage treatment plant, with a capacity of treating 1,00,000 litres per day, was also added in 2012. The campus roads were paved with ‘pavers flooring’ in 2013.

2013-14 In March 2014, renovation to all rooms in the boys and girls hostels were undertaken with re-flooring, painting, and new furniture.

2014-15 A new block with an additional area of 72,000 sq. ft was added to one of the girls hostel (the Shraddha hostel, which now has an extra 22 single/double occupancy rooms) and recently completed. Additional dental clinics construction, totalling 10,000 sq. ft., is currently ongoing.

The Maintenance Officer oversees the day-to-day campus maintenance including cleaning and laundry.

4.5.2 How are the infrastructure facilities, services and equipments maintained? Give details.

The college appoints staff for maintenance and repair and has an exclusive department and workshop for the purpose. The department comprises four qualified technicians (dental chair service and equipment maintenance), six qualified electricians (electrical maintenance), two plumbers (maintaining and servicing plumbing and sanitation), two carpenters (for wood work) and a mason (civil/construction maintenance). Their work is supervised by a Maintenance Engineer (the Maintenance Section Head) and a Junior Engineer. A departmental storekeeper keeps track of the day-to-day workings.

4.5.3 Has the institution insured its equipments and buildings?

Yes. The college has insured its equipments and buildings.
5.1 Student Mentoring and Support

5.1.1 Does the institution have a system for student support and mentoring? If yes, what are its structural and functional features?

Yes. The college has a robust system of student support and mentoring. At the outset, the college has a Dean appointed to administer student support services and oversees student welfare, organising sporting events and cultural activities, and maintenance of school sporting facilities, including the indoor sport complex. The Dean also convenes the Student and Support Services Committee of the IQAC, whose composition is as follows:

- Prof. Ramesh Nadiger, Dean & Convener
- Prof. Sudhindra Kulkarni, Member
- Dr. Shodhan M., Member
- Dr. Vijay Trasad, Member
- Dr. Raghavendra Ainapur, Member
- Mr. S.G. Koppad, Member
- Mr. V.K. Ambekar, Member
- Dr. Abhishek Talwar, Student Member

The college has a well-established mechanism for personal, academic and career counselling of students. Details are provided in 2.2.3, 2.2.4, 2.3.10. Other support services include a Students’ Officer who is specifically designated to monitor the lecture schedules, student evaluation of faculty, conduct of internal assessment tests, and attendance and progress of the students (also refer to 1.4.5 and 2.2.3).

The on-campus hostels have non-resident wardens—Dr. Shodan M and Prof. Padmini A.T. for the Boys and Girls hostels, respectively; the latter also has a resident warden. Students also can avail 24-hour medical services facility on campus as well as sport/recreational facilities. Additional details below.

5.1.2 Apart from classroom interaction, what are the provisions available for academic mentoring?

Apart from classroom interaction, students are provided one-on-one tutoring, when required. For example, some of the slow-learners have been provided after-hours tutoring in the Departments of Anatomy and Oral Pathology/Dental Anatomy.

The college has a Dean of Academics (Prof. K.V.V. Prasad) who monitors the academic requirements of students and counsels them regularly. This is in addition to the individual faculty counselling/mentoring offered in diverse departments, detailed in 2.2.3, 2.2.4 and 2.3.10. In general, faculty members are student-friendly, very approachable and routinely provide a variety of academic counselling and mentoring. The presence of a dedicated Dean for Student and Support Services is an added feature which contributes to the overall student experience.

5.1.3 Does the institution have any personal enhancement and development schemes such as career counselling, soft skills development, career-path-identification, and orientation to well-being for its students? Give details of such schemes.

An Orientation Programme is organised for every new batch of I BDS students. As part of this, lectures are organised by spiritual experts (from ISKCON) on how to focus in one’s profession; in addition, as part of the lectures, the college’s consultant psychiatrist provides tips on stress management and coping with studies. Other “well-being” lectures have also been conducted in the college by the Brahma Kumaris organisation and other resource persons (e.g., Introduction to Transcendental Meditation).
Apart from these annual features, as mentioned in 1.1.5, the college has introduced modules in Communication Skills and Critical Thinking, Basic Life Support, and Infection Control. Lectures on the English language have also been organised for some of the students. Lectures on career guidance are also regularly organised—for example, a lecture on career opportunities after BDS was organised in January 2011 by a career guidance and motivational speaker; in June 2011 a lecture was organised in conjunction with the IDA (Dharwad District Branch) for interns on career guidance and options after graduation; another lecture, entitled ‘Future Dental Professional Programme’, was conducted in March 2012, while a talk ‘Global Opportunities for Indian Dentist’ was organised in March 2014.

5.1.4 Does the institution have facilities for psycho social counselling for students?
Yes. As described in 2.2.3 and 2.3.10, students have the option of consulting a qualified psychiatrist who visits the college every Wednesday. The award winning consultant is very well-renowned and a highly reputed professional of the region.

5.1.5 Does the institution provide assistance to students for obtaining educational loans from banks and other financial institutions?
Yes. During admission of students to the college, the college allows various banks to display their education loan schemes for potential application by students and their family. Also, students are directed to the college’s ‘partner bank’ for additional information and schemes on the same. Furthermore, the college provides a break-up of the fee and other expenditures involved (e.g., instruments expenses) in undergraduate and graduate studies so that students may apply for loan at a bank of their choice. In addition, banks enquire with the college for a verification and the college furnishes a ‘bonafide’ certificate which assist the students in their loan application.

5.1.6 Does the institution publish its updated prospectus and handbook annually? If yes, what are the main issues / activities / information included / provided to students through these documents? Is there a provision for online access?
Yes. The college annually publishes an updated prospectus highlighting the background and history of the college and its Management, details of the courses offered, and facilities available in the dental hospital and on-campus. Coverage includes the standing of the college nationally and internationally and the infrastructure available such as hostels, dining facility and recreational facility. A PDF of the prospectus is also available for download on the college website, at the link http://www.sdmcds.org/jpeg point%20no%204.pdf.

5.1.7 Specify the type and number of institution scholarships/freeships given to the students during the last four years. Was financial aid given to them on time? Give details. (in a tabular form)
Financial aid is provided to needy students, depending on their economic background. In the preceding five years, several students have been beneficiaries of financial concessions and exemptions—in relation to the course fee as well as other expenditures such as on-campus hostel fee.

- Beginning 2010-11, Nishit R.K., an undergraduate student has been provided free hostel accommodation for the entire period of his Bachelor's training, amounting to ₹ 99,500.

5.1.8 What percentage of students receives financial assistance from state government, central government and other national agencies?
Approximately 3% of students receive financial assistance from state government, central government and other national agencies (including external governments for foreign students).

5.1.9 Does the institution have an International Student Cell to attract foreign students and cater to their needs?

While the college does not have an International Student Cell per se, it continues to attract foreign students owing to several factors: for example, the college is recognised by the Ministry of Health of the Malaysian Government, which allows students of that country to pursue their Bachelors and Masters degrees from the college. In the last four years, there have been at 42 students from Malaysia (ranging from 8–12 each year) gaining admittance to the college for their BDS course; in 2014-15, one Malaysian student has also enrolled for the MDS course. Fourteen NRIs also gained admittance to the MDS course in the preceding five academic years. In fact, the list of international students ranges from Nepal, Sri Lanka, Iran, and several non-residents Indians from the USA and Canada. Foreign nationals seeking admission the college owes largely due to the reputation of the college built over a span of nearly three decades and virtually all 15 seats allocated to them annually are filled up.

Every effort is put to ensure such students feel comfortable on-campus, with single-seater residential accommodation provided where possible and giving due regard to individual sanitation preferences. Language issues are addressed through the conduct of lectures in the local language and publication of material for use in communication with patients in the clinics. A number of security issues, as part of law enforcement policy, also need to be addressed when an overseas student enrolls. The maintenance in-charge of the college takes necessary steps and extends complete assistance to ensure that the student overcomes these issues, such as obtaining police clearances and allied residential permits.

Furthermore, a single-window admission service is provided to overseas students. On admittance, appropriate induction and sensitising to local socio-cultural practices is undertaken. Beyond these, the Principal and other senior faculty ensure that overseas students are given every possible support in day-to-day matters to facilitate a comfortable stay.

5.1.10 What types of support services are available for

* overseas students

  The support services available for overseas students are described under 5.1.9.

* physically challenged / differently-abled students

  The hospital is accessible to all students, with ramp/elevator access to various departments and teaching-learning areas. In the residential hostels on-campus, students with physical impediments are given priority access to rooms on the ground floor. One must note that dentistry as a profession requires a degree of physical ‘fitness’, and it is uncommon to have students with major disabilities.

* SC/ST, OBC and economically weaker sections

  Financial aid is provided to needy students by the college’s Management, depending on their economic background. In the preceding year, one student who was admitted to BDS has been provided free hostel accommodation for the entire period of his Bachelor's training. This amounts to Rs. 99,500/-. The college continues to play a facilitator in disbursing government grants for SC/ST and OBC students admitted to BDS and MDS courses. The preceding year saw the college facilitate the financial incentives to 12 students amounting to Rs. 6,91,910/-.
* students participating in various competitions/conferences in India and abroad

As part of the curriculum/departmental requirement, every postgraduate student is mandated to participate in a minimum number of conferences/conventions (usually two during the duration of their MDS course). The details are provided in the individual department evaluative report.

Moreover, undergraduate students are also encouraged to participate in conferences and make presentations and in the preceding five years more than 50 students have participated. In fact, for one such conference (67th IDA conference, February 2014, Hyderabad), the registration expenses of 16 interns, totalling Rs. 14,000, was borne by the college. Interns were also accorded financial assistance for attending an academic quiz competition in Manipal in September 2013.

Furthermore, the college supports students’ participation in inter-collegiate sport and cultural competitions in terms of transport, lodging, food, kit/gear, and costume. This has totalled nearly ₹ 20,00,000 (20 Lakh) in the preceding five fiscal years.

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Spending (in ₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>3,68,728</td>
</tr>
<tr>
<td>2010-11</td>
<td>4,49,619</td>
</tr>
<tr>
<td>2011-12</td>
<td>4,14,271</td>
</tr>
<tr>
<td>2012-13</td>
<td>2,90,897</td>
</tr>
<tr>
<td>2013-14</td>
<td>4,40,462</td>
</tr>
<tr>
<td>Total</td>
<td>19,63,977</td>
</tr>
</tbody>
</table>

* health centre, health insurance etc.

On admission, students have an Orientation/Induction Programme wherein a detailed health assessment of the student is made. The Department of General Medicine of the college serves as a student health centre and caters to health consultations of students during college hours. Prof. Shyam Amur, the Physician and Head of the Department of General Medicine, attends to students’ health issues after college hours. After-hours service is also provided in the on-campus Craniofacial Surgery and Research Centre, where doctors are on duty 24 hours-a-day. The Craniofacial Centre has facilities for chest x-ray and other routine laboratory investigations. Furthermore, free/subsidised consultation, examination, investigation and treatment is available for students in the sister-concern, S.D.M. College of Medical Sciences under the ‘S.D.M. Health Care’ system. This information is made available to students in Student Information Directory.

The college mandates that students be immunised against infectious diseases such as measles, mumps, rubella, chicken pox, Hepatitis A and B, and Typhoid. Again, the Department of General Medicine undertakes vaccinations for enteric fever, Hepatitis A and B, and pre-overseas travel (e.g., Varicella Zoster); the department also conducts screening and health check-up for students, employees of the on-campus dining facility and security personnel. This information is also made available to students in Student Information Directory.

Students are insured for Rs. 1,00,000/- against death and Rs. 50,000/- against injury due to accident. The scheme commenced several years ago and has continued for the preceding five years, and requires the payment of a premium of Rs. 240/- for a period of four years, of which 50% is covered by the college’s management for the college staff. Insurance coverage is provided by Oriental Insurance Company Ltd.
* skill development (spoken English, computer literacy, etc.)

English language classes have been organised when necessary to give certain students disadvantaged in it the opportunity to make improvements in comprehension and communication of the language.

The college building is WiFi, encouraging students to access resources on the World Wide Web. The college employs the services of a computer technician who provides assistance and support to all members of the college—including students—in hardware and software related queries.

* performance enhancement for slow learners.

Performance enhancement for slow learners is described in detail in 2.2.3 and 2.2.4.

* exposure of students to other institutions of higher learning/corporates/business houses, etc.

Through the college’s MoUs with centres of higher learning, the students of the college get the opportunity to visit overseas institutes as part of student exchange programmes. For example, several MDS students from the Department of Oral and Maxillofacial Surgery have visited Tufts University School of Dental Medicine in 2010.

* publication of student magazines, newsletters.

Yes. The college publishes an annual newsletter—called ‘Tidings’—whose editorial board composition includes students. The students collect relevant material and information for publication and also contribute articles, short stories, poems, and summary of events. Another major publication to which students contributed to, and were part of the editorial board, was the daily newsletter ‘Hawk-Eye’, chronicling the all-India inter-dental T20 cricket tournament ‘Googly’, in January 2011.

5.1.11 Does the institution provide guidance and/or conduct coaching classes for students appearing for competitive examinations (such as USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS)? If yes, what is the outcome?

The college had introduced a comprehensive guidance and training programme for interns between 2008 and 2010 to optimise their performance in postgraduate competitive examinations. Over a three year span, the programme evolved with the involvement of ~17 faculty members from both S.D.M Dental and Medical Colleges. The interns would be asked to undertake reading of relevant topics and given a detailed orientation on the topic (organised once a week); at the end of it, an MCQ test was arranged, which occurred on a weekly basis. The test would be followed by a detailed discussion and a revision test. The weekly orientation/test/discussion would last 3–4 hours and was scheduled late afternoon and early evening on Thursdays in the dental college. At the end of training period lasting 6–7 months, a ‘mock’ test was organised. Furthermore, the college also accommodates interns’ request for similar training at external locations by providing leave and a flexible academic/clinical schedule.

5.1.12 Mention the policies of the institution for enhancing student participation in sports and extracurricular activities through strategies / schemes such as

* additional academic support and academic flexibility in examinations

Students who represent the college in sport, cultural and other extra-curricular activities are provided attendance for theory/practical sessions missed; in the event such students miss internal examinations, separate examinations are conducted.
special dietary requirements, sports uniform and materials
Yes. Sports uniform, kit and allied materials are provided by the college to students for their use in sport competition participation, cultural activities and other extra-curricular activities. Dietary supplements such as glucose, fresh fruits, and oral rehydration salts are also provided during the course of a game.

any other (specify)
A Dearness Allowance of ₹150 per day is provided to each sportsperson/team member for outstation competitions, and ₹75 per day during local competitions for incidental expenses.

5.1.13 Does the institution have an institutionalised mechanism for student placement? What are the services provided to help students identify job opportunities, prepare themselves for interviews, and develop entrepreneurship skills?
At the undergraduate level, the creation of General Dentistry for providing students training in the delivery of comprehensive dental care, with multi-specialty faculty supervision which came into effect in 2009-10, was the college’s efforts at institutionalising the refinement of its graduates and attempt to enhance their placement and job prospects.
In addition, several lectures/talks have been organised over the past five years with the aim to provide career guidance, identify job opportunities and stimulate entrepreneurial skills. Also, faculty members give thorough and detailed counselling on career options and other nuances of application and placement.
Moreover, the Principal and other faculty members take a keen interest in the placement of the under- and postgraduate students following graduation. They routinely provide recommendation letters for further studies and employment—both nationally and internationally—and, on occasions, personally recommend the placement of students verbally. Moreover, since many dental colleges exist today, placement is usually conveniently available for graduating postgraduates. Also, close to 60% of faculty recruitment in the college over the past five years is of graduates from our institution.
Over the past five years, all outgoing postgraduates (approximately 45 each year) have gained employment in private practice and/or consultation and/or dental colleges. One must note that, in general, there is no formal system of campus recruitment and campus placement for the dental profession. Also, in the dental profession, a large number of graduates are self-employed by entering private practice.

5.1.14 How does the institution provide an enriched academic ambience for advanced learners?
The college’s initiative to provide an enriched academic ambience for advanced learners is described in 2.2.3.

5.1.15 What percentage of students drop-out annually? Has any study been conducted to ascertain the reasons and take remedial measures?
A very small number (n = 13) and percentage (1.9%) of students have dropped out in the preceding five years. Enquiries were made with such students to ascertain the reasons for dropping out, which is listed below. It appears that these pertain more to personal choices and reasons, rather than contributory factors within the college.

<table>
<thead>
<tr>
<th>Name</th>
<th>Admission Year</th>
<th>Admission Mode</th>
<th>Drop-out Year</th>
<th>Reason for Drop-out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renuka B.</td>
<td>2009-10</td>
<td>CET</td>
<td>2010-11</td>
<td>Obtained medical seat at BLDE,</td>
</tr>
<tr>
<td>Name</td>
<td>Year 1</td>
<td>Exam 1</td>
<td>Year 2</td>
<td>Exam 2</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Priyanka Krishnamurthy</td>
<td>2009-10</td>
<td>CET</td>
<td>2010-11</td>
<td></td>
</tr>
<tr>
<td>Prathyoosha S</td>
<td>2009-10</td>
<td>CET</td>
<td>2010-11</td>
<td></td>
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5.1.16 Give the number of students selected during campus interviews by different employers (list the employers and the number of companies who visited the campus during the last four years).

The concept of campus interview is yet to take root in the dental profession and recruiter per se do not visit dental colleges.

5.1.17 Does the institution have a registered Alumni Association? If yes, what are its activities and contributions to the development of the institution?

Yes. The college has an Alumni Association—‘Spandana’—which was established in 1999. Alumni members are known to support CDE programmes, conferences and cultural programmes conducted by the college. The alumni members also provided monetary donations for the recently opened swimming pool by the college’s Management. The alumni association has also contributed to family-members of graduates of the institution who passed away. Such donations to posthumous welfare schemes considerably assist the aggrieved kith and kin. Furthermore, alumni members with unusual training and qualifications employed by the college have contributed towards unconventional services provided by the college.

5.1.18 List a few prominent alumni of the institution.

Several of the prominent alumni of the college have been listed under Q. 43 of the evaluative report of individual departments.

5.1.19 In what ways does the institution respond to alumni requirements?

The college believes that contact with the alumnus and providing them with a platform for continual education serves the dentistry positively. Therefore, it organises CDE
programmes as part of the biennial alumni meet with a view to provide dental and professional updates. It also encourages and gives the opportunity to their alumni—who are leaders in their field—to serve as resource faculty and share their expertise in diverse CDE programmes hosted by the college. These include the 34th National Conference of Indian Society of Periodontology in December 2009 where Dr. Sanjay Jain—an expert in periodontal laser surgery—delivered a lecture in this aspect, and Dr. Tushar Hegde—an expert in lingual orthodontics—who was roped in for lectures as part of a CDE in the college in June 2012.

5.1.20 Does the institution have a student grievance redressal cell? Give details of the nature of grievances reported. How were they redressed?

The college has an established mechanism for addressing student grievances based on a policy which was formally adopted in January 2011. This mechanism is divided into two sections, namely:

- General Grievances
- Academic Grievances

In both, students are encouraged to first attempt to have the matter resolved through informal discussion. If this does not resolve the grievance, students can approach several members of faculty and staff for redressing the issue. For example, personal problems can be taken up with the Dean, Student and Support Services while academic issues may be pursued with the respective specialty Head or Dean, Academics. Female students may also choose to approach any one of the following lady faculty/staff members:

1. Prof. Padmini A.T. (Oral Pathology, and Girls Hostel Warden)
2. Mrs. Bharathi Hegde (Office Manager)
3. Mrs. Sukumari Hoingal (Students Officer)

The detailed policy is published in the ‘Policies’ book which is provided to every student. The same is also available on the college’s website at [http://www.sdmcds.org/manuals.html](http://www.sdmcds.org/manuals.html).

In general, no major student grievances have been raised during the last five years; the minor issues that have been expressed have been amicably resolved through informal discussions.

5.1.21 Does the institution promote a gender-sensitive environment by (i) conducting gender related programs (ii) establishing a cell and mechanism to deal with issues related to sexual harassment? Give details.

As per an RGUHS directive dated January 2013, every affiliated college must have zero tolerance towards any form of gender-based discrimination, exploitation and harassment. Consequently, the college has initiated several steps to fulfil this, including formation of a Women Welfare Cell with representation of the college’s Management, senior female faculty and staff members, parents and students. The Principal functions as its Secretary. This Committee has been publicised throughout the college and campus, and it promotes gender equality and counselling. The Committee has been tasked with attending to, with due urgency, seriousness and sensitivity, any incident or complaint, and resolving the same to the satisfaction of the complainant.

Even before the university’s initiative, the college had recognised the importance of protection of female students and had laid down a policy and mechanism of addressing their grievance, as described in 5.1.20. Furthermore, the college’s policy on Student Conduct & Discipline ([http://www.sdmcds.org/definitionofmisconduct.html](http://www.sdmcds.org/definitionofmisconduct.html)) also goes into the details of issues such as sexual harassment, stalking, and harassment, in general—all intended at ensuring that female students are safe and feel safe on-campus (and off-campus, where appropriate).
5.1.22 Is there an anti-ragging committee? How many instances, if any, have been reported during the last four years and what action has been taken in these cases?

At the outset, the college prominently displays notices and circulars defining ragging, highlighting the prohibition of ragging, its designation by the state as an offence, and the penalties incurred if convicted of ragging, giving due reference to various sections of the law and university directives.

The college also has an Anti-ragging Committee and Anti-ragging squad with student representation on them. The latter conducts surprise inspections of the hostels and campus to ensure a ragging-free zone and abide by the Supreme Court ruling to guarantee a ragging-free environment. The institution is prepared to file an official First Information Report (as per the Supreme Court recommendation of 16 May 2007) ensuring that all cases would be formally investigated under criminal justice system.

In order to eliminate the menace of ragging a Review Committee is constituted and members of the committee include the Principal, Deans, senior faculty members, Head of Campus Security, a local Police Official, and senior students. The Committee meets periodically to review the prevalent situation. The committee also makes surprise visits to the hostels at frequent intervals.

Apart from the Review Committee, the college has constituted a ‘Flying Squad’ comprising of the Dean of Student and Support Services, senior and junior faculty members, and students from a cross-section of batches. The squad takes precautionary measures to ensure that senior students do not indulge in ragging in the premises. The squad regularly undertakes ‘patrols’ during the day and night in the residential hostels sections where junior students are housed. The members also make surprise visits to the hostels any time during day/night and take rounds in the hostel. The Review Committee and the Flying Squad are updated annually.

All the junior students are informed not to have any kind of fear of ragging, either in the hostel or the college. If any junior student is subjected to ragging, s/he is asked to report the incident immediately, without any fear or hesitation to the Principal or to any members of the Review Committee. These measures have ensured virtually no reported cases of ragging on-campus.

5.1.23 How does the institution elicit the cooperation of all its stakeholders to ensure the overall development of its students?

The Students Officer regularly communicates with the parents of students, providing updates on the performance and academic progress of their wards. When required, the parents are also requested to meet the Principal for discussion and briefing on performance of their ward and measures to optimise academic performance.

On the other hand, based on meetings with the college’s Management, the former facilitates the latter’s support to various infrastructure requirements of students—both residential and recreational.

5.1.24 How does the institution ensure the participation of women students in intra- and inter-institutional sports competitions and cultural activities? Provide details of sports and cultural activities where such efforts were made.

At the outset, the sporting events are categorised separately for males and females, ensuring a level playing field for the latter in some of the more physically intensive sporting events. This encourages wide-spread participation of women in the sporting arena.

At an intra-institutional level, the college has batch-wise women’s team for a number of sport such as volleyball, throw-ball, table tennis, basketball, shuttle badminton, tennicoit, chess and athletics. The best of the women sportsperson are chosen to represent the college at
the zonal and inter-zonal levels. Over the past five years, the college’s women have won or finished runners-up in volleyball, throw-ball, table tennis, athletics (long jump) and chess at these levels. Further, the best among them have gone on to represent the university. Details have been provided under Part II-B, Criterion 5.3.2.

Women’s participation in cultural activities is also encouraged with a number of events such as classical dance, singing, hair-styling, rangoli, etc. being slotted into the cultural week each year.

5.1.25 Does the institution enhance the student learning experience by providing for rotation from the teaching hospital to the community and district hospital during the internship period?
Yes. The college regularly organises extension activities of which students and faculty members are part of; these activities serve the underserved in unconventional and out-of-the-routine settings and, in the process, enables students an enhanced learning experience. In fact, interns from multiple departments are formally deputed to the extension activities so as to ensure sufficient dentist manpower to cater to the community needs during any given programme.

5.1.26 Does the institution have immunisation policy for its students and staff?
Yes. The details have been provided in 2.1.10 (‘Health centre, health insurance, etc.’).

5.1.27 Does the institution give thrust on students growth in terms of:
* Physical development
  The college regularly updates its recreational, sport and fitness infrastructure, as described in 4.1.5. Also, the dining facility on-campus provides nutritious and healthy meals four times in a day.

* Emotional control
  Lectures and counselling offered by the consultant psychiatrist who visits the college once every week, as well as counselling provided by faculty members contributes to emotional control of students.

* Social dimension
  The range of extension activities of the college, as well as the diverse outreach programmes organised, contribute to producing graduates who are empathetic and socially aware of the oral health needs in particular, and necessities in general, of disadvantaged segments of the society.

* Spiritual growth
  Lectures conducted by the ISKCON and the Brahma Kumari organisation have a spiritual bend and potentially contributes to spiritual growth of students.

5.2 Student Progression
5.2.1 What is the student strength of the institution for the current academic year? Analyse the Program-wise data and provide the trends (UG to PG, PG to further studies) for the last four years.

The student strength of the college generally is 635 every year—500 across the five years (100×5) of the BDS programme, and 135 across the three years (45×3) of the MDS programme.
5.2.2 What is the number and percentage of students who appeared/qualified in examinations for Central/State services, Defence, Civil Services, etc.?

As such, it is still uncommon for dentists to appear for central/state services, defence, civil services.

5.2.3 Provide category-wise details regarding the number of post graduate dissertations, Ph.D. and D.Sc. theses submitted/accepted/rejected in the last four years.

Since the last accreditation, 225 MDS dissertations have been submitted and accepted; four PhD synopses have been accepted—all pursued by in-service faculty members of the college. One of them has also completed his pre-PhD examination.

5.2.4 What is the percentage of graduates under AYUSH programs employed in the following?

* AYUSH departments/Hospitals,
* Multinational companies,
* Health clubs,
* Spas,
* Yoga wellness centres,
* Yoga studios,
* Health clubs,
* Own Yoga cubes/studios?

Not applicable.

5.3 Student Participation and Activities

5.3.1 List the range of sports, cultural and extracurricular activities available to students. Furnish the program calendar and provide details of students’ participation.

5.3.2 Give details of the achievements of students in co-curricular, extracurricular and cultural activities at different levels: University/State/Zonal/National/International, etc. during the last four years.

5.3.3 Does the institution provide incentives for students who participate in national/regional levels in sports and cultural events?

As mentioned in 5.1.2, students who represent the college in sport, cultural and other extra-curricular activities are provided for theory/practical sessions missed; in the event such students miss internal examinations, separate examinations are conducted.

5.3.4 How does the institution involve and encourage its students to publish materials like catalogues, wall magazines, college magazine, and other material? List the major publications/materials brought out by the students during the last four academic sessions.

As described in 5.1.10, the college publishes an annual newsletter—called ‘Tidings’—whose editorial board composition includes students. Another major publication to which students contributed to, and were part of the editorial board, was the daily newsletter ‘Hawk-Eye’.

5.3.5 Does the institution have a Student Council or any other similar body? Give details on its constitution, activities and funding.

The formation of the Students’ Council in October 2009 was a reinforcement of the college’s commitment to appropriate student representation and a separate governing body; the functioning of the Students Council is governed by the Students’ Council Constitution.
(which is accessible at http://www.sdmcdis.org/studentscouncil.html) which details its mission, selection of Council members, the duties and responsibilities of the office-bearers, and their tenure among others. Moreover, students are part of disciplinary committees (such as the anti-ragging committee) and involved in the governance of the residential hostels and dining facility.

5.3.6 Give details of various academic and administrative bodies that have student representatives in them. Also provide details of their activities.

Virtually all committees of the IQAC have student representation on them. Also, as aforementioned, students are part of the anti-ragging committee and involved in the administration of the residential hostels and on-campus dining facility.
6.1 Institutional Vision and Leadership

6.1.1 State the vision and the mission of the institution.

The Vision statement of the college is ‘Learner-centered education, patient-centered service and community-oriented research of excellence’.

The mission statements of the college are:
- Contribute professionally competent general and specialty personnel to meet regional, national and global oral health care needs
- Foster strong community relationships through research, services and linkages
- Provide an efficient, effective and community-acceptable system that excels in education and service
- Inculcate values in learners to be socially and professionally acceptable

6.1.2 Does the mission statement define the institution’s distinctive characteristics in terms of addressing the needs of the society, the students it seeks to serve, the institution’s tradition and value orientations, its vision for the future, etc.?

Yes. The college’s mission statements define the institution’s distinctive characteristics in terms of addressing the needs of the society, the students it seeks to serve, the institution’s tradition and value orientations, its vision for the future.

The mission of the college and its Management (the S.D.M. Educational Society) are broad-based and aimed to benefit and serve the people of all communities of the region. With this view, the S.D.M. Educational Society established the dental college to cater to the oral health care needs of the people of the twin cities of Hubli-Dharwad and adjoining areas, in particular, while also providing manpower (through training of students) to address the oral health care needs of the people of the country, in general. The college has taken into consideration these while developing specific mission statements from an oral health care and holistic view-point.

At the outset, the mission statements are communicated to students, faculty members, support staff, patients and other communities of interest through introductory booklets on the college, display boards/placards on-campus, verbal communication during I BDS orientation and academic-related programmes, as well as the college’s website.

At the core of the college’s mission statement is service to the community. Over the college’s period of existence, it has come to embody quality care and earned the people’s trust. This is reflected in the dental hospital’s treatment of 5,23,352 patients in the last five years, of which 1,68,221 were new cases and 3,55,131 were recall patients/appointment cases (please also refer to 4.2.1, p. _).

Moreover, the college has established an excellent community relationship through patient-care oriented extension services. As a direct consequence of the large numbers of patients who seek treatment at the college, better training and exposure is available to the dental students. Well-trained students, in turn, are better-placed to provide sensitised and superior oral healthcare to the community.

6.1.3 How is the leadership involved in

* developing E-Governance strategies for the institution?

The Educational Enterprise Resource Planning and Management System (or EERPMS)—an electronic platform developed by college’s Management for streamlining and convenient administration—has been updated over the last five years and now includes platforms for a variety of administrative procedures including ‘Accounts’ (used in the accounts section), ‘Hospital Management’ (used in dental record management), the ‘OPAC’ (used in the
library), ‘Academics’ (used in admissions and examinations), ‘Stores Inventory’ (used in the stores), ‘HRD’ (used in human resources), and ‘Purchase’ (used in the purchase section).

A goal of any leadership is better time management and productivity. In this regard, the application and extension of wired and wireless LAN in the preceding five years in the use of the internet, accounts, access to diagnostic material to different departments, and patient registration/billing, have contributed to better time management and productivity, serving an important administrative goal. Also, the college leadership encourages the use of e-circulars and e-mail communication for a variety of administrative purposes, such as scheduling meetings and data collection.

* ensuring the organisation’s management system development, implementation and continuous improvement?

The college’s leadership have encouraged and developed a wide range of policies over the last five years—covering academics, examinations, clinical services, research, student and faculty/staff services—which have been published, publicised (please visit http://www.sdmcds.org/manuals.html), imbibed, and implemented. These policies have been periodically updated to ensure currency and relevance.

* interacting with its stakeholders?

Every level of the leadership—be it Principal of the college, local representative of the Management (Secretary of the S.D.M. Educational Society) or the Head of the Management (President of the S.D.M. Educational Society) are all involved in interacting with various stakeholders such as students, parents and patients.

The Principal, for example, may organise meetings with parents and students from time to time for feedback on academic progress and issues impeding academic and personal development; the Secretary holds periodic meetings with parents and faculty/staff to discuss a range of issues concerning the betterment of the services provided by the college; moreover, the Management is in a unique position in that its President is in direct contact with the diverse stakeholders. For example, the President, Dharmādhikāri Dr. Veerendra Heggade—in his capacity as the Head of a religious shrine—directly interacts with devotees and well-wishers, who include students, their parents as well as patients. The feedback thus obtained is conveyed to the Principal of the dental college.

* reinforcing a culture of excellence?

In the preceding five years, and since the last accreditation, the college leadership, with the support of the Management, has thrust forward additional developments by establishing new infrastructure, innovations in academics and examinations, collaborations with industry and academic agencies, and research funding and output. These have contributed to reinforcing a culture of excellence.

* identifying organisational needs and striving to fulfill them?

The Principal (and the college’s former Director, between April 2009 and April 2012) engaged with faculty and staff to obtain feedback, identify areas that require thrust and changes—either for fulfilling DCI requirements, for routine functioning of the college and its processes, or with a view to enhance institutional excellence.

Recognising the importance of a decentralised administrative structure, and taking into consideration new and emerging areas of administrative focus such as research and clinical services, the college leadership established new ‘Associate Deans’ (who also served as Conveners of IQAC committees) for Research, Patient Care, and Clinical Services. Several new departments created were also promptly assigned faculty in-charges for administering
them; committees constituted—particularly in relation to infection control—were assigned a coordinator and department coordinators. A faculty member has also been assigned as college Coordinator for accreditation, while individual department coordinators have also been designated for assistance.

6.1.4 Were any of the top leadership positions of the institution vacant for more than a year? If so, state the reasons.

No. None of the top leadership positions of the college were vacant.

6.1.5 Does the institution ensure that all positions in its various statutory bodies are filled and meetings conducted regularly?

Yes. The college ensures that all positions in its various statutory bodies/committees are filled and meetings conducted regularly. For example, meetings of the various IQAC committees are organised two times in a year, while the Academic Advisory Committee (and its precursor, the Standing Committee) meets annually. The Women Welfare Cell (see 5.1.21) and Anti-ragging Committee (see 5.1.22) also meet periodically.

6.1.6 Does the institution promote a culture of participative management? If yes, indicate the levels of participative management.

Yes. The decentralised process of administration ensures that large sections of the teaching and non-teaching workforce get the opportunity to provide inputs and contribute to administration and administrative reforms.

The administrative duties of the college is distributed to three Deans, viz, Administration, Academics, and Support Services handle the respective area under the authority of the Principal. Most of the Deans (as well as Associate Deans) convene the respective committee of the IQAC (kindly refer Part II-B, Criterion 7.1.1). Apart from this, the day-to-day workings of individual departments are supervised by the respective Head of Department. In the individual departments, a faculty member each is usually given responsibility to monitor student attendance, material/equipment usage, infection control, and accreditation. The Deans and the Heads work under the authority of the Principal.

Furthermore, the various committees of the IQAC have wide representation of faculty, covering all departments of the college. Therefore, each department/section is in a position to air its opinion and shape the decision-making process. Consequently, the quality of provisions for education in the college is enhanced. Furthermore, the administrative block is divided into a number of Sections, e.g. Security, HRD, Transport and Conveyance, each of which has an in-charge/Section Head, who in turn is responsible for proper functioning of the respective section. The Section Heads answer to an Office Manager, who in turn works under the Principal’s authority.

For streamlined university examination process in the college, a faculty member has been appointed as Deputy Superintendent, Examination, who works under the supervision of Superintendent, Examination (namely, the Principal) (details under 2.5.5).

6.1.7 Give details of the academic and administrative leadership provided by the university to its affiliated colleges / constituent units and the support and encouragement given to them to become autonomous.

The college is affiliated to the RGUHS and is not autonomous.

6.1.8 Have any provisions been incorporated / introduced in the University Act and Statutes to provide for conferment of degrees by autonomous colleges?

Not applicable.
6.1.9 How does the institution groom leadership at various levels? Give details.

As described in 6.1.6, the college has a process of administration, giving several faculty members the opportunity to be part of the decision-making process. For example, the Deans are accorded independence in decision-making of their respective spheres, while the Heads of Department are given autonomy in their choice of action for the welfare of the department. Moreover, the system of rotation of Heads introduced in April 2013, further ensures this freedom at developing and implementing new ideas and concepts are passed on to several faculty members. These nurture leadership qualities and allow one to hone such skills.

6.1.10 Has the institution evolved a knowledge management strategy which encompasses the following aspects such as access to

* Information Technology,

The college has evolved a knowledge management strategy that makes use of information technology by providing access to its entire faculty and students to WiFi internet facility (4.3.5); in addition, a range of administrative activities are performed using the EERPMS (details in 4.3.4, 4.4, and 6.1.3).

* National Knowledge Network (NKN),

As mentioned in 4.4.11, the college does not avail of the National Knowledge Network (NKN) connectivity, however, it does avail resource sharing networks/consortia such as HELINET and DELNET.

* Data Bank,

As stated in 4.3.3, the college accesses over 500 online journals (including 242 oral sciences periodical) through various e-databases (EBSCO) and e-consortia (HELINET), providing information and knowledge to the staff for quality teaching-learning and research, as well as serving as learning material for students.

* Other open access resources along with effective intranet facilities with unrestricted access to learners.

The wired and wireless LAN in the college building provides access to open and wide-ranging education resources.

6.1.11 How are the following values reflected in the functioning of the institution?

* Contributing to National development

Reflecting the college’s motto ‘Patient-centred Service’, an important objective of the dental college is to contribute to the oral health and wellbeing of the people of the region, which is reflected in the 45,21,881 patients the hospital has treated in the present premises (>5,20,000 since the last accreditation). The oral cavity may be considered as a window to the general health of an individual. Indeed, oral health contributes to overall health of a person, promoting general health and fitness of an individual. A healthy person contributes to a healthy community which, in-turn, adds to the health of the nation. A healthy nation is a more efficient and competitive nation, on the right path to development.

The college generally has 45 postgraduate students and 100 undergraduate students passing out each year, who enter private practice and/or a career in academics. This also contributes to service to the society as well as dental education, which ultimately impacts national development.
Furthermore, the college undertakes quality dental research, which leads to better treatment modalities and application of pharmaceuticals. This has a direct and indirect bearing on the oral health of the community. Research in emerging areas such as forensic odontology contributes to crime investigations, contributing to a safer nation.

Overall, the new developments in the college has raised and set the bar for other dental colleges to emulate, thus having a positive impact on the standards of dental education, patient care and research.

* Fostering global competencies among students

The college has introduced a competency-based assessment of diverse dental modalities for students, similar to a system in several industrialised countries. The objective is to not just achieve an assessment that is similar to Western standards, but imbibe in the college’s students—through its emphasis on infection control and asepsis, modules on communication skills and critical thinking, standard operating procedures—competencies on par with global standards.

Also, the college’s MoUs with international dental institutions, such as the TUSDM and Erciyes University, ensure students exchange programmes between the colleges, facilitating greater exposure of students to diverse environments and perspectives, further fostering global values.

Moreover, graduates of the college are on par with world standards, with the ability to practice in high-standard clinical environments—approximately 150 of the college’s graduates from the preceding five years have settled in countries such as the USA, UK and Australia and, having completed the respective qualifying examinations, are running successful practices.

* Inculcating a sound value system among students

The college believes that not only is it its responsibility to produce professionals who are globally competent and proficient, but also to spawn those who imbibe robust values in consonance with the rich culture and heritage of the country. This is reinforced to students through interactive sessions on ethics and values. Various private and not-for-profit organisations such as ISKCON conduct lectures on value systems and personality development. Discourses on sensitising all students, including those from abroad, to value systems of the region are undertaken during I BDS and periodically at later stages. The same are also re-emphasised at different points in time by faculty members, who strive to set high standards for students to emulate.

In addition, the extension activities of the college further sensitises students to the responsibilities of health professionals to service of the community, especially economically- and other disadvantaged sections of society.

* Promoting use of technology

The college believes that the use of technology is a natural complement to the changes and improvements that the institution regularly undertakes. Advances in technology have applications in teaching, treatment and in various administrative matters and the college has incorporated its use considering its usefulness to students and the institution as a whole.

**Teaching** The college has renovated one of its lecture halls with power outlets so that laptop-computing systems can be plugged in for use during lectures. Furthermore, 4 Mbps Wi-Fi internet connection provides instant access to the latest scientific developments, both to students and faculty members, which is useful in knowledge enrichment. In addition, the college organises webinars for updating and knowledge advancement.
To further ensure an effective and fulfilling learning experience for stakeholders, students are provided digital material in some subjects (e.g., PowerPoint presentations with slide notes on forensic odontology) which enhances the learning experience and is easily accessible at the LRC.

**Treatment** The college uses modern clinical and investigative equipments in student teaching-learning activities, e.g., use of digital volumetric tomography provides instant 3D means of assessing pathology as well gauging the students’ ability to use the investigative tools. Other new technologies have been described under ‘Summary’ of Part II-B, Criteria 4.

**Administration** Different spheres of administration—namely, admissions, examinations, patient reception, human resources, stores, purchase and accounts—utilise electronic platforms such as the EERPMS for data management and analysis (details in 4.3.4, 4.4, and 6.1.3).

* Quest for excellence

In its quest for excellence, the college formed the IQAC with different sub-committees in September 2005, with the singular purpose of conceiving, formulating and executing new policies and to monitor the relevance of existing ones. Over the years, including the preceding five years, the number and composition of the committees have evolved to make major recommendations and contributions to promoting excellence in its processes.

Further, to optimise the outcome of the reaccreditation process, the college has constituted a committee exclusively for the preparation of the Self Study Report (SSR). The committee includes a Coordinator, Accreditations, as well as individual department coordinators. Regular meetings and discussions are undertaken by this group of coordinators, and consultation held with the Principal and Heads of Department, senior and junior faculty members, students and staff, for obtaining information and giving direction to the SSR.

The college has also identified its strengths and weaknesses so as to build upon the former and address the latter. The college excels in all spheres—it has a strong team of committed faculty, many of whom are senior, experienced and leaders in their field; the college and hospital has a robust infrastructure, with adequate clinical material, sound research productivity and wide-ranging extension activities. The college also has adopted flexible learning methods for the benefit of students. The students are also provided extra-curricular infrastructure (e.g., for watching movies in the college auditorium on weekends) and sport infrastructure, giving scope for holistic development.

6.1.12 Has the institution been indicted / given any adverse reports by National Regulatory bodies? If so, provide details.

No. The college has not been indicted or given any adverse reports by National Regulatory bodies.

6.1.13 What are the projected budgetary provisions towards teaching, health care services, research, faculty development, etc.?

Available onsite.

**6.2 Strategy Development and Deployment**

6.2.1 Does the institution have a perspective plan for development? If yes, what aspects of the following are considered in the development of policies and strategies?

* Vision and mission
* Teaching and learning
* Research and development
* Community engagement / outreach activities
The college plans its goals for the future well in advance. The goals delve into academics, administration and infrastructure. These plans may either follow a ‘top-to-bottom’ or ‘bottom-to-top’ approach (i.e. Principal/management to staff/faculty or vice-versa) and involves feedback and input at all levels (Fig. 6.6). For example, newer concepts of teaching-learning that is potentially beneficial to the college as a whole may be proposed by the Principal and conveyed to the Deans, relevant IQAC conveners/committees, Heads of Department, faculty, staff and students step-by-step, for feedback on feasibility and usefulness. Detailed discussions and brainstorming sessions are held at all levels, including alumni gatherings, departmental and inter-departmental meetings and meetings with the management, and take into consideration the vision and mission of the college, the extension and outreach activities, engagement with industry.

On the other hand, plans for improvements to departments are conveyed by the respective staff/faculty member to the Head of Department who, in turn, conveys the same to the appropriate IQAC committees, Deans and Principal. The concept of rotating Heads of Department further gives impetus to new approaches to departmental goals and direction. A perspective departmental planning adds to the overall planning of the college as well.

6.2.2 Describe the institution’s internal organizational structure (preferably through an organogram) and decision making processes and their effectiveness.

* Is there a system for auditing health care quality and patient safety? If yes, describe.
  
  Yes. There is a well-established method for auditing health care quality and patient safety. The details have been described 4.2.1.

* How often are these review meetings held with the administrative staff?
  
  While health related audits are undertaken periodically, the Principal holds meetings regularly with administrative staff.

6.2.3 Does the institution conduct regular meetings of its various Authorities and Statutory bodies? Provide details.

  Apart from the meetings of the IQAC committees, the Academic Advisory Committee, and Heads of Department, regular intra-departmental meetings are organised, as are meetings of the Dean, Support Services with security in-charge and staff.

  Also, the Principal has meetings with diverse sections of support staff, such as department receptionists, dental chair-side assistants, transport staff, as well as with individual department faculty members.

6.2.4 Does the institution have a formal policy to ensure quality? How is it designed, driven, deployed and reviewed?

  While the college does not have a single, all-encompassing policy on quality assurance, the same is ensured through long and well-established mechanisms and policies. For example, the constitution of the IQAC, its meetings, decisions and implementations ensure that the college has driven quality maintenance and enchantment in the preceding five years.

  On the other hand, assurance in faculty quality and research is, to an extent, met by the college’s policy mandating a minimum number of publications in indexed journals for their academic advancement.
With regards to patient care, development and implementation of various policies related to infection control, asepsis, maintaining patient information confidentiality, and standard operating procedures has ensured quality care.

6.2.5 Does the institution encourage its academic departments to function independently and autonomously and how does it ensure accountability?

Yes. As described in 6.1.6, the college encourages its academic departments to function independently and autonomously with the Dean of Academics regularly monitoring teaching-learning activities and its outcomes throughout the college to ensure accountability.

6.2.6 During the last four years, have there been any instances of court cases filed by and/or against the institution? What were the critical issues and verdicts of the courts on these issues?

One retiring faculty member filed a case against the college and its Management owing to perceived ambiguities concerning age of retirement (the Management Policy is 60 years); while the retiring faculty believed that an extension was warranted, the court upheld the Management’s Policy of age of retirement.

6.2.7 How does the institution ensure that grievances / complaints are promptly attended to and resolved effectively? Is there a mechanism to analyse the nature of grievances for promoting better stakeholder-relationship?

Yes. Policies exist for the purpose of attending to and resolving grievances of patients, faculty members, staff and students. These have been detailed under 2.5.8, 4.2.1, 5.1.20, 5.1.21. The policy on redressing faculty grievance also forms part of the ‘Policies’ book and is widely distributed and available on the college’s website for access by its students and faculty/staff members (http://www.sdmcds.org/manuals.html).

6.2.8 Does the institution have a mechanism for analysing student feedback on institutional performance? If yes, what was the institutional response?

Yes. The college obtains feedback from graduating interns on diverse aspects of the college processes. In general, the concerns raised by students are relatively minor in nature and addressed through discussion at the concerned level.

6.2.9 Does the institution conduct performance audit of the various departments?

Individual departments are required to set overall department goal(s) for the long haul, as well as short-term targets and goals (usually three months) and work towards achieving them. Strategies and methods to achieve the same and chalked out by the departments and in consultation with the Principal (Fig. 6.1). The Principal then follows it up with the respective departments, discussing the goals that were achieved and other outstanding issues during departmental meetings or in meetings with faculty and staff. Outcomes’ assessment is undertaken and the goals, strategies and methods refined, as required.

6.2.10 What mechanisms have been evolved by the institution to identify the developmental needs of its affiliated/constituent institutions?

Not applicable.

6.2.11 Does the institution and hospital have their own updated websites? If so, is the information regarding faculty and their areas of specialization, days of availability, timings, consultation charges available on the website?

Yes. The college has its own updated website and has a wide range of information
relevant to patient care, teaching-learning, research, policies and protocols, as well as individual departments; in the latter, information regarding faculty and their areas of specialisation, days of availability, timings, consultation charges are also available.

![Goal(s) diagram]

Fig. 6.1: The sequence of tasks and actions in achieving and refining departmental goals

6.2.12 What are the feedback mechanisms and documentations to evaluate the outcomes of these exercises?

The feedback collected from patients, students and alumni are used to evaluate these endeavours.

6.3 Faculty Empowerment Strategies

6.3.1 What efforts have been made to enhance the professional development of teaching and non-teaching staff? What is the impact of Continuing Professional Development Programmes in enhancing the competencies of the university faculty?

The college encourages and mandates faculty members to attend specialty conferences of the respective professional organisations. The college reimburses the registration, travel and accommodation for one conference/Continual Professional Education (CPE)/CDE programme in an academic year for each faculty member (the college has extended support to faculty members for participating in international conferences also). Faculty members have utilised the provision existent in the college’s rules and regulations for attending conferences/CPE programmes/seminars/workshops on 73 occasions in the last five years. The college spent ₹ 30,41,062 on faculty members’ travel to conferences/professional development and higher training programmes in the last five financial years, which is detailed under 3.1.13 and in Fig. 3.1.

Apart from faculty members, members of the non-teaching staff have also been deputed to several training programmes. For example, Ms. Sukumari Hongal (Students Officer) was deputed to the RGUHS in July 2010 for training in online entry of the internal assessment marks; Mr. B.O. Chavan (Examinations In-charge) and Ms. C.P. Jamakhandi (Typist) were deputed to the RGUHS in October 2012 for training on online uploading of applications for retotalling of university answer scripts; Mr. Vitthal Ambekar (Admissions In-charge) was
deputed for training related to NABH accreditation in October 2012 (several teaching faculty members were also deputed to this, the details of which are in 4.2.1); Mr. Mahesh Shikaripur (along with Prof. Anirudh B. Acharya) was deputed to visit Ujire in July 2014 in for training in the use and importance of social media; several other non-teaching staff have been trained—as part of workshops organised by the college’s Management—in the use of the EERPMS office administration platform.

Overall, such continual training enhances knowledge, facilitates members to keep abreast with new trends and concepts, which is turn contributes to the larger goals in tune with the mission and vision of the college—teaching-learning activities, patient care, and community-oriented research.

6.3.2 What is the outcome of the review of various appraisal methods used by the institution? List the important decisions.

A major appraisal undertaken by the college, annually, pertains to that of faculty and staff. The appraisal is undertaken on a standard format developed by the HRD Section and the college’s Management. If the appraisal of a faculty/member staff is deemed as satisfactory, the relevant promotion/increment is accorded; however, in cases where this is not so, a reappraisal may be undertaken after a duration of three to six months, during which period the concerned faculty/staff member is given the opportunity to rectify outstanding issues and make improvements, where feasible. This potentially brings in more accountability and a sense of responsibility to ones work and profession.

6.3.3 What are the welfare schemes available for teaching and non-teaching staff? What percentage of staff have benefitted from these schemes in the last four years? Give details.

Several welfare schemes are available to teaching and non-teaching staff of the college:

- Free registration, consultation, and examination is available to faculty and staff of the college in the S.D.M. College of Medical Sciences & Hospital under the ‘S.D.M. Health Care’ system; free treatment is also available on a wide range of in-patient treatments such as surgical care, physiotherapy, intensive care, etc.; 60% concession is available in specific investigations, while 25% concession is available in CT scanning, MRI, dialysis, etc.
- The Department of Medicine of the college also caters to health consultations of faculty and staff during college hours. After-hours service is also provided in the on-campus Craniofacial Surgery and Research Center, where doctors are on duty 24 hours-a-day. The Craniofacial Center has facilities for chest x-ray and other routine laboratory investigations.
- Faculty and staff are also insured for ₹ 1,00,000 against death and ₹ 50,000 against injury due to accident. The scheme commenced several years ago and has continued for the preceding five years, and requires the payment of a premium of ₹ 240/- for a period of four years, of which 50% is covered by the college’s management for the college staff. Insurance coverage is provided by Oriental Insurance Company Ltd.
- The college’s ‘Staff Welfare Scheme’ is a voluntary scheme wherein individual faculty members and non-teaching staff may choose to make monthly payments ranging from ₹ 100–1000 and ₹ 100–500, respectively, which allows them the option of availing loans at an annual interest rate of 4.5%.
- Faculty and staff can avail free treatment in the dental college (with only material costs being applicable in oral implantology); immediate relatives can avail 50% discount on the same
- Concession in the fee (at least 25%) is provided to children of faculty/staff members of the college as well as employees of S.D.M. institutions. Children of three faculty
members of the college and a staff member of S.D.M. College of Medical Sciences & Hospital have benefitted from this scheme

- Faculty and staff are provided free college bus transport to and from Hubli and Dharwad for daily work; they are also provided free college bus transport to attend personal programmes (e.g., weddings, house-warming ceremonies) pertaining to the college faculty and staff members
- The college provides a limited number of residential quarters within and near-campus; the college also offers house rent allowance (including security deposit)—within a limit—for those faculty members living in rented premises

Apart from the aforementioned welfare schemes, faculty and support staff has the option of availing several recreational/sport facilities exclusive to S.D.M. institutional faculty, such as the multi-gym, badminton court, and swimming pool.

6.3.4 What are the measures taken by the institution for attracting and retaining eminent faculty?

The work culture per se in the college, with an emphasis on efficiency and ethics, and its innovations and support to new ventures, has been a major factor in attracting highly trained and eminent faculty members. Moreover, its support of research funding, and other research support such as publication costs, financial backing in conference/professional education attendance/participation, and diverse welfare measures extended, promote the retention of these faculty members. In fact, the college has an excellent record of retaining senior faculty. Since its founding almost 30 years ago, there have been only two Principals. Some senior faculty members continued to serve the college since inception until retirement recently, and many faculty members have been employed for periods ranging between 10–20 years or more. A summary of the current faculty's teaching experience gained in the college is depicted below.

The college not only attracts and retains eminent faculty, it also nurtures them by the creation of new departments and specialisations. A few examples are oral implantology and forensic odontology, wherein the college’s initiatives have produced leaders in oral and maxillofacial implants/prostheses and forensic dentistry.

6.3.5 Has the institution conducted a gender audit during the last four years? If yes, mention a few salient findings.

As part of the All India Survey on Higher Education (AISHE), as required by the Ministry of Human Resource Development’s Department of Higher Education, the college annually collects information using the data capture format on the gender composition of students, teaching and non-teaching staff; it also gathers more specific information related to gender percentages of minorities and socially disadvantaged sections. The information collected is uploaded on the AISHE website.

6.3.6 Does the institution conduct any gender sensitisation programmes for its faculty?

While the college does not conduct gender sensitisation programmes per se for its faculty, senior faculty members provide need-based and one-on-one counselling on diverse gender-related issues to sensitise the concerned faculty.

6.3.7 How does the institution train its support staff in better communication skills with patients?

The Principal, Office Manager and Heads of Department periodically give support staff orientation and guidance on the skill sets and approach required to communicate with patients. It must be noted that a lot of queries are handled by the Help Desk strategically
located in the college’s patient reception which is seasoned in handling communicating with patients; also, the in-charge of the Dental Records/Registration Section is well-versed in nuanced patient communication.

6.3.8 Whether the research interests of teaching faculty are displayed in the respective departments?
Yes. Faculty members’ diverse and primary research interests are displayed in the various departments.

6.3.9 Do faculty members mentor junior faculty and students?
Yes. Senior faculty members guide and mentor junior faculty members in methods of teaching, research, publication, practice and a host of other academic-related issues; both junior and senior faculty mentor students—both post- and undergraduate—in academics and research. For example, several undergraduate students have been part of research work—some funded by the ICMR—and are mentored in research methodology and presentation, as well as the value of undertaking research per se. This potentially creates a research sensibility in a new generation of dentists.

6.3.10 Does the institution offer incentives for faculty empowerment?
Yes. The college offers incentives for empowering members of faculty—for example, faculty are offered the opportunity to render practice and treat patients in the Faculty Practice clinic, ensuring high-quality care to the patients who seek the option of treatment in this clinic, as well as an additional income to faculty members rendering the care. Similarly, the Apprenticeship I Forensic Odontology offers the opportunity to dentists from around India and beyond to obtain quality short-term training in the burgeoning specialty, while offering the faculty member a share of the fee paid by the enrolled candidate. Several other incentives have been detailed in the welfare schemes offered to faculty and staff in 6.3.3.

6.4 Financial Management and Resource Mobilisation
6.4.1 What is the institutional mechanism available to monitor the effective and efficient use of financial resources?
The college follows a proper budgeting system, with adequate resources for recurring expenses (e.g., salary, faculty enrichment, maintenance), learning resources (e.g., books and periodicals—both print and online versions), and developmental purposes (e.g., addition of new equipment and material).
The Accounts Section of the college circulates a prescribed format (received from the college’s Management) for budgetary requirement to each department. The format is distributed in February–March of each year, giving one month’s notice for return by the respective department. The college budget is then developed and approved in three stages:
- First, the Heads of Department, in consultation with other faculty members and staff, finalise the departmental requirements and forward the proposals to the Principal
- Following approval of the Principal, the proposals are sent to the college’s Management for further consideration
- The Board of Management is the final decision-making body for budgetary approval. This decision is made in consultation with the Principal to ensure the requirements stated in the budget are given proper justification.
The Management holds detailed discussions with all its colleges separately prior to approving their individual budgets. These are then consolidated into an organisational budget, which is presented to the Board of Management for approval. This is done at an annual budget meeting at the Head Office of the S.D.M. Educational Society (located in Ujire town,
near Dharmasthala in the south-west of Karnataka) where Principals of all colleges meet and present their plans for the following fiscal year following which the sanctioned budget documents are dispatched to the Principals. The whole exercise is begun and completed in the last quarter of the fiscal year (1st January to 31st March).

Following approval, additional justification is necessary (and provided by the respective department for the equipment/material), following which a standard procedure is followed for procuring and purchasing.

Budget information for the previous five and current fiscal year are shown below. Budgets are prepared both for recurring and capital expenditure. However, budget for immovable assets is prepared by the college’s Management following assessment of the funds available, after providing for recurring expenditure, movable assets, repayment of loans and other cash outflows.

The budgets are monitored by the Head Office through monthly reports of “Budget vs. Actuals”. A half-yearly budget review is held in the second half of October when necessary adjustments to the budget are made, as required.

Table 1.3: Budget information (in ₹) for the previous five years and current and ensuing fiscal years.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>66,161,230</td>
<td>78,492,960</td>
<td>101,824,380</td>
<td>107,505,605</td>
<td>110,921,340</td>
<td>117,452,435</td>
<td>120,000,000</td>
</tr>
<tr>
<td>Expenses</td>
<td>73,149,741</td>
<td>78,492,960</td>
<td>96,089,177</td>
<td>107,505,605</td>
<td>110,921,340</td>
<td>117,452,435</td>
<td>120,000,000</td>
</tr>
</tbody>
</table>

6.4.2 Does the institution have a mechanism for internal and external audit? Give details.

Yes. The college ensures an internal and external audit of its accounts. The auditing is undertaken as required by the following provisions of the Karnataka Societies Registration Act of 1960 (in effect today as the Karnataka Act) to which the college’s Management is registered to:

- Section 24 of the Act provides for Inspection of documents – As provided under this section, any person may inspect all documents belonging to the Society registered under the Act, ensuring transparency and giving little scope for ambiguity in the Society's functioning.
- Section 12 – On matters concerning finances and accounts, as specified under this section, the Society maintains proper books of accounts in its office with respect to all sums of money received and expended by the Society.
- Section 13 provides for submission of the Balance Sheet and annual list of the governing body before the Registrar of Societies. Income and expenditure account must be audited by a person, who under section 226 of the Companies Act 1956, can act as an Auditor of Companies registered in the state of Karnataka.
- Section 25 of the Act states that the Registrar of Societies may on his/her own motion, or otherwise, hold an enquiry into the workings and financial condition of the registered Society.
The college’s Management deputes auditors from Ujire for the purpose of undertaking an ‘internal’ audit of the college’s finance-related records. A group of ‘external’ auditors comprising a team of chartered accountants perform the statutory auditing of the college’s financial records and books as per guidelines of the income tax department.

6.4.3 Are the institution’s accounts audited regularly? Have there been any audit objections, if so, how were they addressed?

Yes. The college’s accounts are audited regularly—while the ‘internal’ auditing is undertaken annually, the ‘external’ audit is performed quarterly. During the ‘internal’ financial audit, auditors may raise minor objections related to some of the finance- and stock-related records, giving opportunity to the college to address and rectify the same. These measures ensure no further discrepancies in the records that can be objected to by the ‘external’ auditors.

Table 1.1: Break-up of the institution’s financial resources (in ₹).

<table>
<thead>
<tr>
<th>Financial Allocations</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Financial Resources</td>
<td>118,003,907</td>
<td>105,833,470</td>
<td>94,947,045</td>
</tr>
<tr>
<td>Allocations for General Expenses</td>
<td>43,790,000</td>
<td>32,580,000</td>
<td>32,118,810</td>
</tr>
<tr>
<td>Research &amp; Development</td>
<td>100,000</td>
<td>100,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Seminar/Conference attendance of Faculty</td>
<td>600,000</td>
<td>600,000</td>
<td>600,000</td>
</tr>
</tbody>
</table>

Table 1.2: Revenue and income generated (in ₹) for five recent financial years.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Income</th>
<th>Expenditure</th>
<th>Depreciation</th>
<th>Deficit/ Surplus</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>71,964,980</td>
<td>71,385,815</td>
<td>10,085,687</td>
<td>9,506,522*</td>
</tr>
<tr>
<td>2006-07</td>
<td>99,247,363</td>
<td>78,065,306</td>
<td>9,517,316</td>
<td>11,664,741†</td>
</tr>
<tr>
<td>2007-08</td>
<td>108,795,191</td>
<td>89,476,165</td>
<td>9,558,373</td>
<td>9,760,653†</td>
</tr>
<tr>
<td>2008-09</td>
<td>115,414,965</td>
<td>97,987,798</td>
<td>6,617,198</td>
<td>10,809,969†</td>
</tr>
<tr>
<td>2009-10</td>
<td>116,025,866</td>
<td>103,190,490</td>
<td>8,208,806</td>
<td>3,626,570†</td>
</tr>
</tbody>
</table>

* Deficit; † Surplus.

6.4.4 Provide the audited statement of accounts with details of expenses for academic, research and administrative activities of the last four years.

Available onsite.

6.4.5 Narrate the efforts taken by the institution for resource mobilization.

The college is self-financed and has sufficient resources to develop and sustain its programmes on a continual basis (Table 1.1). The major source of revenue for the college is through tuition fee and, to some extent, from hospital income. Any deficits are compensated for by the college’s Management. The details of revenue and income generated (in ₹) for five recent financial years are depicted in Table 1.2.

In addition, the college’s faculty successfully apply for research grants to several state (RGUHS), national (ICMR) and international (Colgate Palmolive, USA; ADIN Dental Implant System Ltd., Israel) agencies/industry for research funding.

6.4.6 Is there any provision for the institution to create a corpus fund? If yes, give details.

The college does not receive any source of revenue from external entities—as stated in 6.4.5, the major source of revenue is through tuition fee and, to some extent, hospital income. Any deficit is compensated for with assistance from the corpus of fund of the Management.
Within the college per se, there are corpus of funds available for free treatment of needy patients amounting to ₹ 5,00,000, as well as research amounting to ₹ 1,00,000.

6.4.7 What are the free/subsidised services provided to the patients in the hospital?

The college provides free/subsidised services to a variety of patients, the details of which are described in 4.2.1.

6.4.8 Does the institutions receive fund from philanthropic organisations/individuals towards patient care? If yes, give details.

As described in 6.4.5, the major source of revenue for the college is through tuition fee and, to some extent, from hospital income. Any deficits are compensated for by the college’s Management—the S.D.M. Educational Society—which is a philanthropic organisation. It is headed by Padmabhushan Dr. D. Veerendra Heggade—its President—who has superintendent, control and direction over the affairs of the Society and its schools and colleges; he is responsible for the overall administration of all the schools and taking executive decisions. He is the religious head, or Dharmādhikārī, of a renowned temple in the town of Dharmanathala in Karnataka, upholding a tradition of charity in education (Vidyadān), medicine (Aushadadān), food (Annadān) and social justice (Nyāyadān) spanning some 700 years. He has rendered yeoman service in the fields of arts, culture, education, health and rural development, founding several educational institutions ranging from Engineering, Law, Business Management, Arts and Sciences, Medicine and Dentistry. He is also responsible for revival of traditional healing methods, through Āyurvedic and Naturopathy schools imparting training to an international community.

As part of social service and rural initiatives, self-help groups have been successfully given employment and credit assistance for the initial phase of their projects. The Rural Development and Self Employment Institute (RUDSETI) is one example that enjoys the support of Dr. Heggade, where nearly 2,00,000 youths have undergone training for self-employment in industry and agriculture. Other programmes include irrigation and housing projects, sanitation, agricultural development, education of women, and major social welfare activities, especially during times of famine and crisis. The continuing development and funding of trusts set up by Dr. Heggade continues to contribute to the development of rural communities and educating professionals for the community.

6.4.9 Do patients from other states / abroad come for treatment, reflecting the unique quality health care provided by the institution?

Available onsite.

6.5 Internal Quality Assurance System

6.5.1 Does the institution conduct regular academic and administrative audits? If yes, give details.

Yes. The college performs regular academic and administrative audits with a view to improve quality and enhance its processes and systems. For example, the Principal, along with the Dean of Academics and Heads of Department review students’ attendance, performance and annual examination results. The review also considers student feedback on individual subjects and the faculty members. The annual Academic Advisory Committee (AAC) meetings (and its precursor, the Standing Committee meeting) carefully scrutinise the academic processes within the college and provides proposals for enhancing, and solutions for optimising, its processes. The Committee comprises leading academicians such as several university Vice Chancellors, as well as social workers. Patient care audits were undertaken for a period spanning almost two calendar years (2009 and 2010) across 10 clinical
departments and pathological diagnosis. This, along with the annual patient feedback survey, provides insights into the state of patient care and areas that require addressing potential shortcomings in the same. The college also reviewed its research output in relation to quality and quantity and issued several guidelines to further enhance the same. This was supplemented by encouraging faculty members to obtain funding from national and international agencies and industry.

6.5.2 Based on the recommendations of the Academic Audit, what specific follow up measures have been taken by the institution to improve its academic and administrative performance?

Based on the academic review/audit, decisions taken include intervention in the approach to teaching particular subjects, faculty attitude and outlook, and the identification of slow learners. Once identified, remedial measures and supplementary tutoring was provided to the latter. On the other hand, academically advanced students were encouraged to be part of research under faculty guidance. Following a review of its research and publications, a conscious decision was taken in 2010 to submit manuscripts to MEDLINE-indexed journals, preferably international in nature, and of a relatively high impact factor (~1.000), to further promote a culture of research excellence.

To reaffirm safety and adequate clinical and laboratory asepsis, the college developed numerous policies and Standard Operating Procedures (SOPs) and is diligently enforcing them. As a direct result of the patient audit, deficiencies in care were noted and have been (and is continually) being addressed. For example, in Endodontics, a few failures were observed owing to instrument separation. With a view to prevent such incidences, endodontic instruments are regularly checked for damage; in addition, certain interesting statistics emerged from Paediatric Dentistry—a majority of traumatic injuries to children occurred during play. The college has initiated a number of educational programmes to train parents and elementary school teachers in managing injuries to anterior teeth.

6.5.3 Is there a central unit within the institution to review the teaching-learning process in an ongoing manner? Give details of its structure, methodologies of operations and outcome?

The AAC may be considered as the ‘central unit’ with regards to ongoing review of the teaching-learning process. The AAC meets annually, and comprises of representatives from the college’s Management, university Vice Chancellors, social activists and senior faculty members of the college. The AAC has control and is responsible for the maintenance of standards in the areas of teaching, learning, education, evaluation and examination within the college, and exercises such other powers and performs other functions as may be conferred or imposed upon it by the college’s Management.

The college reports to the AAC items such as mobilisation of resource activities, research, survey, extension activities, collaboration with other institutions, placement and employment facilities created by the college, initiatives taken by the college from time to time on various activities, funds received from external sources for the activities of the college, and rewards, prizes, recognitions, appreciations received by the college faculty and students at the national and local level.

The meetings of the AAC discuss wide-ranging issues concerning academics and research, and are usually under the following headings:

- Teaching-learning aspects, covering existing methods of teaching–learning, accommodating slow learners, personal, academic and career counselling of students, and proposed innovative methods of teaching-learning in the immediate future
- Evaluation/examination, which discussed current evaluative mechanism & results, and competency assessment and internal assessment
- Research and publications, which delved into existing research and clinical trials, and their expansion, the current status of extramural research/travel grants and the functioning of the Institutional Review Board, the list of publications, and incentives/rewards for publications
- Collaboration with components of higher education, industry and local bodies/community
- Current status of faculty enrichment, professional education programmes organised by the college, and proposals for the future
- The current role of the college and its faculty members in PhD theses, with suggestions for greater role of faculty members as guides/co-guides to doctoral theses of students within and outside the affiliating university
- Awards and achievements of faculty and students
- Patient care and services, including patient statistics and suggestions for additional patient health awareness campaigns

The suggestions of the AAC are given due consideration, vetted by the Academic Committee of the IQAC and incorporated, where feasible, into the academic processes of the college. For example, as suggested, a proforma was prepared to identify slow learners which was distributed to all departments so that faculty members could identify slow learners on the basis of not just their internal assessment examination performance and attendance, but several other indicators such as lack of self-confidence, lack of proper communication skills, lack of logical and reasoning skills, etc.; also, steps were taken to periodically communicate (by the Students Officer, at least twice in the year) the attendance and internal assessment performance to parents. Talks are also underway with a local commercial establishment on the feasibility of mobile-based communication with students (and their parents) re. notifications and updates on exam performance, attendance status, special classes, etc. Students were also given counselling by the Heads of the Department/faculty members of the college.

A few of the departments introduced pedagogy for students in the form of short presentations by students on pertinent topics of the curriculum. Each student is given a couple of weeks’ time to prepare PowerPoint® presentations which they present to the whole class; problem-based learning has also been introduced in several departments; feedback from students has been taken for each lecture/theory class. Also, departmental in-charges have been designated for assessing student attendance.

As suggested, open book tests were implemented in a few departments on a trial basis; however, students gave negative feedback and contended that it served little use since such a format was not followed in university examinations.

Suggestions for faculty members to utilise funds from the university and other funding agencies, and for planned procurement of funding has seen several faculty members obtain funds from the RGUHS, ICMR, industry and other funding agencies for their studies.

It was pointed out that Heads of Department should not, as a right, put themselves as an author in all publications produced by their department, and that authorship is to be based on International Committee of Medical Journal Editors (ICMJE) guidelines. This instruction has been communicated to all Heads of Department and the same is being followed.

It was suggested that the college have additional collaborations, preferably with basic sciences colleges, consequent to which a new MoU was signed—with P.C. Jabin Sciences College, Hubli, for the utilisation of that institute’s Department of Biotechnology and Microbiology in research by the college’s faculty members and students.

Also, as suggested by the AAC, a one-day teachers’ training programme was organised in December 2013 for 40 faculty members of the college, who received training on problem-based learning and case-based learning. The resource personnel were from the Department of Education for Health Professionals at K.L.E. University, Belagavi.
Another daylong programme on capacity building for teaching faculty of S.D.M. institutions was organised in September 2013 in the college. Mr. D. T. Ramanuja and Mr. Sunil Abhilash of Focus Academy of Life Skills and Entrepreneurship, Mysuru, conducted the training programme.

Three additional departments, namely, Conservative Dentistry & Endodontics, Oral Surgery, and Prosthodontics, were recognised by the RGUHS in April 2013 as centres for PhD; Prof. Ramesh Nadiger of Prosthodontics and Prof. Rajesh Anegundi of Paediatric Dentistry were designated as recognised PhD Guides—all following such a course of action suggested by the AAC. Three faculty members enrolled in PhD, in addition to two others who were already pursuing part-time PhD in the college under the aegis of the RGUHS.

The composition of the Academic Advisory Committee

<table>
<thead>
<tr>
<th>Name &amp; Affiliation</th>
<th>Designation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. D. Veerendra Heggade, President, SDM Educational Society</td>
<td>Chairman</td>
<td>Management Representative</td>
</tr>
<tr>
<td>Prof. Srinath L. Thakur, Principal, SDM College of Dental Science &amp; Hospital</td>
<td>Co-chairman</td>
<td>Head of the Institution, academician and faculty representative</td>
</tr>
<tr>
<td>Dr. B. Yeshovarma, Secretary, SDM Educational Society, Ujire</td>
<td>Member</td>
<td>Management Representative</td>
</tr>
<tr>
<td>Shri Jinendra Prasad, Secretary, SDM Educational Society, Dharward</td>
<td>Member</td>
<td>Management Representative</td>
</tr>
<tr>
<td>Prof. C. Bhasker Rao, Former Vice-President, DCI, Chief Mentor, Vasan Dental Hospitals</td>
<td>Member</td>
<td>Distinguished Academician</td>
</tr>
<tr>
<td>Dr. S. Ramananda Shetty, Vice Chancellor, NITTE University, Mangaluru</td>
<td>Member</td>
<td>Distinguished Academician</td>
</tr>
<tr>
<td>Dr. Jaikar Shetty, EC Member, DCI, Senate Member, RGUHS, Professor, Maruti Dental College, Bengaluru</td>
<td>Member</td>
<td>Distinguished Academician</td>
</tr>
<tr>
<td>Prof. Pushpati Nath Razdan, Vice-Chancellor, Dr. D.Y. Patil University, Pune</td>
<td>Member</td>
<td>Distinguished Academician</td>
</tr>
<tr>
<td>Shri Sriprakash K.S., Vice-Chancellor, RGUHS, Bengaluru</td>
<td>Member</td>
<td>University nominee</td>
</tr>
<tr>
<td>Dr. K.V.V. Prasad, Dean, Academics, SDMCDSD</td>
<td>Member</td>
<td>Member Secretary, academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Ramesh Nadiger, Dean Support services</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Balaram Naik, Dean, Administration, SDMCDSD</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Shri Mahendra Singh, Social Activist, Hubli</td>
<td>Member</td>
<td>Local area representative</td>
</tr>
<tr>
<td>Dr. Swati B. Setty, HoD,</td>
<td>Member</td>
<td>Academician and faculty</td>
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### Periodontics

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dr. Venkatesh Anehosur, HoD, Oral &amp; Maxillofacial Surgery</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Lekha Krishnapillai, HoD, Prosthodontics</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Preetha Shetty, HoD, Community Dentistry</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Atul Sattur, HoD, General Dentistry</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Anand Patil, HoD, Orthodontics</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Anand Tavargeri, HoD, Paedodontics</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Kaveri Hallikeri, HoD, Oral Pathology</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Krishna Burde, HoD, Oral Medicine &amp; Radiology</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Shyam Amur, HoD, General Medicine</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Sanjay Pavate, In-charge, General Surgery</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Mahantesh Yeli, HoD, Conservative Dentistry &amp; Endodontics</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Ashith B. Acharya, HoD, Forensic Odontology</td>
<td>Member</td>
<td>Academician and faculty representative</td>
</tr>
<tr>
<td>Dr. Sudhindra Kulkarni, HoD, Oral Implantology</td>
<td>Member</td>
<td>Academician and faculty representative</td>
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#### 6.5.4 How has IQAC contributed to institutionalising quality assurance strategies and processes?

Since inception in September 2005, the IQAC has strived to contribute to maintaining and enhancing quality in the college’s processes. At the outset, guidelines on the duties and responsibilities of the individual committees of the IQAC have been developed and circulated to concerned members. Consequently, in the preceding five years, the IQAC—through its constituent committees—have proposed and initiated several quality measures towards this end. For example, a host of policies and guidelines have been developed and periodically revised for academic functioning, extending support to students, patient care and clinical services, as well as research productivity. In addition, comprehensive manuals have also been published to augment basic life support, maintaining code of conduct in clinics, infection control and asepsis, patient privacy, radiation safety and laboratory safety. Also, with a view to standardise patient care, Standard Operating Procedures were formulated by the Patient Care Committee, in consultation with the Principal, the erstwhile Director, and individual department Heads and faculty, and implemented. These initiatives are, arguably, the first of its kind in the country for a dental college, reflecting cutting edge initiatives to for quality assurance.

#### 6.5.5 How many decisions of the IQAC have been placed before the statutory authorities of the institution for implementation?
The discussion and decision of the IQAC committees’ meetings are compiled as minutes and submitted to the Principal (and former Director), who reviews them and, as required, discusses the same with the Management for implementation.

6.5.6 Are external members represented in the IQAC? If so, mention the significant contribution made by such members.

Yes. The IQAC comprises of external members, in addition to faculty, non-teaching staff, and students. Moreover, the Institutional Review Board as well as the Academic Advisory Committee—both established with purpose of quality assurance of the college—have extensive external representation comprising of university Vice Chancellors, social activists, scientists and jurists.

6.5.7 Has the IQAC conducted any study on the incremental academic growth of students from disadvantaged sections of society?

The college regularly reviews the performance of all students and identifies slow learners, which may include students from disadvantaged sections of society. All slow learners are provided similar remedial measures to improve their academic performance and for academic growth.

6.5.8 Are there effective mechanisms to conduct regular clinical audit of the teaching hospital? Give details.

Yes. The college has undertaken a detailed audit of its patient care for the calendar years 2009 and 2010. Moreover, annual surveys of patient satisfaction of the hospital services provide additional information on areas for potential intervention and change. The details are in 6.5.1 and 6.5.2.

6.5.9 Has the institution or hospital been accredited by any other national / international body?

The college has embarked on accreditation both by national (NABH) and international (American Dental Association) bodies, which are in various stages of completion. The details are provided in 4.2.1.

6.5.10 Does the hospital have institutional and individual insurance schemes to cover indemnity claims?

This has been initiated in August 2014.
7.1 Environment Consciousness
7.1.1 Does the institution conduct a Green Audit of its campus?
   Yes. The college periodically undertakes a review of its activities that can have long-term
   impact on the environment—both deleterious and beneficial. It is the college’s endeavour to
   prevent its business activities from harming the environment, minimise its carbon footprint
   and optimise environmental preservation.

7.1.2 What are the initiatives taken by the institution to make the campus eco-friendly?
   * Energy conservation
     The college issues circulars regularly advising faculty and staff members to save
     electrical power by turning the light, fan and other electrical appliances’ switches off when
     not in use.
   * Use of renewable energy
     The emphasis on recycling water and solar powered panels for lighting and heating are
     some of the college’s initiatives in using renewable energy.
   * Water harvesting
     The college is yet to have facilities for water harvesting.
   * Solar panels
     The residential hostels on-campus are equipped with solar panels for heating water,
     encouraging the use of renewable energy, as well as saving carbon-based sources of
     electricity. Also, three solar-panelled lights have been installed adjacent to the hostels and the
     Principal’s residential quarter on-campus for the same purpose.
   * Efforts for carbon neutrality
     The preceding and following responses under 7.1.2 highlights the college’s efforts at
     attempting to leave a small carbon footprint.
   * Plantation - Botanical or Medicinal significance
     The college campus has extensive award-winning gardens, a botanical nursery and green
     spaces—all maintained by the in-house department of horticulture.

   * Bio-hazardous waste management
     Segregation of wastes is done according to guidelines prescribed by Karnataka State
     Pollution Control Board (KSPCB). In brief, regulated medical wastes are colour-coded and
     incinerated. Treatment of sharps is performed at source to prevent sharps injuries; recycling
     of lead and mercury is done through government certified agencies; separate enclosures
     housing infectious and non-infectious waste have been constructed on-campus. All bags used
     to store waste are recyclable and are purchased through a government-authorised vendor. Heavy
     metals such as mercury, lead, and other metals such as silver, tin and stainless steel, are sent for
     recycling to a government-certified contractor; sharps are collected separately, cut into non-hazardous
     fragments and buried five feet below ground level. Please refer to details in 4.2.1.
   * E-waste management
     The college follows a system of buy-back and selling of computer components for the
effective and efficient management of e-waste. In the former, old computers and allied hardware are returned to retailers/manufacturers for purchasing new machines at discounted prices; in the latter, old computers/ parts/components are sold to vendors and recyclers.

* Effluent treatment and recycling plant
  A mechanism of recycled water that goes through an elaborate process of effluent treatment and management is used in the maintenance of the college’s extensive botanical nursery and green spaces, conserving precious resources.

* Recognition/certification for environment friendliness
  The college’s emphasis on hygiene and cleanliness is reflected in the finest gardens on-campus in the twin-cities of Hubli-Dharwad, with the college’s horticulture department continually winning several prizes in diverse categories annually.

* Any other (specify)
  The college has made an effort in several other areas to leave a mark on environment conservation, such as:
  - Employee health records are maintained on files made of recycled paper
  - The establishment and use of a central sterile supplies department (CSSD) has reduced electricity and water consumption by approx. 30%
  - Issuing some circulars exclusively via email to save paper and printing ink
  - Motivating students to minimise wastage of materials during work

7.1.3 How does the institution ensure that robust infection control and radiation safety measures are effectively implemented on campus?
  An overview of the college’s procedure to ensure a robust infection control protocol has been given in 4.2.1. With regards to radiation safety measures, the college has a detailed policy document on the safe use of ionising radiation, which is communicated to students, support staff and faculty members through the Clinic Code Book and the Radiation Safety Manual. The college’s radiation safety programme aims at documenting radiation exposures and developing protocols to ensure minimal exposure, both to the patient and the healthcare worker. All departments employing radiology as a diagnostic tool have to follow the standard operating procedure according to the radiation safety programme. The Office of Safety and Infection Control—under the authority of the Principal—is responsible for monitoring and effective implementation of infection control and radiation safety measures.

7.1.4 Has the institution been audited/accredited by any other agency such as NABL, NABH, etc.?
  The college has embarked on accreditation by national (NABH) and international (American Dental Association) agencies, which are in various stages of completion. The details are provided in 4.2.1.

7.2 Innovations
7.2.1 Give details of innovations introduced during the last four years which have created a positive impact on the functioning of the institution.
  The preceding criteria have elucidated the several innovative approaches to teaching-learning activities, patient care, and research. Briefly, the multi-specialty approach to training interns in the Department of General Dentistry in comprehensive oral healthcare—a first of its kind approach in India—has been a major innovation that has created a positive impact and response from the students and patients alike—the former gain training a ‘clinic-like’
setting, making them better trained for private practice later, while patients have the advantage of obtaining all care under one roof without the necessity of visiting multiple departments. Another innovation, related to evaluation, pertains to the competency assessment formats in individual departments on different treatment modalities—undertaken mostly in IV BDS and internship.

The salient innovations with regards to patient care include the development of Standard Operating Procedures in clinical care, a comprehensive mechanism for ensuring infection control and asepsis (establishment of the Central Sterile Supplies Department), the use of personnel protection equipment and a range of other processes, patient-support measures such as definition and display of patient rights and grievance redressing mechanism, patient information privacy mechanisms, and creation of new departments such as Geriatric Dentistry and Special Health Care.

Innovations in research include the development of new techniques in local anaesthesia, award of patent for the design of a ‘Jaw Dropper’ articulator, innovative design of semi-precision attachment (named ‘SK-attachment’, for which patent is pending), use of a ‘coffee straw’ for over-denture bar fabrication (an economical alternative to the conventional dental bar material), thermo-electric probe (dentinal sensitivity indicator, useful in diagnosis), interproximal strip holder (inter-proximal space gaining tool, useful in orthodontic treatment), new herbal mouthwashes (which, separately, include extracts of Tulsi, beetle leaf, ash gourd), brahmi and pomegranate combination local drug delivery pellets, G-neuromuscular Dentistry (GNM)/occlusion concept developed for achieving proper biting plane, forensic age estimation using digital methods, post-mortem skeletal sex assessment using innovative statistics, photographic denture marking for post-mortem identification, among others. Also, a thrust towards major research funding—both in terms of project funding and travel grants—was a hallmark in research in the previous five years.

7.3 Best Practices
7.3.1 Give details of any two best practices that have contributed to better academic and administrative functioning of the institution.

Best Practice I
1. Title of the Practice
Communication Skills and Critical Thinking

2. Objectives of the Practice
What are the objectives / intended outcomes of this “best practice” and what are the underlying principles or concepts of this practice (in about 100 words)?

Communication is a vital soft skill necessary in daily life. It is equally important in dental practice for interacting with, and managing, patients. However, it is not part of the prescribed dental curriculum. Recognising the relevance of the topic, the college introduced it as a module in 2010 for III BDS. The intention of commencing it in the third year of the undergraduate course was on account of students’ exposure to the clinics in that year—this would ensure that neither is it too early (potentially affecting comprehension and appreciation of relevance), and nor was it too late (possibly affecting patient management). Salient objectives include:

- To build skills to be a respected oral healthcare specialist
- To be competent in:
  - Communicating confidently with all kind of people
  - Presenting thoughts and ideas in a critical order in the clinic context, writing for journals and developing research findings
3. The Context
What were the contextual features or challenging issues that needed to be addressed in designing and implementing this practice (in about 150 words)?

A challenge was to create a group of faculty members who would be in a position to train students applying a proper approach and using appropriate methods. The college identified a group of six faculty members and hired the services of a corporate trainer for the purpose. The latter provided reading/learning material, as well as PowerPoint lectures, and trained the faculty members over a period of ~20 weeks. At the outset, faculty members identified their specific topic of interest within communication skills—such as verbal-non-verbal communication, written communication, presentation skills, etc. The focus then was to hone skills in the teaching of the identified areas of interest. Since each taught session for students would include a mixture of lecturing and hands-on exercises, an ‘assistant’ was also designated from among the same faculty group to aid in a particular topic. The pair of presenter and ‘assistant’, together, would undertake the respective individual communication skills session.

4. The Practice
Describe the practice and its uniqueness in the context of Indian higher education. What were the constraints / limitations, if any, faced (in about 400 words)?

As aforementioned, communication skills are not prescribed in current dental curricula developed by the DCI and this is a first-of-its-kind initiative in India. The communication skills and critical thinking module has been developed keeping in mind the demands of dental training and practice not just in the country but beyond. India is a highly diverse and multicultural society with numerous ethnic, religious and linguistic groups. It is therefore necessary that graduates appreciate the importance of communicating in an appropriate and acceptable manner with people of diverse backgrounds, and the module assists in this. Apart from appointing a trainer for mentoring a team of dedicated in-house faculty members, academic slots were identified and integrated into the teaching schedule. The schedule also meant that faculty members were required to perform additional duties, spend more time preparing for the modules and away from their routine work and areas of specialisation. All faculty members, however, were enthusiastic and up to the responsibility. Following the initial training in 2010-11, faculty members have independently undertaken the training for students in this module.

5. Evidence of Success
Provide evidence of success such as performance against targets and benchmarks, review results. What do these results indicate? Describe in about 200 words.

Competency in communication skills was tested as part of an assessment in Community Dentistry on the format ‘Competency Assessment in Cultural Communication’ in internship. Over 95% of students who took this assessment successfully fulfilled the requirements therein.

6. Problems Encountered and Resources Required
Identify the problems encountered and resources required to implement the practice (in about 150 words).

A one-time modest additional financial resource allocation may be required for hiring the services of a corporate trainer. Departments from which the faculty members were identified to be part of the module may require to be flexible in terms of providing adequate time to the
faculty members for undergoing the requisite training and gaining expertise. However, once the training of faculty members is complete, the latter can easily handle the module on a continual basis. Additional minor resources required include stationery used in a variety of class-room based exercises on team work, preparing mock advertisements, writing mock letters to head of institutions and departments expressing interest in pursuing a course or research.

7. Notes
Optional. Add any other information that may be relevant for adopting/implementing the Best Practice in other institutions (in about 150 words).

Identification and recognition of relevant teaching programmes, which can potentially benefit students, and their implementation through allocation of modest financial resources, appointment of experts for training, and a core group of motivated faculty, can ensure the introduction of new educational modules and dissemination of soft skills for the benefit of the students and, in turn, the community.

Best Practice II
1. Title of the Practice
Competency assessment of clinical skills

2. Objectives of the Practice
What are the objectives / intended outcomes of this “best practice” and what are the underlying principles or concepts of this practice (in about 100 words)?

Ensure the college students’ competency in different diagnostic and treatment modalities using a relatively more objective assessment method, namely, competency assessment forms.

3. The Context
What were the contextual features or challenging issues that needed to be addressed in designing and implementing this practice (in about 150 words)?

As part of the formative evaluation of students, the college has since 2010-11 introduced clinical competency assessments with the intention of a more objective evaluation of the student competency in the various dental treatment modalities. The competency assessments are orchestrated by individual departments once the faculty members therein deem a student has completed a set threshold.

Competency in different diagnostic and treatment modalities are evaluated using competency assessment forms. On completing the required threshold, the student is permitted to challenge a particular competency, which faculty members evaluate on the prescribed form. The competency assessment forms contains a number of queries with a Yes/No response and the student is expected to achieve a 100% ‘Yes’ response in order to be deemed competent. In the event a student does not gain a satisfactory grading, he/she is allowed to re-challenge a competency.

4. The Practice
Describe the practice and its uniqueness in the context of India higher education. What were the constraints / limitations, if any, faced (in about 400 words)?

The generally followed examination system in Indian dental colleges continues to be the question-paper and viva-voce based theoretical assessment, and evaluation of a limited number of clinical skills. In an attempt to make the evaluation relatively on par with international standards, the college embarked on the creation of more specific assessment of dental treatment skills, based on the development of formats as guides in the evaluation
process, which are listed below. Note that the forms were based on certain existing internationally used formats, which were adapted to the Indian requirements.

Oral Medicine & Radiology
- Diagnosis & Treatment Planning—IV BDS
- Chart Documentation—IV BDS
- Critical Evaluation of Clinical Case—IV BDS
- Urgent Care—IV BDS

Conservative Dentistry & Endodontics
- Amalgam Restorations—IV BDS
- Caries Status & Risk Assessment—IV BDS

Oral Surgery
- Simple Extractions—IV BDS
- Infection Control—IV BDS
- Administering Local Anesthesia—IV BDS
- Managing Medical Emergencies—IV BDS
- Prescription Writing—IV BDS
- Urgent Care—IV BDS

Prosthodontics
- RPD Designing—I BDS
- Complete Dentures—IV BDS

Orthodontics
- Competency in Orthodontics—IV BDS

Paediatric Dentistry
- Pediatric Dentistry—IV BDS
- Caries Status & Risk Assessment—IV BDS
- Anxiety Management—IV BDS
- Managing Patients with Special Needs—IV BDS
- Urgent Care—IV BDS
- Post Treatment Review—IV BDS

Periodontics
- Periodontal Treatment Planning—IV BDS
- Periodontal Instrumentation and OHI—III BDS/IV BDS
- Infection Control—III BDS/IV BDS

Community Dentistry
- Community Dentistry—Internship
- Cultural Communication—Internship
- Ethical Analysis—Internship
- Practice Management—Internship

General Dentistry
- Diagnosis & Treatment Planning—Internship
- Critical Evaluation of Clinical Case—Internship
- Endodontic Treatment—Internship
- Composite Restoration—Internship
- PFM/All-ceramic—Internship
- Cast Gold—Internship
- Managing Patients with Special Needs—Internship
- Anxiety Management—Internship
- Post Treatment Review—Internship

A limitation of this approach, if at all, is that it can serve as an indicator of student competency (as well as teaching quality, to an extent) for the information and reference of the students and faculty member; it’s results alone cannot be used as a measure of determining the academic advancement of students since that would be based on the year-end university examination.

5. Evidence of Success
Provide evidence of success such as performance against targets and benchmarks, review results. What do these results indicate? Describe in about 200 words.

The competency assessment have allowed the recognition of areas that require to be addressed by students, and served as a useful guidance to initiate rectification. For example, in one of the assessment, over 92% of all students were judged to be competent in the formal competency assessment in different treatment procedures, and deficiencies in certain treatment modalities were noted. These were rectified which resulted in 100% success of the non-competent students in the year-end university examination. Some of the areas that were recognised as requiring further improvement, both in terms of teaching/training and learning were as follows:

- In Community Dentistry, methods of measuring common oral diseases, understanding some of the ethical principles in practice, the social, cultural and environmental factors which contribute to health and illness, and students’ ability to manage their practices, were areas that required more emphasis and scrutiny.

- In Paediatric Dentistry, students’ ability to demonstrate knowledge and evidence-based thinking when assessing caries status, caries risk and planning treatment was found to be deficient; also students’ competency rates in one-third of the criteria used for assessing competency in special needs patients’ diagnosis and treatment planning fell below the 90% benchmark. Following intervention, all students deemed incompetent previously successfully passed the year-end university examination; in addition, the school is setting up an exclusive Department for Special Health Care Needs which aims at addressing student competency in this area.

- In Periodontics, students’ ability to remove calculus without tissue trauma was an area that required improvement; again, due to intervention, all non-competent students passed the year-end university examination.

- In Prosthodontics, preparations of both preliminary and final impressions were areas that required additional emphases. Additional training and stress on the concerned areas resulted in all non-competent students’ passing the university examination.

- In Conservative Dentistry, students’ ability to assess caries status and risk, as well as design interceptive strategies to control or arrest progress of caries, was found wanting and required more focus and elaboration. Here too, following intervention, students successfully cleared their university examination.

- In Oral Surgery, students’ competency in many aspects of prescription writing was below par, so was their ability to identify risk factors for medical emergencies in dental settings, as well as locate and utilize the emergency resuscitation equipment. The identification
and communication of these issues to the concerned students and faculty members ensured improvement in teaching–learning objectives and success in the year-end university examination.

6. Problems Encountered and Resources Required
Identify the problems encountered and resources required to implement the practice (in about 150 words).

Perhaps the only problem was the potentially longer time required for the competency assessment. One solution offered to obviate this was to integrate the internal assessment and the competency assessment, not only saving time but also ensuring that the competency evaluated and gained actually contributed to the year-end university marks.

Apart from the time put in by the individual departmental faculty to provide their expert comments on the composition of the forms, the ‘resource’ primarily required for the competency assessment forms are paper and printing ink.

7. Notes
Optional. Add any other information that may be relevant for adopting/ implementing the Best Practice in other institutions (in about 150 words).

The mechanism of evaluation in dentistry has seen major evolution across the world. To keep up to pace, colleges in India may require to implement certain initiatives which can assist both faculty and students, and contribute to the overall teaching-learning programme. These initiatives can also be with to existing evaluation methods so that it also has a practical justification. however, before, its implementation, differences that may exist in the approach to teaching-learning activities in India and elsewhere necessitate developing country-specific alterations.
3. Evaluative Report of the Departments
Evaluative Report of the Department of Conservative Dentistry and Endodontics

1. Name of the Department: **Conservative Dentistry and Endodontics**
2. Year of establishment: **1986**
3. Is the Department part of a college/Faculty of the university? Yes
4. Names of programmes offered (UG, PG, PharmD, Integrated Masters; M.Phil., Ph.D., Integrated Ph.D., Certificate, Diploma, PG Diploma, D.M./M.Ch., Super specialty fellowship, etc.): **BDS, MDS, PG Diploma (IGNOU). The department is recognized PhD centre**
5. Interdisciplinary programmes and departments involved:
   - **Research (BDS and MDS students) and publication** with basic sciences departments of SDM College of Medical Sciences & Hospital and the Departments of Forensic Odontology within the dental college
6. Courses in collaboration with other universities, industries, foreign institutions, etc.:
   - The department is actively involved in rendering service in collaboration with IGNOU since 2009
7. Details of programmes discontinued, if any, with reasons:
   - The admissions for the year 2013 for IGNOU program were not done as there was no Communication from the IGNOU regional office. The program is withheld till further order from the headquarters.
8. Examination System: Annual/Semester/Trimester/Choice Based Credit System: **Annual examination conducted by RGUHS**
9. Participation of the department in the courses offered by other departments: **The students and the staff are actively involved in CDE programs, lectures.**
   - Dr Geeta Hiremath
     - Attended the conscious sedation course conducted by department of oral surgery.
     - Attended teachers training program organized by department of community medicine, SDMCM, Dharwad.
     - Attended Basic Life Support course by craniofacial unit, SDMCD, Dharwad.
   - Dr Shruti Patil
     - Attended teachers training program organized by department of community medicine, SDMCM, Dharwad.
     - Attended Personality Development course organized in SDMCD, Dharwad
     - Attended Basic Life Support course by craniofacial unit, SDMCD, Dharwad.
   - Dr Sharmila Tapashetti
     - Attended teachers training program organized by department of community medicine, SDMCM, Dharwad.
     - Attended Basic Life Support course by craniofacial unit, SDMCD, Dharwad.
   - Dr Mahantesh Yeli
     - Attended Basic Life Support course by craniofacial unit, SDMCD, Dharwad.
   - Dr Amit Pachlag
     - Attended teachers training program organized by department of community medicine, SDMCM, Dharwad.
     - Attended Basic Life Support course by craniofacial unit, SDMCD, Dharwad.
   - Dr Raghavendra Ainaapur
Attended teachers training program organized by department of community medicine, SDM CMS, Dharwad.
Attended Basic Life Support course by craniofacial unit, SDMCDS, Dharwad.

**Dr Mahima Tilakchand**
- Attended Basic Life Support course by craniofacial unit, SDMCDS, Dharwad.
- Attended Personality Development course organized in SDMCDS, Dharwad.

**Dr Priya Horatti**
- Attended Basic Life Support course by craniofacial unit, SDMCDS, Dharwad.
- Attended Personality Development course organized in SDMCDS, Dharwad.

11. Faculty profile with name, qualification, designation, area of specialization, experience and research under guidance

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Qualification</th>
<th>Specialisation</th>
<th>Experience (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Mahantesh Yeli</td>
<td>Professor and Head</td>
<td>MDS</td>
<td>Conservative Dentistry and Endodontics</td>
<td>11 years 9 months</td>
</tr>
<tr>
<td>Dr Balaram D Naik</td>
<td>Professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>20 years</td>
</tr>
<tr>
<td>Dr Priya Horatti</td>
<td>Professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>16 years 10 months</td>
</tr>
<tr>
<td>Dr Mahima Tilakchand</td>
<td>Professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>10 years 5 months</td>
</tr>
<tr>
<td>Dr Shruti A Patil</td>
<td>Associate Professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>8 years 10 months</td>
</tr>
<tr>
<td>Dr Geeta S Hiremath</td>
<td>Reader</td>
<td>–”–”</td>
<td>–”–”</td>
<td>6 years 9 months</td>
</tr>
<tr>
<td>Dr Amit K Pachlag</td>
<td>Reader</td>
<td>–”–”</td>
<td>–”–”</td>
<td>6 years 9 months</td>
</tr>
<tr>
<td>Dr Sharmila Tapashetti</td>
<td>Assistant professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>5 years 1 month</td>
</tr>
<tr>
<td>Dr Raghavendra Ainapur</td>
<td>Assistant professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>4 years 9 months</td>
</tr>
<tr>
<td>Dr C. L. Nadiger</td>
<td>Assistant professor</td>
<td>BDS</td>
<td>–”–”</td>
<td>19 years 7 months</td>
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</table>
12. List of senior Visiting Fellows, adjunct faculty, emeritus professors: None
13. Percentage of classes taken by temporary faculty – programme-wise information: N.A.
14. Programme-wise Student Teacher Ratio:
   - PG Clinical - 4:1
   - UG Clinical - Approximately 3:1
   - PG Pre-clinical - 3:1
   - UG Pre-clinical - Approximately 25:1

15. Number of academic support staff (technical) and administrative staff: sanctioned, filled and actual
   
<table>
<thead>
<tr>
<th>Number of Administrative Staff</th>
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<tbody>
<tr>
<td>Number of Technical Staff</td>
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16. Research thrust areas as recognized by major funding agencies:

<table>
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<tr>
<th>SL.No</th>
<th>Research thrust area</th>
<th>Funding agency</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Antimicrobial study of various root end filling materials</td>
<td>RGUHS</td>
<td>2013 April</td>
</tr>
<tr>
<td>2.</td>
<td>Dentin densensitizers</td>
<td>ICMR (Accepted)</td>
<td>2014 April</td>
</tr>
<tr>
<td>3.</td>
<td>Newer pulp capping agents- an invivo study</td>
<td>ICMR (Accepted)</td>
<td>2014 April</td>
</tr>
<tr>
<td>4.</td>
<td>Calcium ion release from root end filling materials</td>
<td>ICMR (Accepted)</td>
<td>2014 April</td>
</tr>
</tbody>
</table>

17. Number of faculty with ongoing projects from a) national b) international funding agencies and c) Total grants received. Give the names of the funding agencies, project title and grants received project-wise.

**National funding Agencies:**
- Dr Geeta Hiremath received grants of 40,000/-Rs from RGUHS for the project titled “Evaluation of antimicrobial efficacy of MTA, MTA Plus, Biodentine using tube dilution method-An In vitro study.”
- Proposals for ICMR STS project for undergraduate students under the guidance of department faculty Dr Shruti Patil, Dr Sharmila Tapashetti, and Dr Geeta Hiremath are accepted for grants of Rs 10,000/- each.

18. Inter-institutional collaborative projects and associated grants received (national & international collaboration)

**Inter-institutional collaborative projects**
- Evaluation of antimicrobial efficacy of MTA, MTA Plus, Biodentine using tube dilution method-An In vitro study. Department of Microbiology, SDM College of Medical sciences, Dharwad, 2013. (Completed)
- Determination of Calcium ion release using atomic absorption spectrophotometry of three materials. An in vitro study. Department of Biochemistry, USIC lab, Karnataka University, Dharwad. (Ongoing)

19. Departmental projects funded by ICMR; DST-FIST; UGC-SAP/CAS, DPE; DBT, ICSSR, AICTE, etc.; total grants received.

**Dr. Geeta Hiremath**
- Evaluation of antimicrobial efficacy of MTA, MTA Plus, Biodentine using tube dilution method-An In vitro study got accepted in April 2013 and a sum of 40,000/-Rs was funded for the project.

**Mayuri Rataul (UG Student) under the guidance of Dr. Shruti Patil**
• An ICMR-STS-2014 project “Evaluation of the efficacy of three different desensitizers under composite restorations for treatment of cervical non carious lesions: a randomized controlled clinical trial” got accepted and Rs. 10,000/- of Scholarship will be awarded to the concerned undergraduate student after the submission of the project.

Sanket rao (UG Student) under the guidance of Dr. Geeta Hiremath
• An ICMR-STS-2014 project “Determination of calcium ion release using atomic absorption spectrophotometry of three materials- An In vitro study” got accepted and Rs. 10,000/- of Scholarship will be awarded to the concerned undergraduate student after the submission of the project.

Deeksha Innanje (UG Student) under the guidance of Dr. Sharmila Tapashetti
• An ICMR-STS-2014 project “Comparison of Biodentine and MTA as direct pulp capping agents. An In vitro study” got accepted and Rs. 10,000/- of Scholarship will be awarded to the concerned undergraduate student after the submission of the project.

20. Research facility / centre with
• state recognition The department is a recognized centre for PhD.
• national recognition None
• international recognition None

21. Special research laboratories sponsored by/created by industry or corporate bodies: None

22. Publications:
* Number of papers published in peer reviewed journals (national/international) – 35
* Monographs – None
* Chapters in Books – 1
  Dr Nageshwar Rao. Cast Restorations, Text Book of Operative Dentistry by Vimal Sikri
* Books edited – None
* Books with ISBN with details of publishers – 1
* Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, Dare Database - International Social Sciences Directory, EBSCO host, Medline, etc.)

* Citation Index – range/average

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Citations since 2009</th>
<th>No of publications</th>
<th>Avg.</th>
<th>Range</th>
<th>Department Avg.</th>
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<tbody>
<tr>
<td>Dr Balaram Naik</td>
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<td>12</td>
<td>0.67</td>
<td>0 to 2</td>
<td>0.097</td>
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<tr>
<td>Dr Priya Horatti</td>
<td>0</td>
<td>07</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Dr Mahantesh Yeli</td>
<td>0</td>
<td>07</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
<td>Dr Mahima Tilakchand</td>
<td>01</td>
<td>05</td>
<td>0.2</td>
<td></td>
<td></td>
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<tr>
<td>Dr Shruti Patil</td>
<td>0</td>
<td>02</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Geeta Hiremath</td>
<td>08</td>
<td>04</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>Dr Amit K Pachlag</td>
<td>0</td>
<td>01</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Sharmila Tapashetti</td>
<td>0</td>
<td>01</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Raghavendra Ainapur</td>
<td>0</td>
<td>02</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Impact Factor – range / average

Publications: [National and International]
1. Range: 0 to 2.223
2. Average: 1.034

* h-index

<table>
<thead>
<tr>
<th>Faculty</th>
<th>h-index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Balaram Naik</td>
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</tr>
<tr>
<td>Dr Priya Horatti</td>
<td>0</td>
</tr>
<tr>
<td>Dr Mahantesh Yeli</td>
<td>0</td>
</tr>
<tr>
<td>Dr Mahima Tilakchand</td>
<td>1</td>
</tr>
<tr>
<td>Dr Shruti Patil</td>
<td>0</td>
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<tr>
<td>Dr Geeta Hiremath</td>
<td>1</td>
</tr>
<tr>
<td>Dr Amit K Pachlag</td>
<td>0</td>
</tr>
<tr>
<td>Dr Sharmila Tapashetti</td>
<td>0</td>
</tr>
<tr>
<td>Dr Raghavendra Ainapur</td>
<td>0</td>
</tr>
</tbody>
</table>

23. Details of patents and income generated: **None**

24. Areas of consultancy and income generated: **None**

25. Faculty selected nationally/internationally to visit other laboratories/institutions/industries in India and abroad: **None**

26. Faculty serving in

- National committees
- International committees
- Editorial Boards
- any other (specify)

- National committees
  - Dr Balaram Naik
    - Vice President of Indian Association of Conservative Dentistry and Endodontics

- Member of Editorial Board
  - Dr Nageshwar Rao
    - Pathways of Pulp, 9th ed. By Cohen
    - Operative Dentistry by Sturdevent
  - Dr Balaram Naik
    - Journal of Investigative Dentistry

- Reviewers
  - Dr. Balaram Naik
    - Journal of Conservative Dentistry
  - Dr Mahima Tilakchand
    - Journal of Conservative Dentistry
  - Dr Shruti Patil
    - Journal of Conservative Dentistry
    - Journal of interdisciplinary dentistry
  - Dr Geeta Hiremath
    - Journal of Conservative Dentistry

- Guest lectures

  - Dr. K H Kidiyoor delivered a lecture “You take care of me I will take care of you” at 37th AP Dental Conference from October 31st and November 1st 2009
• Dr. K H Kidiyoor delivered a lecture “Post Endodontic restorations” at Indian Dental Uttara Kannada, on 31st January 2010.
• Dr. K H Kidiyoor delivered a lecture “Future and Scope of Dentistry” at 1st Karnataka State under Graduate Convention on 12th April 2010, held at Davangere.
• Dr. K H Kidiyoor delivered a lecture “Career guidance and practice management” at Auditorium on 25th August 2010, SDM College of Dental Sciences and Hospital.
• Dr Balaram Naik delivered a lecture on “Rotary Endodontics” at 30th AP state Dental Conference 30th September 2009.
• Dr Balaram Naik delivered a lecture on “Laminates and veneers, at Rishiraj College of Dental Science & Research Centre Bhopal on 7th September 2013,
• Dr. Mahantesh Yeli delivered a lecture on “Laminates and Veneers” at IDA Hubli branch on 31st October 2010.
• Dr Mahima Tilakchand delivered a lecture on “Endodontic Emergencies” at IDA Hubli Branch on 13th September 2009.
• Dr. Mahima Tilakchand delivered a lecture on “Esthetic Dentistry” at Rotary club Hubli on 10th August 2010.
• Dr Mahima Tilakchand was a key note speaker for the topic titled “Application of colour science in dentistry” at 28th IACDE & 21st IES National conference Hyderabad on 14 to 17th November 2013.
• Dr Geeta Hiremath delivered a lecture on “Avulsion and its management” at IDA Dharwad Branch in 2009.
• Dr Geeta Hiremath delivered a lecture on “Waste management in dental office” at 14th IACDE PG convention held in June 2013 at Dharwad.
• Resource person
• Expert resource person
• PG Synopsis and thesis reviewer for RGUHS and other universities
  • Dr. Balaram Naik
  • Dr. Priya Horatti
  • Dr. Mahantesh Yeli
  • Dr Mahima Tilakchand
  • Dr Shruti Patil
• Conducting Mock examinations
  • Dr Balaram Naik conducted mock exam for MDS students at Panineeya dental college, Hyderabad, Andhra Pradesh

27. Faculty recharging strategies (Refresher / orientation programs, workshops, training programs and similar programs).

The following are the teachers training programme, faculty development programmes, workshops, postgraduate conventions and national conferences attended by the faculty of this department (information for April 2009 to March 2014):

**Dr. Nageshwar Rao**
- 1st International Congress on CAD/CAM and Implant Dentistry held at Bangalore on 28th to 30th August 2009.
- XI FODI & IES Post graduate convention held at Bangalore on 27th, 28th and 29th May 2010.
- 3rd National Conference ISPRP, Mysore, held on 30th and 31st of July 2010.

**Dr. K H Kidiyoor**
- Attended the 3rd National Conference ISPRP, Mysore, held on 30th and 31st of July 2010.
- Attended the 25th FODI & 18th IES National Conference, held at Chennai Tamil Nadu on 10th to 12th December 2010
Dr. Balaram Naik
- CDE program on Essentials of Esthetics in dentistry in 2010
- Indian Academy of Aesthetic & Cosmetic Dentistry on Functional fundamentals for amazing aesthetics held at Udaipur on 19th to 21st August 2011.
- 26th FODI and 19th IES National Conference, held at New Delhi from 11th to 13th November 2011.
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held at SDM College of Dental Sciences & Hospital, Dharwad, 22nd - 24th July 2011
- 13th IACDE and IES post graduate convention held on 20th, 21st and 22nd April 2012 at Kasauli, Himachal Pradesh.
- CDE programme on “The Christensen Bottom Line-2012” conducted by encode in association with V.S Dental College and Hospital on 26th June 2012 at Nimhans Convention Centre, Bangalore.
- CDE program and hands on course on rotary protaper.
- CDE program on Multilayering technique in composite in 2012
- Panel Discussion on the topic “General Dentistry” in P.M.N.M Dental College and Hospital, Bagalkot on 8th and 9th March 2013
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad.
- Lecture on Air abrasion, Ozone therapy and emotional Freedom techniques (EFT) on 10th January 2014.
- 15th IACDE & IES National PG convention, held at SRM Kattankulathur Dental College and Hospital Chennai on 5th, 6th and 7th June 2014.

Dr. Priya Horatti
- CDE program on Essentials of Esthetics in dentistry in 2010
- CDE program on Multilayering technique in composite in 2012
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad.
- Lecture on Air abrasion, Ozone therapy and emotional Freedom techniques (EFT) on 10th January 2014.
- Basic Life Support classes held in Cranio facial unit, SDMCDSH, Dharwad.

Dr. Mahantesh Yeli
- XXIV FODI and XVII IES national conference cochin, Kerala 13 to 15th November 2009.
- XI FODI & IES Post graduate convention, Bangalore on 27th, 28th and 29th May 2010.
- 25th FODI and 18th IES National conference FODI – Silver Jubilee conference 2010. CHENNAI
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held at SDM College of Dental Sciences & Hospital, Dharwad, 22nd - 24th July 2011
- Indian Academy of Aesthetic & Cosmetic Dentistry on Functional fundamentals for amazing aesthetics held at Udaipur on 19th to 21st August 2011.
- 26th FODI and 19th IES NATIONAL CONFERENCE, held at New Delhi from 11th to 13th November 2011.
- 13th IACDE and IES post graduate convention held on 20th, 21st and 22nd April 2012 at Kasauli, Himachal Pradesh.
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad.
- Lecture on Air abrasion, Ozone therapy and emotional Freedom techniques (EFT) on 10th January 2014.
- Basic Life Support classes held in Cranio facial unit, SDMCDSH, Dharwad.
- CDE program on Essentials of Esthetics in dentistry in 2010
- CDE program on Multilayering technique in composite in 2012

Dr. Mahima Tilakchand
- XXIV FODI and XVII IES national conference cochin, Kerala 13 to 15th November 2009.
- CDE program on Essentials of Esthetics in dentistry in 2010
- XI FODI & IES Post graduate convention, Bangalore on 27th, 28th and 29th May 2010.

CHENNAI
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held at SDM College of Dental Sciences & Hospital, Dharwad, 22nd - 24th July 2011
- Indian Academy of Aesthetic & Cosmetic Dentistry on Functional fundamentals for amazing aesthetics held at Udaipur on 19th to 21st August 2011.
- 26th FODI and 19th IES NATIONAL CONFERENCE, held at New Delhi from 11th to 13th November 2011.
- CDE program on Multilayering technique in composite in 2012
- 27th IACDE and 20th IES national conference held in Dubai in December 2012.
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad.
- Basic Life Support classes held in Cranio facial unit, SDMCDSH, Dharwad.
- Lecture on Air abrasion, Ozone therapy and emotional Freedom techniques (EFT) on 10th January 2014.

Dr. Shruti Patil
- X World congress of oral implantalogy held at New Delhi from 21st to 23rd November 2010.
- CDE program on Essentials of Esthetics in dentistry in 2010
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held at SDM College of Dental Sciences & Hospital, Dharwad, 22nd - 24th July 2011.
- 13th IACDE and IES post graduate convention held on 20th, 21st and 22nd April 2012 at Kasauli, Himachal Pradesh.
- CDE program on Multilayering technique in composite in 2012
- 28th IACDE & 21st IES National conference Hyderabad on 14 to 17th November 2013
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad.
- Basic Life Support classes held in Cranio facial unit, SDMCDSH, Dharwad.
- Teachers Training Program held in SDMCMS, Dharwad
- Personality development program held in SDMCDS, Dharwad.

**Dr. Geeta Hiremath**
- CDE program on Essentials of Esthetics in dentistry in 2010
- 4 days hands on “Introductory course on conscious sedation” held at SDM College of Dental Sciences and Hospital between 19th to 22nd March 2012
- CDE program on Multilayering technique in composite in 2012
- 13th IACDE and IES post graduate convention held on 20th, 21st and 22nd April 2012 at Kasauli, Himachal Pradesh.
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad.
- Basic Life Support classes held in Cranio facial unit, SDMCDSH, Dharwad.
- Teachers Training Program held in SDM CMS, Dharwad

**Dr. Amit K Pachlag**
- CDE program on Essentials of Esthetics in dentistry in 2010
- 26th FODI and 19th IES National Conference, held at New Delhi from 11th to 13th November 2011.
- 27th IACDE and 20th IES national conference held in Dubai in December 2012.
- CDE program on Multilayering technique in composite in 2012
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad.
- Basic Life Support classes held in Cranio facial unit, SDMCDSH, Dharwad.
- Teachers Training Program held in SDM CMS, Dharwad

**Dr. Sharmila Tapashetti**
- Karnataka state Dental conference held at Belgaum from 20th to 22nd November 2009.
- CDE program on Essentials of Esthetics in dentistry in 2010
- XXI teachers training programme organized by the department Medical education, SDM college of Medical sciences and Hospital on 27th November 2010.
- 13th IACDE and IES post graduate convention held on 20th, 21st and 22nd April 2012 at Kasauli, Himachal Pradesh.
- CDE program on Multilayering technique in composite in 2012
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad.

**Dr. Raghavendra Ainapur**
- Essentials of CDE program on Esthetics in dentistry in 2010
- 26th FODI and 19th IES NATIONAL CONFERENCE, held at New Delhi from 11th to 13th November 2011.
- 27th IACDE and 20th IES national conference held in Dubai in December 2012.
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad
- Basic Life Support classes held in Cranio facial unit, SDMCDSH, Dharwad.
- Teachers Training Program held in SDM CMS, Dharwad
- CDE program on Multilayering technique in composite in 2012

**Dr. C. L. Nadiger**
- CDE program on Essentials of Esthetics in dentistry in 2010
- CDE program on Multilayering technique in composite in 2012
- 14th IACDE and IES post graduate convention held in June 2013 at SDM College of Dental Sciences & Hospital, Dharwad
- Personality development program held in SDMCDS, Dharwad.
28. Student projects

- percentage of students who have taken up in-house projects including inter-departmental projects

**UG research projects:** On an average 5% of students (III BDS, IV BDS and Interns) are involved in the in-house projects taken up by faculty of the department every year.

- 4th Generation Apex locator for accurate measurement of root canal working length – an in vivo comparison with conventional radiography and Radiovisiography. As an undergraduate research done at SDMCDSH, Dharwad. UGs: Vandan Bharat Jariwala, Kekul N. Bharucha, Hittu Gupta, Priyanka Gupta, Akanksha Prakash, Priyanka Karamchandani, Abhishek Ranjan, Abhishek guided by Dr. Mahima Tilakchand, 2009-2010

- Comparing The Efficacy Of Endodontic Sealers Using Dye Penetration Method”– An In Vitro Study. As an undergraduate research done at SDMCDSH, Dharwad. UGs: Husain Harianawala, Neel Patel, Shivika Verma, Aparna Rao, Farhath Sayed, Avinsh, Harshul, Priyanka Sachdeva guided by Dr. Shruti patil, 2009-2010


- Comparison of instrumentation, time for various rotary endodontic instruments An invitro study. As an undergraduate research done at SDMCDSH, Dharwad. UGs: Priyanka Karamchandani, Khushboo Gadia, Krithi, Apeeksha, Pooja, Eshaana, AbhishekTalwar guided by Dr. Amit K Pachlag, 2010-2011

- Effectiveness of different irrigating solutions in removing calcium hydroxide from root canal space- An invitro study. As an undergraduate research done at SDMCDSH, Dharwad. guided by Dr. Raghavendra Ainapur, 2010-2011.

- The effect of Desensitizing Treatments on the Shear Bond Strength of Resin Composite to Dentine – an in vitro study. UGs: Harsha Hegde, Madhu Math guided by Dr. Shruti Patil, 2011-2012


- Deeksha Innanje, Dr Sharmila Tapashetti. Comparison of biodentine and MTA as direct pulp capping agents An invivo study An Undergraduate ICMR-STS-2011 Project report got accepted.

- Mayuri Rataul, Dr Shruti Patil. Evaluation of the efficacy of 3 different desensitizers under composite restorations for treatment of cervical non carious lesions: a randomized controlled clinical trial. An Undergraduate ICMR-STS-2011 Project report got accepted.

- Sanket Rao, Dr Geeta Hiremath. Determination of calcium ion release using atomic absorption spectrophotometry of three materials- an invitro study. An Undergraduate ICMR-STS-2011 Project report got accepted

**PG research projects 2009-2014:** Virtually 100% of postgraduates participate in research undertaken.

- Comparison evaluation of three post endodontic restorations, Amalgam, Composite and Bonded amalgam. Dr Navjot Singh Mann, Dr Mahantesh yeli. (2006-2009)


- Fracture resistance of endodontically treated teeth obturated with Gutta percha / AH plus; Endorez points/ Sealer, Resilon/ Epiphany sealer using two obturating techniques – cold

- An in vitro study of position and type of the root canal isthmus in permanent maxillary and mandibular first molar” Dr Raghavendra Akinapur, Dr Priya Horatti. (2006-2009)

- Change in colour and translucency by right curing in composite resins – An in vitro study. Dr Roshan Shetty, Dr K H Kidiyoor. (2006-2009)

- In vitro antimicrobial efficacy of several concentrations of sodium hypochlorite andchlorhexidinegluconate in elimination of enterococcus faecalis at different time intervals. Dr Rashmi G Shetty, Dr K H Kidiyoor. (2006-2009)

- Microtensile bond strength of resin composite bonded to caries-affected dentin with total- etch and self-etch adhesives before and after thermal cycling. Dr Deepti, Dr KH Kidiyoor. (2007-2010)


- A confocal laser scanning microscope investigation of the epiphany obturation system. Dr Ravi SV, Dr Nageshwar Rao. (2007-2010)

- Comparison of the sealing ability of three endodontic sealers used in canals with iatrogenic enlargement of the apical constriction- an in vitro study. Dr Neel V Hiremath, Dr Mahantesh Yeli. (2007-2010)


- The study of microleakage in resin composite insertion techniques in preparations with high C-factor: An in vitro study Dr. Kailash N Malu, Dr. Mahima Tilakchand. (2008-2011)

- Comparison of sealing ability of mineral trioxide aggregate, GIC, IRM when used as root end filling material- An in vitro confocal laser scanning microscopic study. Dr. Harsha Pujari Dr. Priya Horatti. (2008-2011)

- Spectrophotometric evaluation of three types of composite resins after their exposure to commonly consumed beverages – An in vitro study Dr. Snehal Shrikant Sawagave, Dr. K.H. Kidiyoor. (2008-2011)

- Stereomicroscopic dye penetration study evaluating the sealing ability of three different furcation repair materials – An in vitro study Dr. Divya Shetty, Dr. Mahantesh Yeli. (2008-2011)

- Three dimensional finite element analysis of stress distribution in a tooth restored with metal and fiber posts of varying diameters- An in vitro study Dr. Pradeep Kumar, Dr. R. Nageswar Rao. (2008-2011)

- A comparative evaluation of effect of 2% chlorhexidine and 5.25% sodium hypochlorite on surface texture of gutta-percha and resilon cones using atomic force microscope -an invtro study. Dr. Abhijith S. Shetty, Dr. Mahima Tilakchand. (2009-2012)

- An in vitro comparison of antimicrobial efficacy of three root canal irrigants biopure MTAD, 2% chlorhexidine and 5.25 % sodium hypochlorite as a final rinse against e. Faecalis. Dr. Kanupriya Dhiingra, Dr. K.H. Kidiyoor. (2009-2012)

- To compare the depth and percentage of penetration of epiphany, endoflans and ah plus sealers into dentinal tubules after root canal obturation using a lateral compaction technique : a confocal laser scanning microscopy study - an in vitro study. Dr. Rai Raunak Umesh, Dr Mahantesh Yeli, (2009-2012)

- Influence of post fit and post length on fracture resistance an in vitro study. Dr. Rakshith S. Shetty, Dr. R. Nageswar Rao. (2009-2012)
- Effect of bleaching agents on bonding to pulp chamber dentine- an in vitro study. Dr. Sandeep Ramnath Jituri, Dr. Priya Horatti. (2009-2012)
- An in vitro comparison of coconut water, milk and saline in maintaining pdl cell viability. Dr. Vivian flourish d’costa, Dr. K. H. Kidiyoor. (2009-2012)
- The effect of multiple autoclave cycles on the surface of rotary nickel- titanium files”- An in vitro atomic force microscopy study. Dr. Nair Ashish Shashikant, Dr. Mahima Tilakchand. (2010-2013)
- A comparative evaluation of desensitizers on the shear Bond strength of dentin adhesive and scanning electronmicroscopic analysis - an in vitro study. Dr. Shetty Prajna Shekhar, Dr. Shruti A Patil. (2010-2013)
- Antimicrobial activity of gutta-percha points containingroot canal medications against e.faecalis and candida albicans in simulated root canals- an in vitro study. Dr. Sheetal Shetty Dr. Balaram Naik. (2010-2013)
- The effect of commonly consumed beverages on the surface roughness of nanofilled, microfilled & hybrid composite material - An invito study. Dr.Smeera.Kalamdani, Dr. K.H.Kidiyoor. (2010-2013)
- Evaluation of three different agents for in-office treatment of dentin hypersensitivity – a controlled clinical trial. Dr. Suma R, Dr. Shruti A Patil. (2011-2014)
- An evaluation and comparison of the effect of blood on the surface hardness and surface microstructure of mineral trioxide aggregate (MTA) and biodentine – an in vitro-study. Dr. Nikita Dhingra, Dr. Balaram Naik. (2011-2014)
- Expansion of gutta-percha in contact with various concentrations of zinc oxide –eugenol sealer: a three dimentional volumetric study using spiralcomputed tomography (SCT) Dr. Abhishek Jain guide, Dr. Mahima Tilakchand. (2011-2014)
- Effect of elevated temperatures on four commonly used dental restorative materials – An in-vitro forensic study. Dr. Shreyas Rai, Dr. Balaram Naik. (2011-2014)
- Effect of age on bacterial penetration into the radicular dentin – An in-vitro scanning electron microscopic study. Dr. Yashaswini Shetty, Dr. Priya Horatti. (2011-2014)
- Comparative evaluation of antimicrobial efficacy of sodium hypochlorite and herbal endodontic irrigant in elimination of enterococcus faecalis” – An in-vitro study Dr. Shivangi Malviya, Dr. Mahantesh Yeli. (2012-2015)
- The effect of various composite polishing systems on the surface roughness and gloss of nano and microhybrid composite restoratives - An in-vitro study Dr. Farhath Sayed, Dr Shruti A Patil. (2012-2015)

Scientific presentations done from the department in various fora
April 2009-March 2010 (2 presentations)
Dr. Mahantesh Yeli
- Esthetic dentistry – today at XXIV FODI and XVII IES National Conference held at Cochin, Kerala from 13th to 15th November 2009.

Dr. Mahima Tilakchand
- Partial anodontia– functional and esthetic rehabilitation at XXIV FODI and XVII IES National Conference held at Cochin, Kerala from 13th to 15th November 2009.

April 2010-March 2011 (1 presentations)
Dr. Mahantesh Yeli
- Racial categorisation of Indians based on dental root number in National conference on forensic odontology held at Chennai on 10th and 11th April 2010

April 2011- March 2012 (2 presentations)
Dr. Amit K Pachlag
- Double trouble lateral incisor revisited presented poster at 26th FODI and 19th IES National conference, held at New Delhi from 11th to 13th November 2011

Dr. Raghavendra Ainapur
- Changing colour and translucency of composites after light curing at 26th FODI and 19th IES National conference, held at New Delhi from 11th to 13th November 2011.

April 2012-March 2013 (5 presentations)
Dr. Shrutti Patil
- Restorative Dentistry: An Interdisciplinary Approach To Rehabilitation: A Report of Two Cases at 13th IACDE and IES post graduate convention held on 20th, 21st and 22nd April 2012 at Kasauli, Himachal Pradesh

Dr. Geeta Hiremath
- A comparative evaluation of antifungal activity of MTA, MTA Plus, & Biodentine at 13th IACDE and IES post graduate convention held on 20th, 21st and 22nd April 2012 at Kasauli, Himachal Pradesh.

Dr. Sharmila Tapashetti
- Effect of CPP-ACP on Shear Bond Strength to bleached teeth at 13th IACDE and IES post graduate convention held on 20th, 21st and 22nd April 2012 at Kasauli, Himachal Pradesh.

Dr. Amit K Pachlag
- Digital volumetric tomography: An important aid in the diagnosis of root fractures at 27th IACDE and 20th IES national conference held in Dubai.

Dr. Raghavendra Ainapur
- Incidence and position of the root canal isthmus in the mandibular and maxillary first molar at attended 27th IACDE and 20th IES national conference held in Dubai.

April 2013- March 2014 (1 presentations)
Dr. Sharmila Tapashetti
- Comparison of coronal seal between GIC and Biodentine at 28th IACDE & 21st IES National conference Hyderabad on 14 to 17th November 2013.

- percentage of students doing projects in collaboration with other universities / industry / institute:
  
  Every year, at least 50% - 60% of postgraduates are undertaking projects in collaboration with other institute/universities

Completed
- Evaluation of antifungal activity of white-colored mineral trioxide aggregate on candida albicans” an in vitro study by Dr Archana Sharma, Dr R Nageshwar Rao conducted a study in collaboration with Department of Physics, Karnataka university, Dharwad. (2006-2009)
- An in vitro study of position and type of the root canal isthmus in permanent maxillary and mandibular first molar” by Dr Raghavendra Ainapur, Dr Priya Horatti was conducted in collaboration with department of Oral pathology, KLE, Belgaum. (2006-2009)
- Microtensile bond strength of resin composite bonded to caries-affected dentin with total-etch and self-etch adhesives before and after thermal cycling by Dr Deepti, Dr KH Kidiyoor in collaboration with mechanical department, engineering college, Dharwad. (2007-2010)
- A confocal laser scanning microscope investigation of the epiphany obturation system by Dr Ravi SV, Dr Nageshwar Rao was conducted in collaboration with Centre for Cellular and Molecular Biology, Hyderabad. (2007-2010)
- A comparative evaluation of cleaning ability of chlorhexidine with various irrigants using scanning electron microscope - an in vitro study by Dr Shantilatha, Dr Mahima Tilakchand was conducted in collaboration with department of biochemistry, SDM CMS, Dharwad. Tata Indian institute of sciences, Bangalore. (2007-2010)
- A quantitative evaluation of debris extruded apically by using protaper universal tulsa rotary system in endodontic retreatment - an in vitro study by Dr Sowmya, Dr Priya Horatti was conducted in collaboration Department of microbiology, SDM CMS, Dharwad (2007-2010)

**Ongoing Projects**

- Comparison of shaping ability and cleaning efficacy of three different Nickel Titanium rotary instruments in severely curved root canals: protaper, wave one and hyplex CM-An in-vitro study by Dr Ravi MG, Dr Priya Horatti was conducted in collaboration with TUV Reihland, Bangalore, Bapuji Dental college, Davangere. (2012-2015)
- Comparative evaluation of antimicrobial efficacy of sodium hypochlorite and herbal endodontic irrigant in elimination of enterococcus faecalis” – An in-vitro study by Dr. Shivangi Malviya, Dr. Mahantesh Yeli was conducted in collaboration with Department of microbiology, SDM CMS, Dharwad (2012-2015)
- Influence of hydrogen peroxide bleaching gels on color, opacity and fluorescence of composite resins - An in-vitro study by Dr. Ankit Gargguide, Dr. Balaram Naik in collaboration with Manipal Institute of Technology, Manipal (2012-2015)
- A comparative evaluation of sealing ability of four root end filling materials using fluid filtration method – An in-vitro study by Dr. Shilpa Shetty, Dr. Geeta Hiremath in collaboration with SDM engineering college, Dharwad. (2012-2015)
- Energy dispersive x-ray analysis of corrosion products in dentin and a dye-penetration study of class 2 composite restoration following amalgam removal- An in-vitro study by Dr. Deepiti.P, Dr. Mahima Tilakchand in collaboration with TUV Reihland, Bangalore and Karnataka University, Dharwad (2012-2015)
- The effect of various composite polishing systems on the surface roughness and gloss of nano and microhybrid composite restoratives - An in-vitro study by Dr. Farhath Sayed, Dr Shruti A Patil in collaboration with Praj metallurgical labs, Pune (2012-2015)

29. Awards / recognitions received at the national and international level by Faculty Awards / Recognitions:

**Chairing Scientific Sessions**

Dr. Balaram Naik
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held at SDM College of Dental Sciences & Hospital, Dharwad, 22nd - 24th July 2011
- 13 IACDE pg convention on 21st April 2012 at Kasauli, Himachal Pradesh
- Quiz competition at 13 IACDE pg convention on 21st April 2012 at Kasauli, Himachal Pradesh
- 14 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013
- 15th IACDE & IES National PG convention, held at SRM Kattankulathur Dental College and Hospital Chennai on 5th, 6th, 7th and 8th June 2014

Dr. Priya Horatti
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held on 23rd and 24th of July 2011 at SDM College of Dental Sciences & Hospital, Dharwad, 22nd - 24th July 2011.
- 4 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013

Dr. Mahantesh Yeli
- 13 IACDE pg convention on 21st April 2012 at Kasauli, Himachal Pradesh
- 14 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013

Dr. Mahima Tilakchand
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held on 23rd and 24th of July 2011 at SDM College of Dental Sciences & Hospital, Dharwad.
- 14 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013
- 15th IACDE & IES National PG convention, held at SRM Kattankulathur Dental College and Hospital Chennai on 5th, 6th, 7th and 8th June 2014

Dr Shruti Patil
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held on 23rd and 24th of July 2011 at SDM College of Dental Sciences & Hospital, Dharwad.
- 14 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013

Dr. Geeta Hiremath
- 14 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013
- 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held on 23rd and 24th of July 2011 at SDM College of Dental Sciences & Hospital, Dharwad.

Dr. Amit K Pachlag
- 14 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013

Dr Sharmila Tapashetti
- 14 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013

Dr Raghavendra Ainapur
- 14 IACDE Pg convention, SDM College of Dental Sciences, Dharwad in June 2013

- Doctoral / post doctoral fellows: None
- Student Awards: Seventeen
- Husain Harianawala (Intern) won Best Paper Award in Annual Research Day conducted in October 2010 held at SDMCDS Dharwad guided by Dr. Shruti patil
- Neel Patel (Intern) won Best Paper Award for “Comparing the efficacy of Endodontic sealers using dye penetration method” in IDA State conference held at Davangere in 2010.
Dr. Shavina S Patil won the best Paper award for “The Ultimate duo- is it a death knell for E.faecalis at last? –” at XI FODI & IES Post graduate convention held at Bangalore on 27th, 28th and 29th May 2010.

Dr. Abhijith S Shetty won the best Paper award for “Seeing the ‘C’ - C shaped canals” IDA-FDI-IDA CDE 2010, 38th Karnataka State Dental Conference held at Bangalore on 19th to 21st November 2010.

Dr. Sandeep Jituri, Dr. Kanupriya Dhingra and Ashish Nair - participated and secured the 3rd place in Quiz contest at 25th FODI & 18th IES NATIONAL CONFERENCE, held at Chennai Tamil Nadu on 10th to 12th December 2010.

Dr. Divya Shetty and Dr. Harsha Poojary won the best Poster award for “Composite - A survivor to a unraveled mystery” at XI FODI & IES Post graduate convention held at Bangalore on 27th, 28th and 29th May 2010.

Dr. Ashish Nair won the best paper award for “Effect of multiple autoclave cycles on the surface of Rotary NiTi endodontic files : An atomic force microscopy study.” at XII FODI & IES Post graduate convention – Ahmedabad on 3rd, 4th, 5th June 2011.

Dr. Rai Raunak Umesh won the best paper award “The best seal is the real deal” at 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics (ISPRP) held at SDM College of Dental Sciences & Hospital, Dharwad, 22nd - 24th July 2011.

Dr. Kriti Agrawal, was awarded for best essay on “Regenerative Endodontics-past, present, future” in the international college of dentists annual essay competition 2012 (India,Srilanka,and Nepal).

Dr. Shreyas Rai, has been awarded with the best paper for the topic on “Effect of elevated temperature on Gutta-percha and IRM”-A forensic study in 40th KSDC-IDA Karnataka state conference held at Bantwal Mangalore

Dr Shilpa, Dr. Kriti, Dr. Dhanalakshmi won third prize for poster titled “Management of anterior open triangle” at 6th National conference Indian Society of Prosthodontics-Restorative-Periodontics on 4th to 6th October 2013

Dr. Suma secured the Best Paper for “Evaluation of three different agents for in-office treatment of dentin hypersensitivity – A controlled clinical trial” at 14th IACDE/IES PG convention Dharwad on 7th to 9th June 2013.

Rank list

M.D.S. RANKS MAY 2009 EXAMINATION

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Speciality</th>
<th>Name of the Student</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conservative Dentistry</td>
<td>Dr. Archana Sharma</td>
<td>5th</td>
</tr>
<tr>
<td>2</td>
<td>Conservative Dentistry</td>
<td>Dr. Rashmi G Shetty</td>
<td>7th</td>
</tr>
<tr>
<td>3</td>
<td>Conservative Dentistry</td>
<td>Dr. Sri Nidhi V.B.</td>
<td>8th</td>
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</table>

M.D.S. RANKS MAY 2010 EXAMINATION

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Speciality</th>
<th>Name of the Student</th>
<th>Rank</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Conservative Dentistry</td>
<td>Dr. Rao Deepti Dinesh</td>
<td>3rd</td>
</tr>
<tr>
<td>2</td>
<td>Conservative Dentistry</td>
<td>Dr. Pragya Goel</td>
<td>7th</td>
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</table>

M.D.S. RANKS MAY 2011 EXAMINATION

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Specialty</th>
<th>Name of Student</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conservative Dentistry</td>
<td>Dr. Sawagave Snehal Shrikant</td>
<td>8th</td>
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</table>

M.D.S. RANKS MAY 2012 EXAMINATION

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Speciality</th>
<th>Name of the Student</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conservative Dentistry</td>
<td>Dr. Jyothi B.M.</td>
<td>7th</td>
</tr>
<tr>
<td>2</td>
<td>Conservative Dentistry</td>
<td>Dr. Soumya P</td>
<td>10th</td>
</tr>
</tbody>
</table>
30. Seminars/Conferences/Workshops organized and the source of funding (national/international) with details of outstanding participants, if any.
- National level PG convention (14th IACDE) was organized by the department in the year 2013 which was a grand success. The major source of funding was from the registration fees for the convention, trade fair, and sponsors. Renowned speakers from various parts of India were invited for the convention. Dr Geeta Hiremath, faculty of the department also presented a guest lecture on waste management on the preconference day. Pre conference program also involved workshops which rendered basic and applied knowledge to the post graduate students.
- CDE program on Aesthetic restorations was conducted by the department.
- CDE programs on Essential of esthetics in dentistry in October 2010.
- CDE programs on Esthetic enhancement of dentition (Multilayering techniques in composites) in 2012.
- CDE programs on Basic in endodontics with advancements and latest in endodontics. Special attention on one shape file system in 2014.
- CDE programs on need and scope of energy medicine with sp attention to minimal intervention dentistry and ozone therapy in 2014

31. Code of ethics for research followed by the departments As per Institutional Review Board

32. Student profile program-wise:

### 2009-2013 Subject Results – II BDS Pre-Clinical Operative Dentistry

<table>
<thead>
<tr>
<th>Year</th>
<th>Appeared June</th>
<th>Passed June</th>
<th>%</th>
<th>Appeared Dec</th>
<th>Passed Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M  F</td>
<td>M  F</td>
<td></td>
<td>M  F</td>
<td>M  F</td>
</tr>
<tr>
<td>2009</td>
<td>39 72</td>
<td>39 71</td>
<td></td>
<td>100 98.6</td>
<td>100 88.8</td>
</tr>
<tr>
<td>2010</td>
<td>28 30</td>
<td>25 28</td>
<td></td>
<td>89.2 93.3</td>
<td>81.8 87.5</td>
</tr>
<tr>
<td>2011</td>
<td>26 40</td>
<td>24 39</td>
<td></td>
<td>92.3 97</td>
<td>100 95.8</td>
</tr>
<tr>
<td>2012</td>
<td>30 67</td>
<td>29 66</td>
<td></td>
<td>96.6 98.5</td>
<td>50 28</td>
</tr>
<tr>
<td>2013</td>
<td>19 58</td>
<td>19 58</td>
<td></td>
<td>100 100</td>
<td>100 100</td>
</tr>
</tbody>
</table>

### 2009-2013 Subject Results – IV BDS Conservative Dentistry and Endodontics

<table>
<thead>
<tr>
<th>Year</th>
<th>Appeared June</th>
<th>Passed June</th>
<th>%</th>
<th>Appeared Dec</th>
<th>Passed Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M  F</td>
<td>M  F</td>
<td></td>
<td>M  F</td>
<td>M  F</td>
</tr>
<tr>
<td>2009</td>
<td>50 37</td>
<td>47 37</td>
<td></td>
<td>94 100</td>
<td>94.7 100</td>
</tr>
<tr>
<td>2010</td>
<td>36 60</td>
<td>34 58</td>
<td></td>
<td>94.4 96.6</td>
<td>93.7 93.7</td>
</tr>
<tr>
<td>2011</td>
<td>36 57</td>
<td>33 56</td>
<td></td>
<td>91.6 98.2</td>
<td>88.8 87.5</td>
</tr>
<tr>
<td>2012</td>
<td>29 32</td>
<td>24 28</td>
<td></td>
<td>82.7 87.5</td>
<td>57.1 50</td>
</tr>
<tr>
<td>2013</td>
<td>26 27</td>
<td>20 26</td>
<td></td>
<td>100 96.2</td>
<td>66.66 88.23</td>
</tr>
</tbody>
</table>

33. Diversity of students
<table>
<thead>
<tr>
<th>Name of the Program (please refer to Question no. 4)</th>
<th>% of students from the same university</th>
<th>% of students from other universities within the State</th>
<th>% of students from universities outside the State</th>
<th>% of students from other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2013; <strong>30 BDS</strong> are doing/ have done MDS in the Dept of Conservative Dentistry and Endodontics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS</td>
<td>21 students (70%)</td>
<td>9 students (30%)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

34. How many students have cleared Civil Services and Defense Services examinations, NET, SET, GATE, USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS and other competitive examinations? Give details category-wise. **No information available in the Department**

35. Student progression

<table>
<thead>
<tr>
<th>Student progression</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG to PG</td>
<td>Year of admission</td>
</tr>
<tr>
<td></td>
<td>2009 - 5 students</td>
</tr>
<tr>
<td></td>
<td>2010 – 8 students</td>
</tr>
<tr>
<td></td>
<td>2011 – 5 students</td>
</tr>
<tr>
<td></td>
<td>2012 – 3 students</td>
</tr>
<tr>
<td></td>
<td>2013 – 4 students</td>
</tr>
<tr>
<td>PG to M.Phil, DM / M Ch / DNB</td>
<td>None</td>
</tr>
<tr>
<td>PG to Ph.D.</td>
<td>None</td>
</tr>
<tr>
<td>Ph.D. to Post-Doctoral</td>
<td>None</td>
</tr>
<tr>
<td>Employed</td>
<td></td>
</tr>
<tr>
<td>• Campus selection</td>
<td>-</td>
</tr>
<tr>
<td>• Other than campus recruitment</td>
<td>-</td>
</tr>
<tr>
<td>Entrepreneurs</td>
<td>-</td>
</tr>
</tbody>
</table>

36. Diversity of staff

<table>
<thead>
<tr>
<th>Percentage of faculty who are graduates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the same university</td>
</tr>
<tr>
<td>from other universities within the State</td>
</tr>
<tr>
<td>from universities from other States</td>
</tr>
<tr>
<td>from universities outside the country</td>
</tr>
</tbody>
</table>

37. Number of faculty who were awarded M.Phil., DM, M Ch, Ph.D., D.Sc. and D.Litt. during the assessment period: **None**

38. Present details of departmental infrastructural facilities with regard to
   a) Library: textbooks (**returned to learning resource centre as online access to the journals and books is available**); seminars: **1350**; library dissertation: **87**; main dissertations: **94**
   b) Internet facilities for staff and students: **Yes available**
   c) Total number of class rooms: **Four**
   d) Class rooms with ICT facility and ‘smart’ class rooms -
e) Students’ laboratories: **Yes. Available and can accommodate 50 students per practical Session**
f) Research laboratories: **No**

39. List of doctoral, post-doctoral students and Research Associates
   a) from the host institution/university: 
   b) from other institutions/universities: **None**
40. Number of post graduate students getting financial assistance from the university: **None**
41. Was any need assessment exercise undertaken before the development of new program(s)? If so, highlight the methodology: **None**
42. Does the department obtain feedback from
   a. faculty on curriculum as well as teaching-learning-evaluation? If yes, how does the department utilize the feedback?
   b. students on staff, curriculum and teaching-learning-evaluation and how does the department utilize the feedback?
   c. alumni and employers on the programs offered and how does the department utilize the feedback?

43. List the distinguished alumni of the department (maximum 10)
   • Dr. Ashish Nair, achieved first Rank in May 2013 in MDS examination conducted by RGUHS.
   • Dr. Rao Deepti Dinesh achieved third Rank in May 2013 in MDS examination conducted by RGUHS.
   • Dr. Archana Sharma achieved fifth Rank in May 2013 in MDS examination conducted by RGUHS.
   • Dr Karunkar is one of the DCI Member
   • Dr Balaram Naik is elected as the vice president of IACDE in the year 2013.
   • Dr Nageshwar Rao authored the book Advanced Endodontics which was released in 2009 by the Ex-president honorable Dr APJ Abdul Kalam. Later it was also published in Spanish.

44. Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.

45. List the teaching methods adopted by the faculty for different programs including clinical teaching.
   • Use of slides to demonstrate steps in tooth preparation
   • Using models and casts for discussion

46. How does the department ensure that program objectives are constantly met and learning outcomes are monitored?
   • Regular discussions, chair side interactions with students.
   • Internal assessments for theory, practical and Clinical.
   • Evaluation of the performance of the students in internals.
   • Repeat examinations for the average students.

47. Highlight the participation of students and faculty in extension activities.
   Encouraging UGs to participate in research and make a scientific presentation in the state and National level conferences
   • **Dr.Neel Patel** (Intern) presented Paper titled “Comparing the efficacy of Endodontic sealers using dye penetration method” guided by Dr Shruti Patil in State level UG convention held on 12th & 13th April 2010, Davangere. He also won the best paper for the same.
   • **Deeksha Innanje** under the guidance of Dr Sharmila Tapashetti. Comparison of biodentine and MTA as direct pulp capping agents An invivo studyAn Undergraduate ICMR-STS-2011 Project report got accepted.
Mayuri Rataul under the guidance of Dr Shruti Patil. Evaluation of the efficacy of 3 different desensitizers under composite restorations for treatment of cervical non carious lesions: a randomized controlled clinical trial. An Undergraduate ICMR-STS-2011 Project report got accepted.

Sanket Rao under the guidance of Dr Geeta Hiremath. Determination of calcium ion release using atomic absorption spectrophotometry of three materials - an invitro study. An Undergraduate ICMR-STS-2011 Project report got accepted

Dr. Kriti Agarwal post graduates participated in the essay conducted at international college of dentists annual essay competition 2012 (India, Nepal, Srilanka). Encouraging PGs to participate in the Quiz and Essay competition

ICMR STS Projects involving 3rd BDS students guided by Dr. Shruti Patil, Dr Geeta Hiremath, Dr Sharmila Tapashetti detail of the projects are mentioned under- student projects Q. No.28

Undergraduates also are encouraged to participate and present paper in various state and national level conferences.

UG Research
Guided by Dr Mahima Tilakchand, Dr. Shruti Patil, Dr Geeta Hiremath, Dr Amit K Pachlag, Dr Sharmila Tapashetti, Dr Raghavendra Ainapur detail of the projects are mentioned under- Student projects Q. No.28

Entrance coaching 2009-2012 (Conservative dentistry and Endodontics)
• Dr. Geeta Hiremath

State whether the program/ department is accredited/ graded by other agencies? If yes, give details: None

Briefly highlight the contributions of the department in generating new knowledge, basic or applied.
The following are the research work done by the post graduates and faculty of the department contributing towards new information:

Dr Suma R, Dr Shruti Patil. Evaluation of three different agents for in-office treatment of dentin hypersensitivity – a controlled clinical trial.

Dr. Nair Ashish Shashikant, Dr. Mahima Tilakchand. The effect of multiple autoclave cycles on the surface of rotary nickel- titanium files”- An in vitro atomic force microscopy study

Dr. Shilpa Shetty, Dr. Geeta Hiremath A comparative evaluation of sealing ability of four root end filling materials using fluid filtration method – An in-vitro study.

Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the department.

Strengths
• Newer teaching modalities (Microscopes, and newer endodontic gadgets) are used train the post graduate students, to aid in understanding the basics and pathologies of root canal system.
• Faculty members are invited as resource persons for various academic fora.
• Established the collaboration with various Institutes to carry the research activity.
• Department is a recognized PhD centre.
• Extramural funding and undergraduate scholarships were obtained in the past few years to conduct research work.

Opportunities
• Undergraduates are coaxed to attend academic meetings and are guided to make scientific presentations
• Learning facilities are extended to faculty and students from various teaching Institutes.
Department encourages the entire faculty to attend and participate in the National and International academic events.

**Weakness**
- Lack fund for the departmental usage.
- Lack of adequate research and publications.

**Challenges**
- Develop research activity in the department
- Faculty enrichment by exposure to advanced training.

52. Future plans of the department.
- To establish lasers in both restorative and endodontic cases and train the students in clinical applications of lasers
- To Practice Minimal Invasive Dentistry and Microsurgery.
Evaluative Report of the Department of Periodontics

1. Name of the Department: **Periodontics**
2. Year of establishment: **1987-88**
3. Is the Department part of a college/Faculty of the university? **Yes**
4. Names of programs offered (UG, PG, Pharm D, Integrated Masters; M.Phil., Ph.D., Integrated Ph.D., Certificate, Diploma, PG Diploma, D.M./M.Ch., Super specialty fellowship, etc.)
5. Interdisciplinary programs and departments involved
   - Seminar was conducted by Dr. Soumya Salin (dept. Periodontics) & Dr. Shyam Amur (Dept. of General Medicine) in the year 2010 on medical emergencies.
   - Seminar was conducted by Dr. Neeraja Gokhale (dept. Periodontics) with department of Endodontics in the year 2012 on “Endo-Perio Interrelationship”.
   - Seminar was conducted by department of Periodontics and Orthodontics in the year March 2012 on “Perio-Ortho Interrelationship”.
   - CDE programme was conducted in the year 20th June 2012 by department of Periodontics and Ayurvedic Mahavidyalaya Hubli – “Herbal Therapeutics in Periodontics”.
   - CDE programme was conducted by department of Periodontics along with department of Orthodontics on July 26th, 2013.

6. Courses in collaboration with other universities, industries, foreign institutions, etc. --- **None**
7. Details of programs discontinued, if any, with reasons --- **None**
8. Examination System: Annual/Semester/Trimester/Choice Based Credit System - Annual examination conducted by **RGUHS**
9. Participation of the department in the courses offered by other departments - **None**
10. Number of teaching posts sanctioned, filled and actual (Professors/Associate Professors/Asst. Professors/others)

<table>
<thead>
<tr>
<th></th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Actual (including CAS &amp; MPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>As per DCI</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Associate Professor/Reader</td>
<td>As per DCI</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>As per DCI</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Lecturer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutor / Clinical Instructor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Resident</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Faculty profile with name, qualification, designation, area of specialization, experience and research under guidance

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Designation</th>
<th>Specialization</th>
<th>No. of Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Srinath Thakur</td>
<td>MDS</td>
<td>Principal</td>
<td>Periodontics</td>
<td>24</td>
</tr>
<tr>
<td>Dr. Swati Setty</td>
<td>MDS</td>
<td>Prof.&amp; Head</td>
<td>Periodontics</td>
<td>17</td>
</tr>
<tr>
<td>Dr. Leena Patil</td>
<td>MDS</td>
<td>Professor</td>
<td>Periodontics</td>
<td>14</td>
</tr>
<tr>
<td>Dr. Sudhindra K.</td>
<td>MDS</td>
<td>Professor</td>
<td>Periodontics</td>
<td>11</td>
</tr>
<tr>
<td>Dr. Anirudh Acharya</td>
<td>MDS</td>
<td>Professor</td>
<td>Periodontics</td>
<td>12</td>
</tr>
<tr>
<td>Dr. Girish Nagarale</td>
<td>MDS</td>
<td>Asso.Professor</td>
<td>Periodontics</td>
<td>9</td>
</tr>
<tr>
<td>Dr. Bharati Kolliyavar</td>
<td>MDS</td>
<td>Asst. Professor</td>
<td>Periodontics</td>
<td>2</td>
</tr>
<tr>
<td>Dr. Pragathi Bhat</td>
<td>MDS</td>
<td>Asst. Professor</td>
<td>Periodontics</td>
<td>2</td>
</tr>
</tbody>
</table>
12. List of senior Visiting Fellows, adjunct faculty, emeritus professors- **None**
13. Percentage of classes taken by temporary faculty – program-wise information -**None**
15. Number of academic support staff (technical) and administrative staff: sanctioned, filled and actual
   As per DCI, 1 support staff and 1 administrative staff

<table>
<thead>
<tr>
<th>Number of technical staff</th>
<th>1 Hygienist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative staff</td>
<td>1(computer operator)</td>
</tr>
</tbody>
</table>

16. Research thrust areas as recognized by major funding agencies: **None**

17. Number of faculty with ongoing projects from a) national b) international funding agencies and c) Total grants received. Give the names of the funding agencies, project title and grants received project-wise.
Rajiv Gandhi University of Health Sciences, Research and Development, “Interleukin – 1B (IL-1B), 6 and Tumor necrosis factor A (TNFA) gene polymorphism and its association with chronic periodontitis in a population of North Karnataka – A molecular study.”
Staff involved: Dr.Swati Setty, and Dr.Anirudh Acharya

18. Inter-institutional collaborative projects and associated grants received
   a) National collaboration b) International collaboration -- **None**

19. Departmental projects funded by ICMR; DST-FIST; UGC-SAP/CAS, DPE; DBT, ICSSR, AICTE, etc.; total grants received. --**None**

20. Research facility / center with
   - **state recognition**- PhD center
   - **national recognition** --**None**
   - **international recognition** -**None**

21. Special research laboratories sponsored by / created by industry or corporate bodies --**None**

22. Publications:
   * Number of papers published in peer reviewed journals (national / international)
     National: **15**/ International: **19**
   * Monographs- Dental plaque as a biofilled (Lumbat Academic publishing-Dr.Anirudh Acharya)
   * Chapters in Books- **None**
   * Books edited- **None**
   * Books with ISBN with details of publishers
   * Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, Dare Database - International Social Sciences Directory, EBSCO host, Medline, etc.)
   * Citation Index – range / average

<table>
<thead>
<tr>
<th>Faculty</th>
<th>No.of Citation</th>
<th>Total No. of publications</th>
<th>Citation index</th>
<th>Dept. Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.Swati Setty</td>
<td>110</td>
<td>15</td>
<td>7.3</td>
<td>5.3</td>
</tr>
<tr>
<td>Dr.Anirudha Acharya</td>
<td>79</td>
<td>16</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>Dr.Bharati Patil</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dr.Girish Nagarale</td>
<td>1</td>
<td>4</td>
<td>0.25</td>
<td></td>
</tr>
</tbody>
</table>

* **SNIP**
* SJR
* Impact Factor – range / average
* h-index

<table>
<thead>
<tr>
<th>Sl NO</th>
<th>Name</th>
<th>H index</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Swati Setty</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Anirudha Acharya</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Bharati Patil</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Girish Nagarale</td>
<td>0</td>
</tr>
</tbody>
</table>

23. Details of patents and income generated - None
24. Areas of consultancy and income generated - None
25. Faculty selected nationally / internationally to visit other laboratories / institutions / industries in India and abroad – None
26. Faculty serving in
   a) National committees b) International committees c) Editorial Boards d) any other (specify)

   Reviewers

27. Faculty recharging strategies (Refresher / orientation programs, workshops, training programs and similar programs).
   The following are the teachers training programme, faculty development programme/national conferences/attended by faculty of this department ( information for April 2009- March 2014)

**Dr. Swati Setty**
- Attended 34th ISP Conference - December 2009 at Dharwad.
- 4th National Conference of Indian Society of Prosthodontics-Restorative – Periodontics (ISPRP) - July 2011 at Dharwad.
- 5th ISPRP National Conference - August 2012 at Mangalore.
- Perio-Ortho CDE Programme – July 2013 at Dharwad.
- Workshop on ‘Fundamental techniques in Molecular biology on 15th September PC Jobin College, Hubli.

**Dr. Leena Patil**
- Attended and chaired ISP Conference Dharwad in the year 2009.
- Attended and chaired ISPRP Conference Mysore in the year 2010
- Attended and chaired ISP Conference Bangalore in the year 2010
- Attended and chaired ISPRP National Conference 2011
- Teachers training programme at SDM Medical college, Dharwad in 2012
- Attended Indian Dental Association Dharwad branch at SDMCDSH in 2013.
- CDE Programme on Perio-Ortho Nexus at S.D.M. College of dental Sciences & Hospital, Dharwad, India, July 2013.
• Capacity build up or personality development programme at SDM Dental College, Dharwad.

Dr. Anirudh Acharya
• Attended Integrate 2009- Workshop on Implantology (Under the auspices of Indian Society of Periodontology), Coorg, India.
• 34th National Conference of Indian Society of Periodontology, Dharwad, India, 2009.
• 35th National Conference of Indian Society of Periodontology, Bangalore, India-2010
• 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics, Dharwad, India, 2011.
• Conference of Internationalization of Higher Education: Understanding and responding to the Bologna Process, Manipal, India-2011.
• SDM Institute of Management Development Faculty Development Programme, Mysore, India -2012
• CDE Programme on Herbal Therapeutics and Periodontics at S.D.M. College of dental Sciences & Hospital, Dharwad, India, July 2012.
• CDE Programme on Perio-Ortho Nexus at S.D.M. College of dental Sciences & Hospital, Dharwad, India, July 2013.
• Two day Colloquium on “Innovation and Transformation in Quality Professional Education” at SDM College of Engineering and Technology, Dharwad, India, 2013.
• 11th Goa State Dental Conference, Goa, September 2013.
• 38th National Conference of Indian Society of Periodontology, Cochin, October 2013.
• CDE Programme on Periodontal Regeneration at J.S.S. Dental College & Hospital, Mysore, India, Jan 2014

Dr. Girish Nagarale
• 34th National Conference of Indian Society of Periodontology, Dharwad, India, 2009.
• 4th National Conference of Indian Society of Prosthodontics-Restorative-Periodontics, Dharwad, India, 2011.
• CDE Programme on Herbal Therapeutics and Periodontics at S.D.M. College of dental Sciences & Hospital, Dharwad, India, July 2012.
• 20th National Conference of Indian Society of Oral Implantologists- October 2012 at Bangalore.
• CDE Programme on Perio-Ortho Nexus at S.D.M. College of dental Sciences & Hospital, Dharwad, India, July 2013.

Dr. Bharathi Patil
• Attended PG Convention Cochin in the year 2009
• National Conference, Dharwad in the year 2009.
• National PG Convention, Tirupati in 2010
• ISP National Conference, Bangalore in 2010
- Teachers training programme at SDM Medical College, Dharwad in 2011.
- A lecture on recent advances in Dentistry at SDM Dental College, Dharwad in 2011.
- Teachers training programme at SDM Medical College, Dharwad.
- A lecture on recent advances in Dentistry at SDM Dental College, Dharwad.

**Dr. Pragathi Bhat**

- 34th National conference of Indian Society of Periodontology held on 4th -5th December 2009 at Dharwad.
- 2nd National Conference of ISPRP conference on 8th & 9th August at Kochi.
- 35th National Conference of Indian Society of Periodontology held on 27th -30th October at Bangalore.
- 3rd National Conference of ISPRP held on 30th to 31st July at Mysore.
- 9th ISP National PG Convention held from 18th, 19th and 20th June at Tirupati 2010
- 4th National Conference of ISPRP held on 22nd to 24th July 2011 at Dharwad.
- 36th National conference of ISP held in Ahamedabad on 14th to 16th October 2011.
- 10th ISP PG Convention held in Chennai on June 2011
- CDE Programme on Perio-Ortho Nexus at S.D.M. College of dental Sciences & Hospital, Dharwad, India, July 2013.
- Two day Colloquium on “Innovation and Transformation in Quality Professional Education” at SDM College of Engineering and Technology, Dharwad, India, 2013.
- 11th Goa State Dental Conference, Goa, September 2013.
- Workshop on ‘Fundamental techniques in Molecular biology on 15th September PC Jobin College, Hubli.
- ISOI conference in October 2013 at Mumbai.

27. Student projects

- percentage of students who have taken up in-house projects including inter-departmental projects
  - “To evaluate the efficacy of tooth brush determination using 0.21Chlorhexidine”. Dr. Girish Nagarale along with students Vaibhav,
- percentage of students doing projects in collaboration with other universities / industry / institute
- Ongoing project 2013-14: Dr.Pragathi Bhat students involved Anuradha, Venkatesh “Knowledge, attitude & association of menstrual cycle on the gingival health and the production of volatile Sulphur compounds (VSCs)”.

28. Awards / recognitions received at the national and international level by

- Faculty
  - Chairing scientific sessions
  - Dr.Swati Setty as a Chair person at ISP National Conference, Dharwad on 4th and 5th December 2009.
  - Dr.Swati Setty Chaired & attended IX ISP National PG Convention- June 2010, Tirupati.
  - Dr.Swati Setty as a Chair person at ISP Conference Bangalore 2010.
  - Dr.Swati Setty as a Chair person at ISPRP Conference Dharwad from 22nd to 24th July 2011 at Dharwad.
  - Dr.Swati Setty as a Chair person for 5th ISPRP National Conference- August 2012 at
Mangalore
- Dr. Leena Patil as a Chair person at ISP Conference Bangalore 2010.
- Dr. Leena Patil as a Chair person at ISPRP Conference Mysore on 30th to 31st July 2010.
- Dr. Leena Patil as a Chair person at ISPRP Conference Dharwad from 22nd to 24th July 2011 at Dharwad.
- Dr. Leena Patil as a Chair person at ISP National Conference, Dharwad on 4th and 5th December 2009.
- Doctoral/post doctoral fellowa

<table>
<thead>
<tr>
<th>Award</th>
<th>Year</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper presentation</td>
<td>2009</td>
<td>Dr. Pragathi, Dr. Smruti, Dr. Silvia</td>
</tr>
<tr>
<td>Paper presentation</td>
<td>2010</td>
<td>Dr. Preeti</td>
</tr>
<tr>
<td>Paper presentation</td>
<td>2011</td>
<td>Dr. Pragathi, Dr. Laxmi</td>
</tr>
<tr>
<td>Paper presentation</td>
<td>2012</td>
<td>Dr. Anuja, Dr. Vandita</td>
</tr>
<tr>
<td>Poster presentation</td>
<td>2013</td>
<td>Dr. Bharati, Dr. Tanvi, Dr. Manasa</td>
</tr>
<tr>
<td>Poster presentation</td>
<td>2014</td>
<td>Dr. Shruti, Dr. Tanvi</td>
</tr>
</tbody>
</table>

30. Seminars/Conferences/Workshops organized and the source of funding (National / international) with details of outstanding participants, if any.
- CDE programme on Herbal therapeutics in Periodontics in June 2012
- CDE Programme on Perio-Ortho Nexus at S.D.M. College of dental Sciences & Hospital, Dharwad, India, July 2013.
  Speakers: Dr. Swati S, Dr. Anirudh A, Dr. Sudhindra K, Dr. Girish N. & Dr. Leena S. (panel discussion)
  ISP - November 2009
  ISPRP- July 2011- Secretary Dr. Anirudh A, Chairperson- Dr. Swati S, Dr. Leena S.

31. Code of ethics for research followed by the departments-IRB

32. Student profile program-wise:

<table>
<thead>
<tr>
<th>Name of the Program (refer to question no. 4)</th>
<th>Applications received</th>
<th>Selected</th>
<th>Pass percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
<td>Male 50</td>
<td>Female 37</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>Male 36</td>
<td>Female 60</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>Male 36</td>
<td>Female 57</td>
</tr>
<tr>
<td></td>
<td>2012</td>
<td>Male 29</td>
<td>Female 32</td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>Male 22</td>
<td>Female 27</td>
</tr>
</tbody>
</table>

33. Diversity of students

<table>
<thead>
<tr>
<th>Name of the Program (refer to question no. 4)</th>
<th>% of students from the same university</th>
<th>% of students from other universities within the State</th>
<th>% of students from universities outside the State</th>
<th>% of students from other countries</th>
</tr>
</thead>
</table>
34. How many students have cleared Civil Services and Defense Services examinations, NET, SET, GATE, USMLE, PLAB, GPAT, NCLEX, CGFNS, IELT and other competitive examinations? Give details category-wise. - None

35. Student progression

<table>
<thead>
<tr>
<th>Student progression</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG to PG</td>
<td>2009-Dr.Pragathi-0.04%</td>
</tr>
<tr>
<td></td>
<td>2010-Dr.Anuja,Dr.Laxmi-0.08%</td>
</tr>
<tr>
<td></td>
<td>2011-Nil-0%</td>
</tr>
<tr>
<td></td>
<td>2012-Dr.Shruti-0.04%</td>
</tr>
<tr>
<td></td>
<td>2013-Dr.Mahesh-0.04%</td>
</tr>
<tr>
<td>PG to M.Phil., DM / M Ch / DNB</td>
<td>Dr.Anirudh-2011</td>
</tr>
<tr>
<td>PG to Ph.D.</td>
<td>Dr.Anirudh-2011</td>
</tr>
<tr>
<td>Ph.D. to Post-Doctoral</td>
<td>Dr.Pragathi Bhat &amp; Dr.Bharathi K.</td>
</tr>
<tr>
<td>Employed</td>
<td></td>
</tr>
<tr>
<td>Campus selection</td>
<td></td>
</tr>
<tr>
<td>Other than campus recruitment</td>
<td></td>
</tr>
<tr>
<td>Entrepreneurs</td>
<td></td>
</tr>
</tbody>
</table>

36. Diversity of staff

<table>
<thead>
<tr>
<th>Percentage of faculty who are graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the same university: 12.5%</td>
</tr>
<tr>
<td>from other universities within the State: -</td>
</tr>
<tr>
<td>from universities outside the State: -</td>
</tr>
</tbody>
</table>

37. Number of faculty who were awarded M.Phil., DM, M Ch, Ph.D., D.Sc. and D.Litt. during the assessment period - None

38. Present details of departmental infrastructural facilities with regard to

a) Library: present 47 text books, seminars: 320, library dissertation: 20, Main dissertation: 20
b) Internet facilities for staff and students: WiFi available
c) Total number of class rooms: 1 seminar room
d) Class rooms with ICT facility and ‘smart’ class rooms: Nil
e) Students’ laboratories: Nil
f) Research laboratories: Nil

39. List of doctoral, post-doctoral students and Research Associates

a) from the host institution/university: None
b) from other institutions/universities: None

40. Number of post graduate students getting financial assistance from the university: None

41. Was any need assessment exercise undertaken before the development of new program(s)? If so, highlight the methodology.

**ISPRP Report for NAAC**

- The Executive Committee meeting of the ISPRP scheduled on Sunday 24/10/2010, AM at Mangalore, discussed the tentative activities concerning the 4th National
Conference of the ISPRP hosted by S.D.M. College of Dental Sciences & Hospital, Dharwad to be held on 22-24 July 2011.

- The progress report regarding the conduct of the aforementioned event was submitted to the EC meeting of the ISPRP on 06/03/2011 at Mangalore.

The 4th National Conference of the ISPRP was hosted by S.D.M. College of Dental Sciences & Hospital, Dharwad on 22-24 July 2011 at Dharwad.

The event was marked by a pre-conference course on “The Art of Scientific Writing-The Need of the Hour”, which was held at the SDMCDSH Auditorium on 22nd July 2011. This had the participation of Dr. Satyabodh Guttal, Dr. Gopikrishna V and Dr. Jayaprasad K. The session was moderated by Dr. Sudhindra Kulkarni, and was attended by more than 150.

This was followed by the ISPRP Quiz, which had Dr. Gouri Anehosur, Dr. Mahantesh Yeli and Dr. Girish Nagarale as moderators, and Dr.Ashith Acharya as the quiz master. It is a matter of pride that the winners of the quiz were the team from our college.

The main conference was inaugurated on 23rd July 2011 at the Sri Veerendra Heggadde Kalakshetra, Dharwad, by the President of the SDME Society, Puja Dr. Dr. Veerendra Heggadde, who was the Chief Guest of the event. The Guest of Honour was Dr. Bharath Shetty, EC Member, Dental Council of India. The other dignitaries present were Dr. Harish Shetty, President of ISPRP, Dr. Hasan Sarfaraz, Secretary, ISPRP, Dr. Jayaprasad K, President Elect, ISPRP, Dr. Pratap MS, Treasurer, ISPRP, Dr.Sanath Shetty, Editor-in-Chief, ISPRP, Dr. Moksha Nayak, Conference Secretary, ISPRP, Prof. C. Bhasker Rao, Director of SDMCDSH, Prof. Srinath Thakur, Principal of SDMCDSH and Organising Chairman of the conference, Prof. Ramesh Nadiger, Organizing Convenor, Prof. Balaram Naik, Scientific Chairman and Dr. Anirudh B. Acharya, Organising Secretary.

The function was attended by over 400 delegates from various parts of India, a couple of foreign delegates, and all faculty of SDMDCH, other guests and members of the press and media.

The inauguration was followed by the scientific sessions of the conference, with Guest Speakers from Mumbai, Pune, Chandigarh, Chennai and Bangalore, opening with the ISPRP Oration “Advances In Interdisciplinary Dentistry-Philosophy, Rationale & Future “, by Dr. Neel Bhatavedekar.

The other scientific sessions on 23rd and 24th July 2011 included discourses and privilege papers by Dr. Suhasini Nagda, (Dean of Nair Dental College & Hospital, Mumbai), Dr. C.D. Dwarkanath, Dr.Gopikrishna V, Dr.Roopa Nadig, Dr. Padmanabhan T.V., Dr. Ashish Jain, Dr. Raghu Srinivasan, Dr. Vahini Reddy and Dr. Ashish Nichani.

There were more than 80 scientific papers presented by the delegates at the other two podia, and about 45 E-posters were on display. Some best scientific paper and E-poster prizes were won by our college.

An interesting panel discussion with six panelists from all three disciplines, moderated by Dr. Satyabodh Guttal, Dr. Mahantesh Yeli and Dr. Sudhindra Kulkarni concluded the scientific sessions on 24th July 2011.

The conference ended with the valedictory.

CDE programme report for NAAC
Herbal Therapeutics in Periodontics

The department of Periodontics had organized Continuing Education Programme (CDE) on Herbal Therapeutics in Periodontics on 20th June 2012 at SDM College of dental sciences & hospital, Dharwad. Programme guest speakers were Dr.Laxmi Patil & Dr.Pradeep Agnihotri from Ayurvedic Mahavidyalaya, Hubli and Dr. Pralhad Patki, Himalaya drug company Bangalore. The programme was supported by Himalaya drug company Bangalore. The first meeting was held on 3rd May 2012 with Dr.Laxmi Patil and Dr. Pradeep Agnihotri and discussed about the CDE Programme on Herbal Therapeutics in Periodontics and finally decided the topics as Herbal therapy in oral care part I by Dr.Laxmi Patil and Herbal therapy in oral care part II by Dr.Pradeep Agnihotri. The programme arrangement also dealt with this meeting with No registration fees. On 7th May further meeting was held with Dr.Pralhad Patki from Himalaya drug company, Bangalore, discussed about the Herbal products. The same topic was selected for CDE programme discussion. And also discussed about panel discussion by subject experts in both the meetings.
Perio-ortho interrelationship

The department of Periodontics along with the department of Orthodontics together conducted CDE programme at the auditorium of SDM College of dental sciences and hospital, Dharwad on 26th July 2013. The programme had been designed to help the postgraduate students of Periodontics & Orthodontics as well as others. An overview of Perio-Ortho interrelationships, planning of Ortho-Perio cases, Case Based Learning and evidence for Perio-Ortho concepts were dealt with by the faculty members.

A panel discussion with subject experts was separate session to enhance and clarify the issues. After discussing with the staffs of department of Periodontics regarding the CDE programme, Dr. Swati Setty, Head of the department conducted the first meeting with all staffs of department of Orthodontics on 6th May 2013. Dr. Anand K. Patil, Head of the Department of Orthodontics along with all other staff were present and discussed about the various topics for CDE programme. The following topics were finalized, “An overview of Perio ortho interrelationship” by Dr. Swati Setty, “Planning of Orthoperio cases” by Dr. Anand K. Patil, “ortho perio case based learning by Dr. Sanjay V. Ganeshkar and Dr. Sudhindra Kulkarni “and “Evidence for Perio-ortho concepts” by Dr. Girish Nagarale.

In the panel discussion the subject experts Dr. Sanjay V. Ganeshkar, Dr. Anand K. Patil, Dr. Leena Shettar, Dr. Sudhindra Kulkarni and Dr. Sangamesh B. were the panelists. Dr. Anirudh Acharya and Dr. Harsha Kidiyoor were the programme moderators.

In the second meeting which was held on 20th May 2012 both the staffs of the department of Periodontics and Orthodontics attended and discussed about the all arrangements and invitations of the programme along with banners, registration fees, certificates etc.

42. Does the department obtain feedback from:
   a. No.

   d. faculty on curriculum as well as teaching-learning-evaluation? If yes, how does the department utilize the feedback?
   e. students on staff, curriculum and teaching-learning-evaluation and how does the department utilize the feedback?
   f. alumni and employers on the programs offered and how does the department utilize the feedback?

43. List the distinguished alumni of the department (maximum 10):
   - Dr. Ashish Nichani is present editor of JISP
   - Rank holders from 2009-2014:
     - In the year 2009 Dr. Sampath Sunder & Dr. Aparna Satyanarayana got 3rd & 6th rank respectively.
     - In the year 2011 Dr. Bhadbade Smruti Jayaprakash & Dr. Sowmya Salian got 6th & 7th rank respectively
     - In the year 2013 Dr. Gokhale Neeraja Hari & Dr. Laxmi Bavalatti 2nd & 8th rank respectively.

44. Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.- None

45. List the teaching methods adopted by the faculty for different programs including clinical teaching: - Discussions, Demonstrations, Case analysis, Theory classes, surgery observation. Assessment for slow learners.
   - Use of digital display for theory classes
   - Demonstrations on patients
   - Patient case history discussion
   - Surgery observations
   - Discussions in clinics
   - Brushing technique demonstration on models

46. How does the department ensure that program objectives are constantly met and learning...
outcomes are monitored?

- Conducting monthly Internal Assessments.
- Posting end exams in clinics.
- Infection control exams for final BDS students
- Weekly & monthly test for post graduates

47. Highlight the participation of students and faculty in extension activities.

- Quiz: Dr. Beverly & Dr. Suvidha
- Essay: Dr. Renuka Nagarale - 2010 ISP
- Dr. Beverly – Highest marks in Periodontics and prize winner in ISP Conference.

48. Give details of “beyond syllabus scholarly activities” of the department.
   Dr. Girish Nagarale CET coaching.
   UG research. (Details refer to point No. 28)

49. State whether the program/ department is accredited/ graded by other agencies? If yes, give details - None

50. Briefly highlight the contributions of the department in generating new knowledge, basic or applied.

- Anirudh B. Acharya, Aparna Satyanarayan, Srinath L. Thakur International Journal of Diabetes in Developing Countries, Status of association studies linking diabetes mellitus and Periodontal disease in India.
- Raichur PS, Setty SB, Thakur SL, Naikmasur VG, Comparison of radiovisiography
and digital volume tomography to direct surgical measurements in the detection of infrabony defects.

**J Clin Exp Dent**


- Raichur PS, Setty SB, Thakur SL, Comparative evaluation of diode laser, stannous fluoride gel, and potassium nitrate gel in the treatment of dentinal hypersensitivity. Gen Dent


- Gokhale NH, Acharya AB, Patil VS, Trivedi DJ, Setty S, Thakur SL. Resistin levels in gingival cervicular fluid of patients with chronic Periodontitis and type 2 diabetes mellitus, J Periodontol.

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**51.** Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the department.

**Strengths**

- Full time faculty, senior faculties serving in the departments from more than 10 years.
- Good strength of out patients
- Good infra structure & well equipped
- Dept. is recognized for Phd

**Weakness**

- Lack of space
- Improvement of research facilities
- Lack of department fund for research.

Opportunity
- Faculty enrichment programmes
- Scope for conducting scientific programmes

Challenges
- Improve patient care
- Streamline UG Research programmes
- Hubli Dharwad population oral hygiene care

Future plans of the department.
- Increase of PG seats
- Increase of research and publications
- Plan for research facilities
- Plan for advanced diagnostic aids
Evaluative Report of the Department of Pediatric Dentistry

1. Name of the Department: Department of Pediatric and Preventive Dentistry
2. Year of establishment: 1986
3. Is the Department part of a college/Faculty of the university? 
   Yes, the department is part of a college.
4. Names of programs offered (UG, PG, Pharm D, Integrated Masters; M.Phil., Ph.D., Integrated Ph.D., Certificate, Diploma, PG Diploma, D.M./M.Ch., Super specialty fellowship, etc.)
   UG - B.D.S.
   PG - M.D.S.
5. Interdisciplinary programs and departments involved
   - Case discussions are conducted wherever multidisciplinary approach is required with departments like
     Department of Oral medicine, diagnosis and radiology
     Department of conservative and endodontics
     Department of Periodontics
     Department of Orthodontics
     Department of Oral Surgery
     Department of Oral Pathology
   - Cases with special health care needs requiring multi-disciplinary approach for consultation, diagnosis and treatment planning.
   - Cases with endo-perio problems.
   - Cases with orthodontic interventions (interceptive orthodontics).
   - Cases requiring diagnosis of benign cysts and tumors and advanced radiographic interpretations (OPG, DVT).
   - Surgically excised biopsy specimens requiring histological interpretations.
6. Courses in collaboration with other universities, industries, foreign institutions, etc.
   NIL
7. Details of programs discontinued, if any, with reasons
   NIL
8. Examination System: Annual/Semester/Trimester/Choice Based Credit System
   Annual system of examination as per RGUHS.
9. Participation of the department in the courses offered by other departments
   Faculty participated in various training programme.
   - Dr. Rajesh T. Anegundi, attended “Basic Life support” Hands on training course conducted by Craniofacial unit April – May 2010
   - Dr. Anand K. Tavargeri, attended “Basic Life support” Hands on training course conducted by Craniofacial unit April – May 2010
   - Dr. Shruthi B. Patil, attended “Basic Life support” Hands on training course conducted by Craniofacial unit April – May 2010
   - Dr. Prashanth Battepati, attended “Basic Life support” Hands on training course conducted by Craniofacial unit April – May 2010
   - Dr. Vijay Trasad attended “Basic Life support” Hands on training course conducted by Craniofacial unit April – May 2010
   - Dr. Anand K. Tavargeri attended training course on “Basic Resuscitation and Airway Management Skills” and “Inhalation Sedation in Dentistry” held at Sri Sai College of Dental Surgery, Vikarabad, Andhra Pradesh from 22nd to 24th December 2011.
- Dr. Shruthi B. Patil attended training course on “Basic Resuscitation and Airway Management Skills” and “Inhalation Sedation in Dentistry” held at Sri Sai College of Dental Surgery, Vikarabad, Andhra Pradesh from 22nd to 24th December 2011.
- Dr. Anand K. Tavargeri, attended Introductory course on Conscious sedation conducted by Department of Oral surgery – 2012
- Dr. Shruthi B. Patil, attended Introductory course on Conscious sedation conducted by Department of Oral surgery – 2012
- Dr. Prashanth Battepati attended Introductory course on Conscious sedation conducted by Department of Oral surgery – 2012
- Dr. Vijay Trasad, attended Teachers Training programme conducted by Department of Community medicine – 2009 – 2013.
- Dr. Prashanth Battepati attended Teachers Training programme conducted by Department of Community medicine – 2009 – 2013.

Graduate students participated in Hands on workshop conducted by Department of cons and Endo on –
- CDE Programme on “Magic of Invisible Orthodontics”
- CDE Programme on “Forensic Odontology in Private practice management” for consultants.
- Hands on course on “Invisible Anterior Restoration”.
- CDE programme on “Medio legal concerns and ethics in Dental practice”.

10. Number of teaching posts sanctioned, filled and actual (Professors/Associate Professors/Asst. Professors/others)

<table>
<thead>
<tr>
<th></th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Actual (including CAS &amp; MPS)</th>
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<tbody>
<tr>
<td>Professor</td>
<td>As per DCI</td>
<td>03</td>
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</tr>
<tr>
<td>Associate Professor/Reader</td>
<td>As per DCI</td>
<td>01</td>
<td></td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>As per DCI</td>
<td>01</td>
<td></td>
</tr>
<tr>
<td>Lecturer</td>
<td>01</td>
<td></td>
<td>Retired on 30.04.2014</td>
</tr>
<tr>
<td>Tutor / Clinical Instructor</td>
<td>As per DCI</td>
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<td></td>
</tr>
<tr>
<td>Senior Resident</td>
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<td></td>
</tr>
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</table>

11. Faculty profile with name, qualification, designation, area of specialization, experience and research under guidance

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Designation</th>
<th>Specialization</th>
<th>No. of Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Anand K. Tavargeri</td>
<td>M.D.S.</td>
<td>Prof. and Head</td>
<td>Pediatric &amp; Preventive dentistry</td>
<td>12 yrs &amp; 1 month</td>
</tr>
<tr>
<td>Dr. Rajesh T. Aneguni</td>
<td>M.D.S.</td>
<td>Professor</td>
<td>Pediatric &amp; Preventive dentistry</td>
<td>19 yrs &amp; 1 month</td>
</tr>
<tr>
<td>Dr. Shruthi B. Patil</td>
<td>M.D.S.</td>
<td>Professor</td>
<td>Pediatric &amp; Preventive dentistry</td>
<td>14 yrs &amp; 7 months</td>
</tr>
<tr>
<td>Dr. Vijay A. Trasad</td>
<td>M.D.S.</td>
<td>Reader</td>
<td>Pediatric &amp; Preventive dentistry</td>
<td>5 yrs &amp; 7 Months</td>
</tr>
<tr>
<td>Name</td>
<td>Qualification</td>
<td>Designation</td>
<td>Specialization</td>
<td>No. of Years of Experience</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>-------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Dr. Prashanth M. Battepati</td>
<td>M.D.S.</td>
<td>Assistant Professor</td>
<td>Pediatric &amp; Preventive dentistry</td>
<td>4 yrs &amp; 5 Months</td>
</tr>
<tr>
<td>Dr. Suman Revankar</td>
<td>B.D.S.</td>
<td>Tutor</td>
<td></td>
<td>8 months</td>
</tr>
</tbody>
</table>

12. List of senior Visiting Fellows, adjunct faculty, emeritus professors
   NIL
13. Percentage of classes taken by temporary faculty – program-wise information
   NIL
14. Program-wise Student Teacher Ratio
   Faculty / students instructional ratios for *preclinical sessions* –
   Department of Pedodontics: 2/60 – 1:30

   Faculty / students instructional ratios for *clinical sessions* -
   Department of Pedodontics: 4 / 12 – 1: 3
15. Number of academic support staff (technical) and administrative staff: sanctioned, filled and actual

<table>
<thead>
<tr>
<th></th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Actual (including CAS &amp; MPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic support staff</td>
<td></td>
<td>02</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(01 – Lab Technician 01 – Departmental Computer Assistant)</td>
<td></td>
</tr>
<tr>
<td>Administrative staff</td>
<td></td>
<td>05</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(01 – Receptionist 02 – DSA 02 – Attenders)</td>
<td></td>
</tr>
</tbody>
</table>
16. Research thrust areas as recognized by major funding agencies
   **Caries and Preventive Dentistry**
17. Number of faculty with ongoing projects from a) national b) international funding agencies and c) Total grants received. Give the names of the funding agencies, project title and grants received project-wise.
   NIL
18. Inter-institutional collaborative projects and associated grants received
   b) National collaboration b) International collaboration
   NIL
19. Departmental projects funded by ICMR; DST-FIST; UGC-SAP/CAS, DPE; DBT, ICSSR, AICTE, etc.; total grants received.
   **Mr. Rajesh (UG Student) under the guidance of Dr. Prashanth Battepati**
   An Undergraduate ICMR-STS-2011 Project on “Analysis of haematological values in patients with cleft lip and / or palate”.
20. Research facility / centre with
• state recognition
• national recognition
• international recognition

21. Special research laboratories sponsored by / created by industry or corporate bodies

22. Publications:
* Number of papers published in peer reviewed journals (national / international)
  
  National Publications: 12 Nos
  International Publications: 14 Nos
* Monographs
* Chapters in Books – 01 No
  ▪ Dr. Rajesh T. Anegundi Text book of Pediatric Dentistry Arya (Medi) publications - 2012
* Books edited
* Books with ISBN with details of publishers
* Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, Dare Database - International Social Sciences Directory, EBSCO host, Medline, etc.)
* Citation Index – range / average

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Citations since 2009</th>
<th>No of publications</th>
<th>Avg.</th>
<th>Range</th>
<th>Department Avg.</th>
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<tbody>
<tr>
<td>Dr. Anand K. Tavargeri</td>
<td>22</td>
<td>10</td>
<td>2.20</td>
<td>0 to 4.05</td>
<td>2.70</td>
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<tr>
<td>Dr. Rajesh T. Anegundi</td>
<td>146</td>
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<td>4.05</td>
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<tr>
<td>Dr. Shruthi B. Patil</td>
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<tr>
<td>Dr. Vijay A. Trasad</td>
<td>04</td>
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<td>0.80</td>
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<tr>
<td>Dr. Prashanth M. Battepati</td>
<td>00</td>
<td>5</td>
<td>0.00</td>
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</tbody>
</table>

* SNIP
* SJR
* Impact Factor – range / average
* h-index

<table>
<thead>
<tr>
<th>Name</th>
<th>H index</th>
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<tr>
<td>Dr. Anand K. Tavargeri</td>
<td>02</td>
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<tr>
<td>Dr. Rajesh T. Anegundi</td>
<td>06</td>
</tr>
<tr>
<td>Dr. Shruthi B. Patil</td>
<td>01</td>
</tr>
<tr>
<td>Dr. Vijay A. Trasad</td>
<td>01</td>
</tr>
<tr>
<td>Dr. Prashanth M. Battepati</td>
<td>00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

H-Index = 10
Range = 0-6
Average = 10 /5 = 2

23. Details of patents and income generated
  NIL

24. Areas of consultancy and income generated
  NIL

25. Faculty selected nationally / internationally to visit other laboratories / institutions / industries in India and abroad
  NIL

26. Faculty serving in
a) National committees  b) International committees  c) Editorial Boards  d) any other (specify)

c) Editorial Boards –
- Dr. Anand K. Tavargeri – Karnataka State Dental Journal (For 2010 – 2011)
- Dr. Rajesh T. Anegundi - Karnataka State Dental Journal (2013 – till date)
- Dr. Shruthi B. Patil – Indian Journal of Dental Education (2012 – Till date)

d) any other (specify)
- Dr. Anand K. Tavargeri – Ad – hoc reviewer for Journal of Indian Society of Pedodontics and Preventive Dentistry

Guest lectures
- Dr. Anand K Tavargeri - “Management of Young permanent tooth” at IDA Uttar Kannada, Yellapur on 3rd April 2011.
- Dr. Rajesh T. Anegundi - “Diagnosis and Management of Trauma in Pediatric Petients” on 17th March 2013 at CDE programme “ Care for future smiles” at IDA Bijapur Branch.
- Dr. Rajesh T. Anegundi - “Redefine ignored etiology of traumatic injury to Anterior teeth and management” on 9th March 2013 as a part of CDE programme organized by IDA Gokak branch in association with KSDC.
- Dr. Rajesh T. Anegundi – “Avulsion and storage media” during the CDE programme ‘Trauma to anterior teeth- part I held on 3rd March 2013 at Mahe Institute of Dental Sciences (MINDS) Chalakkara, Palloor, Mahe.
- Dr. Shruthi B. Patil - “Managing Handicap in a general practice” at KLE Dental College, Belgaum on 7th August 2009.
- Dr. Shruthi B. Patil - “How special are we to treat ISHCN?” at College of Dental sciences Davangere on 19th & 20th February 2011
- Dr. Shruthi B. Patil - “Child management – being special for special children” at National CDE program on 31st October 2012 held at JSS Dental College and Hospital, Mysore.
- Dr. Vijay Trasad - “Management of traumatic injuries to anterior teeth” at Indian Dental Association, Dharwad District Branch CDE Programme on 13th June 2010.
- Dr. Prashanth Battepati - “Infection Control in Dental Practice” at Indian Dental Association CDE programme Hubli Dharwad branch held on February 26, 2012 at Hubli.

PG Synopsis and thesis reviewer for RGUHS and other universities
- Dr. Anand K. Tavargeri
- Dr. Rajesh T. Anegundi
- Dr. Shruthi B. Patil

27. Faculty recharging strategies (Refresher / orientation programs, workshops, training programs and similar programs).

Dr. Anand Tavargeri,
- Hands on course on “Fibre Post System” - IVO CLAR VIVA DENT on 18th April 2009 Hubli.
- 32nd ISPPD Conference held at Amritsar on 12th, 13th, 14th, November 2010.
- CDE Programme on “Successful steps to a full rehabilitation” on 24th February 2011 at SDM Dental College, Dharwad.
- Attended “Basic Life support” Hands on training course conducted by Craniofacial unit at SDMCDHS, Dharwad, April – May 2010.
33rd ISPPD National Conference held at Mangalore from 4th to 6th November 2011.
Interactive classes by Office of Safety and Infection Control in August 2011
CDE programme on tooth preparation, temporization and bleaching on 30.09.2012 conducted by IDA Dharwad district at Hubli.
Hands on Introductory course on Conscious Sedation at SDM Dental College, Dharwad from 19th to 22nd March 2012.
Workshop on “Evidence Based Dentistry” on 22nd and 23rd Feb 2012 organized by KLE University, Education Department, Belgaum.
IDA CDE programme on “Trouble shooting Complete Dentures” on 29th January 2012
Workshop on “Basic Resuscitation and Airway Management Skills” and Hands on course “Inhalation Sedation in Dentistry” held at Sri Sai College of Dental Surgery, Vikarabad, Andhra Pradesh from 22nd to 24th December 2011.
Delivered lecture on “Management of Young permanent tooth” at IDA Uttarakanna, Yellapur on 3rd April 2011.
34th ISPPD Conference from 13th - 14th September, 2012 held at Thailand.
CDE programme at IDA Dharwad District branch in Association with SDM College of Dental Sciences, Dharwad on 9th and 10th Feb 2013.
Hands on course “Invisible Anterior Restoration” on 31st August 2012 at SDM College of Dental Sciences and Hospital, Dharwad.
35th Annual Conference of Indian Society of Pedodontics and Preventive Dentistry from 26th to 28th September 2013 at Jaipur.
14th IACDE/IES PG convention and CDE programme on “Medio legal concerns and ethics in Dental practice” at Dr. D. Veerendra Heggade Kalakshethra, SDMCDS on 8th June 2013.
CDE Progaram on “Rotary Endodontics” organized by IDA Dharwad at Hubli on 19th January 2014.

Dr. Rajesh T. Anegundi,

Workshop for School teachers on “Oral and General Health Care for School Children” held at SDM Dental College auditorium on 29th November 2010.
Attended “Basic Life support” Hands on training course conducted by Craniofacial unit at SDMCDSH, Dharwad, April – May 2010.
39th IDA Karnataka State Dental Conference held at Mysore from 25th – 27th November 2011.
Interactive classes by Office of Safety and Infection Control in August 2011
Delivered a lecture on “Diagnosis and Management of Trauma in Pediatric Patients” on 17th March 2013 at CDE programme “Care for future smiles” at IDA Bijapur Branch.
Delivered a lecture on “Redefine ignored etiology of traumatic injury to Anterior teeth and management” on 9th March 2013 as a part of CDE programme organized by IDA Gokak branch in association with KSDC.
Delivered a lecture on “Avulsion and storage media” during the CDE programme ‘Trauma to anterior teeth- part I held on 3rd March 2013 at Mahe Institute of Dental Sciences (MINDS) Chalakkara, Palloor, Mahe.
Delivered lecture on “Oral Dental Health Care for parents” for Kirloskar factory workers at Hubli on 27th February 2013.
Delivered lecture in SDM Doctor at All India Radio about Pediatric Dentistry on 11.12.2012
Delivered a CDE guest lecture on “Traumatic injury and management” at PMNM Dental College, Bagalkot on 29th November 2012.

35th Annual Conference of Indian Society of Pedodontics and Preventive Dentistry from 26th to 28th September 2013 at Jaipur.

Zonal CDE programme organized by CKS Teja Dental College, Dr. NTR University of Health Sciences, Vijayawada on 08.11.2013.

Dr. Shruthi B Patil

Delivered lecture on “Managing Handicap in a general practice” at KLE Dental College, Belgaum on 7th August 2009.

32nd ISPPD Conference held at Amritsar on 12th, 13th, 14th, November 2010.

Attended “Basic Life support” Hands on training course conducted by Craniofacial unit at SDMCDSH, Dharwad, April – May 2010.

Continuous Dental education Programme held on 19th & 20th February 2011 at College of Dental sciences Davangere

Interactive classes by Office of Safety and Infection Control in August 2011

Workshop for School teachers on “Oral and General Health care for School Children” held at SDM Dental College auditorium on 29th November 2010.

Delivered lecture on “Makkala Hallina Aarogya Mukya … Eke?” at School Teachers Training Programme held at SDM Dental College auditorium on 29th November 2010.

Delivered lecture on “How special are we to treat ISHCN?” at College of Dental sciences Davangere on 19th & 20th February 2011

Organized National quiz competition at 9th Pedodontics PG Convention held at Virajpet, Coorg from 23rd to 25th February 2012.

1st International conference on Research and training in Health Professions Education “ICON – RIPE 2012” on 18th and 19th February 2012 at KLE Dental College Belgaum

33rd ISPPD National Conference held at Mangalore from 4th to 6th November 2011.

National CDE program on “Pediatric Oral Medicine and Radiology - Science and Strategies” held on 31st October 2012 at JSS Dental College and Hospital, Mysore.

Delivered guest lecture on “Child management – being special for special children” at National CDE program on 31st October 2012 held at JSS Dental College and Hospital, Mysore.

Hands on Introductory course on Conscious Sedation at SDM Dental College, Dharwad from 19th to 22nd March 2012.

Workshop on “Basic Resuscitation and Airway Management Skills” and Hands on course “Inhalation Sedation in Dentistry” held at Sri Sai College of Dental Surgery, Vikarabad, Andhra Pradesh from 22nd to 24th December 2011.

CDE and Hands on Course on “Implants in children” at college of dental sciences in Davangere on 1st April 2011

CDE programme at IDA Dharwad District branch in Association with SDM College of Dental Sciences, Dharwad on 9th and 10th Feb 2013.

Hands on course “Invisible Anterior Restoration” on 31st August 2012 at SDM College of Dental Sciences and Hospital, Dharwad.

14th IACDE/IES PG convention and CDE programme on “Medio legal concerns and ethics in Dental practice” at Dr. D. Veerendra Heggade Kalakshethra, SDMCDS on 8th June 2013.

Workshop on Literature review at SDMIMD, Mysore on December 19th and 20th, 2013.
Dr. Vijay Trasad

- Teachers Training Programme conducted at SDM Medical College & Hospital, Dharwad on 5th September 2009.
- 32nd ISPPD Conference held at Amritsar on 12th, 13th, 14th, November 2010.
- Workshop for School teachers on “Oral and General Health Care for School Children” held at SDM Dental College auditorium on 29th November 2010.
- Attended “Basic Life support” Hands on training course conducted by Craniofacial unit at SDMCDSH, Dharwad, April – May 2010.
- Delivered lecture on “Makkala bayiya swachate & nirvahane” at School Teachers Training Programme held at SDM Dental College auditorium on 29th November 2010.
- Delivered a lecture on “Management of traumatic injuries to anterior teeth” at Indian Dental Association, Dharwad District Branch CDE Programme on 13th June 2010.
- 9th Post graduate convention held from 23rd to 25th February 2012 at Virajpet, Coorg.
- 9th National Conference of Indian Association of Forensic Odontology on 22nd and 23rd October 2011 in Salem Tamil Nadu and Presented a paper entitled "An Adaptation of Demirjians 8-teeth Method in Age Estimation of 7-10 Year-old Indian Children”.
- Interactive classes by Office of Safety and Infection Control in August 2011
- CDE and Hands on Course on “Implants in children” at college of dental sciences in Davangere on 1st April 2011.
- 35th Annual Conference of Indian Society of Pedodontics and Preventive Dentistry from 26th to 28th September 2013 at Jaipur.
- Delivered guest lecture on “oral health care for children” at Bassel Mission Boys School Dharwad on 06.08.2013.
- Delivered lecture on “Importance of Primary Dentition” at Kalkerri Sangeeth Vidyalaya, Kalkerri on 28th February 2014.

Dr. Prashanth Battepati

- Presented a poster on “Ultrasonography – A sound diagnosis” at 32nd ISPPD Conference at Amritsar on 12th, 13th, 14th, November 2010.
- Workshop for School teachers on “Oral and General Health Care for School Children” held at SDM Dental College auditorium on 29th November 2010.
- Attended “Basic Life support” Hands on training course conducted by Craniofacial unit at SDMCDSH, Dharwad, April – May 2010.
- Teachers Training Programme conducted at SDM Medical College & Hospital, Dharwad on 10th July 2010.
- Interactive classes by Office of Safety and Infection Control in August 2011
- 9th Post graduate convention held from 23rd to 25th February 2012 at Virajpet, Coorg.
- Hands on Introductory course on Conscious Sedation at SDM Dental College, Dharwad from 19th to 22nd March 2012.
- Delivered lecture on “Infection Control in Dental Practice” at Indian Dental Association CDE programme Hubli Dharwad branch held on February 26, 2012 at Hubli.
- CDE programme at IDA Dharwad District branch in Association with SDM College of Dental Sciences, Dharwad on 9th and 10th Feb 2013.
• 35th Annual Conference of Indian Society of Pedodontics and Preventive Dentistry from 26th to 28th September 2013 at Jaipur.
• Workshop on Literature review at SDMIMD, Mysore on December 19th and 20th, 2013.
• Attended the Colloquium on Health Care Waste Management for RGUHS affiliated institution on 15th March 2014 RGUHS, Bangalore.
• “Awareness programme for accreditation for Dental Health Care Service Provider” DHSP scheduled on 16th March 2014 Bangalore.

Dr. M.L. Wajapey
• South India Pediatric Conference held at Hassan from 22.10.2010 to 24.10.2010 chaired a session on ARTI in children.
• Workshop for School teachers on “Oral and General Health Care for School Children” held at SDM Dental College auditorium on 29th November 2010.
• Delivered a lecture on “Makkala Aarogyadalli Shikshakar Patra” at School Teachers Training Programme held at SDM Dental College auditorium on 29th November 2010.

28. Student projects
- percentage of students who have taken up in-house projects including inter-departmental projects

UG Research:
• “Awareness among General Practitioners about Early Childhood Caries” guided by Dr. Shruthi B. Patil (Completed)
• “Prevalence of Traumatic injuries, oral health status among special individuals” guided by Dr. Shruthi B. Patil. (Ongoing)
• “Prevalence of Dental Caries in Differently-Abled Children in and Around Hubli and Dharwad” guided by Dr. Vijay Trasad.
• “Oral Health-Knowledge and Attitudes among Medical, Para-medical and Engineering” Students guided by Dr. Vijay Trasad
• “Comparative study of anxiety levels and Blood oxygen saturation levels in children receiving computer controlled local anaesthesia delivery and conventional technique of infiltration” guided by Dr. Vijay Trasad

PG Research – Virtually 100% of postgraduates participate in research undertaken.
• Traumatic injuries to anterior teeth in Dharwad – Hubli school children and assessment of awareness among school teachers with regards to emergency management of dental trauma - Dr. K. Raksha Ballal, Dr. Rajesh T. Anegundi (2006 - 2009)
• Clinical and Radiographic evaluation of efficacy of sodium and formocresol as a Pulpotomy medicament: An in vivo study - Dr. Poojari Manohar Sham, Dr. Anand K. Tavargeri (2007 - 2010)
• Viability of human periodontal ligament cells in four different storage/transport media at five different time intervals - Dr. Shubha M., Dr. Rajesh T. Anegundi (2007 - 2010)
• Viability of human periodontal ligament cells in four different storage/transport media at different time intervals. Dr. Radhika Rao, Dr. Rajesh T. Aneugundi (2008 - 2011)
• Comparison of effect of APF gel and fluoride varnish on the weight change, color stability and surface topography of aesthetic restorative materials—an in vitro study - Dr. Chaya Mendon, Dr. Anand K. Tavargeri (2008 - 2011)
• Comparison of partial Pulpotomy procedures using Mineral Trioxide Aggregate and Hydroxylapatite on cariously exposed first permanent molars – An in Vivo Study” - Dr. Varun Shetty, Dr. Shruthi B. Patil (2008 - 2011)
• Success rates of indirect pulp therapy using calcium hydroxide and mineral trioxide aggregate pulpotomy in the treatment of deep dentinal caries in primary second molars—an in vivo study. - Dr. Vidya KB, Dr. Shruthi B. Patil (2009 - 2012)
• Evaluation of microleakage of GIC type IX restorations following chemo mechanical and conventional caries removal – An in vitro study. - Dr. Reena Ranganathan, Dr. Anand K. Tavargeri (2009 - 2012)
• Assessment of viability of human periodontal ligament cells in different fat content of milk at different time intervals - Dr. Karan Singh, Dr. Rajesh T. Aneugundi (2009 - 2012)
• Assessment of fluoride uptake on tooth enamel from four different fluoride dentifrices – an in vitro study - Dr. Vidyavathi Patil, Dr. Rajesh T. Aneugundi (2010 - 2013)
• Children’s preferences for different kinds of dental attire - Dr. Onkar, Dr. Shruthi B. Patil (2010-2013)
• Comparative study to assess the antimicrobial efficacy of troclosan and amoxicillin in combination with zinc oxide eugenol cement against enterococcus faecalis in primary teeth”: an invitro microbiological study - Dr. Jagadeesh, Dr. Anand K. Tavargeri (2010 - 2013)
• Influence of storage media and duration of fragment in the media on the bond strength of the reattached tooth fragment – Dr. Prashantkumar, Dr. Anand K. Tavargeri (2011–2014)
• Dermatoglyphic analysis of non syndromic cleft patients and their unaffected parents – Dr. Garima Jain, Dr. Shruthi B. Patil (2011 – 2014).

• percentage of students doing projects in collaboration with other universities / industry / institute
  ▪ 9 / 15 students - 60%

29. Awards / recognitions received at the national and international level by
• Faculty
• Doctoral / post doctoral fellows
• Students
  ▪ Postgraduates have secured ranks in the university exam.
    Dr. Vidya K.B. – First Rank - 2012
    Dr. Reena Ranganathan – Nineth Rank – 2012
30. Seminars/ Conferences/Workshops organized and the source of funding (national / international) with details of outstanding participants, if any.
   NIL
31. Code of ethics for research followed by the departments
  ▪ All the research projects undertaken in the department are approved by the Institutional Review Board (IRB) of the college.
### 32. Student profile program-wise:

<table>
<thead>
<tr>
<th>Name of the Program (refer to question no. 4)</th>
<th>Year</th>
<th>Applications received</th>
<th>Selected</th>
<th>Year</th>
<th>Pass percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>June</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>BDS</td>
<td>2005</td>
<td>100</td>
<td>44 56</td>
<td>2009</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>2006</td>
<td>100</td>
<td>38 62</td>
<td>2010</td>
<td>97.2</td>
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<tr>
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<td>2007</td>
<td>100</td>
<td>37 63</td>
<td>2011</td>
<td>94.4</td>
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<tr>
<td></td>
<td>2008</td>
<td>61</td>
<td>25 36</td>
<td>2012</td>
<td>79.3</td>
</tr>
<tr>
<td></td>
<td>2009</td>
<td>96</td>
<td>32 64</td>
<td>2013</td>
<td>100</td>
</tr>
<tr>
<td>MDS</td>
<td>2007</td>
<td>01</td>
<td>01</td>
<td>2010</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2008</td>
<td>03</td>
<td>01 02</td>
<td>2011</td>
<td>100%</td>
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<td></td>
<td>2009</td>
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<td>01 02</td>
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<td>2010</td>
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<td>2013</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>03</td>
<td>01 02</td>
<td>2014</td>
<td></td>
</tr>
</tbody>
</table>

### 33. Diversity of students

<table>
<thead>
<tr>
<th>Name of the Program (refer to question no. 4)</th>
<th>% of students from the same university</th>
<th>% of students from other universities within the State</th>
<th>% of students from universities outside the State</th>
<th>% of students from other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Graduates 2007</td>
<td>2/2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>3/3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>2/3</td>
<td></td>
<td>1/3</td>
<td></td>
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<tr>
<td>2010</td>
<td>2/3</td>
<td></td>
<td>1/3</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>2/3</td>
<td></td>
<td>1/3</td>
<td></td>
</tr>
</tbody>
</table>

### 34. How many students have cleared Civil Services and Defense Services examinations, NET, SET, GATE, USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS and other competitive examinations? Give details category-wise.

Nil

### 35. Student progression

<table>
<thead>
<tr>
<th>Student progression</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG to PG</td>
<td></td>
</tr>
<tr>
<td>PG to M.Phil, DM / M Ch / DNB</td>
<td></td>
</tr>
<tr>
<td>PG to Ph.D.</td>
<td></td>
</tr>
<tr>
<td>Ph.D. to Post-Doctoral</td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td></td>
</tr>
<tr>
<td>• Campus selection</td>
<td></td>
</tr>
<tr>
<td>• Other than campus recruitment</td>
<td></td>
</tr>
<tr>
<td>Entrepreneurs</td>
<td></td>
</tr>
</tbody>
</table>

### 36. Diversity of staff...
### Percentage of faculty who are graduates

<table>
<thead>
<tr>
<th>Source of Graduation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the same university</td>
<td>4 out of 7</td>
</tr>
<tr>
<td>from other universities within the State</td>
<td>1 out of 7</td>
</tr>
<tr>
<td>from universities from other States</td>
<td>2 out of 7</td>
</tr>
<tr>
<td>from universities outside the country</td>
<td>Nil</td>
</tr>
</tbody>
</table>

37. Number of faculty who were awarded M.Phil., DM, M Ch, Ph.D., D.Sc. and D.Litt. during the assessment period

NIL

38. Present details of departmental infrastructural facilities with regard to

   a) Library
      **Facility of Departmental Library present**
   
   b) Internet facilities for staff and students
      **Internet facilities for staff and students present**
   
   c) Total number of class rooms
      **Departmental seminar room - 01 No.**
   
   d) Class rooms with ICT facility and ‘smart’ class rooms
   
   e) Students’ laboratories
      **Pediatric dentistry facilitates laboratory for UG and PG students.**
   
   f) Research laboratories

39. List of doctoral, post-doctoral students and Research Associates

   a) from the host institution/university - NIL
   
   b) from other institutions/universities - NIL

40. Number of post graduate students getting financial assistance from the university.

   NIL

41. Was any need assessment exercise undertaken before the development of new program(s)? If so, highlight the methodology.

42. Does the department obtain feedback from

   g. Faculty on curriculum as well as teaching-learning-evaluation? If yes, how does the department utilize the feedback?

   Yes,
   - Regular departmental staff meetings are held to discuss teaching methodology.
   - Subject discussions are done regularly.
   - Chair side case based discussions are carried out.
   - Patients feedback helps to update the teaching and learning programme on regular basis.
   
   h. students on staff, curriculum and teaching-learning-evaluation and how does the department utilize the feedback?

   Yes, Faculty assessment forms
   
   i. alumni and employers on the programs offered and how does the department utilize the feedback?

43. List the distinguished alumni of the department (maximum 10)

   - Dr. Vidya K.B. achieved first Rank in May 2012 in MDS examination conducted by RGUHs
   - Dr. Reena Ranganathan achieved Nineth Rank in May 2012 in MDS examination conducted by RGUHs
   - Dr. Dhanu, Professor & Head, AME’s Dental College and Hospital, Raichur. And Executive committee member of ISPPD, 2013 – 14.
44. Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.
- Annual Research day

45. List the teaching methods adopted by the faculty for different programs including clinical teaching.

a. THEORY
b. PRACTICAL

CLINICAL DEMONSTRATIONS FOR III YEAR BDS:
- Working of dental chair & operator position
- Disinfection & preparing the operating chair
- Extraction, instruments and forceps
- Cavity preparation and materials
- Mixing of cements
- Oral prophylaxis

CLINICAL DISCUSSION TOPICS FOR III YEAR BDS:
- Introduction to Pedodontics and Basic instructions
- Tooth numbering
- Chair positions
- Case history
- Sterilization
- Difference between deciduous and permanent teeth
- Chronology of primary/permanent dentition
- Local anesthesia
- Exodontia
- Principles of cavity preparation in deciduous teeth
- Isolation of teeth
- Bases, liners and varnishes.
- Restorative materials used in Pediatric dentistry
- Radiographic interpretation
- Early childhood caries
- Diseases of pulp and sequelae of caries
- Basics of fluorides in dentistry

PowerPoint presentations

LAB SKILL EXERCISES FOR IV - BDS:
- Straight wire – 3 and 6 inches – 19 gauze.
- ‘C’ clasp
- ‘U’/ Jackson clasp
- Adam’s
- Short / Long labial bow.
- Canine retraction – Buccal
  
  Palatal
- Finger springs on 11,21
‘Z’ Spring on 11,21
Hawley’s : appliance
Maintainance of record book

CLINICAL DEMONSTRATIONS FOR IV - BDS:
- Topical fluoride application
- Stainless steel crown preparation
- Rubber dam and isolation techniques
- Spotters.

CLINICAL DISCUSSION TOPICS FOR IV - BDS:
- Case History
- Revision of III year topics – Part I
  Chronology, difference deciduous/permanent & development of occlusion.
- Revision of III yr. Topics – Part II
  LA, Exodontia, Restorative Dentistry, Diseases of pulp and sequelae of caries.
- Early childhood caries
- Pulp therapy - Part I – IPC, DPC & Pulpotomy
- Pulp therapy - Part II – Pulpectomy and obturation materials
- Topical Fluorides
- Systemic fluorides
- Trauma – Part I - Classification, etiology and clinical presentation.
- Trauma – Part II – Management of traumatic injuries.
- Oral habits
- Space maintainers [Band & loop, distal shoe]
- Child psychology
- Behaviour management
- Special children

FOR MDS:
- Seminars / Journal Discussions
- Case based learning’s

46. How does the department ensure that program objectives are constantly met and learning outcomes are monitored?
Evaluation by Internal assessments, Improvement examination, viva-voce, competency assessments, clinical end posting examination.

47. Highlight the participation of students and faculty in extension activities.
- Parivarthan Gurukul heritage residential school children and teachers visited various departments of the college and they participated in oral health education programme on 07.08.2013.
- Oral health awareness programme was held on 30th November and 1st December during SDM Utsav 2012, around 15000 Hubli - Dharwad school children participated.
- Essay competitions, personality development
- School Teachers Training Programme on 29th November 2010
- Parents Orientation Programme on 29th November 2010
- School Dental Health Programme 2009 – 2014
  - Blind children from Siddaroodhamatt treated at SDM Dental College and Hospital for on 22.08.2014
  - Kalakeri Music school screening camp on 28.02.2014
  - 3 Bassel Mission School Hostels at Hubli on 31.08.2013
- Parivarthan Gurukul heritage school on 05.08.2013
- Bassel Mission Boys School Dharwad on 06.08.2013
- Dental check up camp was conducted at Chabbi on 9th July 2012.
- Bassel Mission Practising school, Dharwad on 18th July 2011.
- Agastya International Foundation Hubli on 11.12.13th July 2011
- Usha S Centre for exceptional children, Hubli on 17.02.2010
- Shri Ramalingeshwara Kannada Primaru School, Hubli on 11.02.2010
- Govt. Higher Primary School, Sherewad, Hubli
- Govt. Higher Primary School, No.8, Navalgund on 05.02.2010
- Govt. Higher Primary School, No.3, Navalgund on 05.02.2010
- Govt. Madari Kendra Kannada Boys School, Navalgund on 05.02.2010
- Shri Nagalingeshwar Primary School Navalgund on 05.02.2010
- M.A. Board Girls Primary School, Navalgund on 05.02.2010
- Govt Higher Primary Girls School, Navalgund on 05.02.2010
- Govt. Kannada Higher Primary School, Navalgund on 05.02.2010
- Govt. Urdu Higher Primary School, Shalawadi, Navalgund on 05.02.2010
- Kannada Girls School, Shalawadi, Navalgund on 05.02.2010
- Govt primary school, No.2, Shalawadi, Navalgund on 05.02.2010
- Govt Madari center school, Shalavadi on 05.02.2010
- Gurushanteshwar high school shalawadi, Navalgund on 05.02.2010
- Kannada Higher primary school, Navalgund on 5.02.2010
- Sadguru Sri Sidharodha Residential High School for Blind children, Hubli on 03.02.2010
- Govt School for Blind Boys Hubli on 03.02.2010
- Rotary English Medium Slow learners School, Hubli on 03.02.2010
- Chinmaya English Primary School Hubli on 3.02.2010
- Govt. Higher Primary School, Sherewad on 02.02.2010
- Govt. Higher Urdu primary school, Sherewad on 02.02.2010
- Govt. Lower primary school, Sherewad on 02.02.2010
- Govt Higher primary school, Sherewad on 02.02.2010
- Government primary school, Hale Gabbur on 26.01.2010
- Government Higher Primary Kannada School, Hosa Gabbur on 26.01.2010
- Govt. Higher Primary School No.1, Sawadatti on 22.01.2010
- Veerarani Chennamma Kannada Higher Primary School, Ramapur Site, Sawadatti on 22.01.2010
- Vijay vidyachetan kannada pre primary and primary school Gurlhosur, Sawadatti on 22.01.2010
- Sri Gajanana Kannada medium primary school, Sawadatti on 22.01.2010
- Shri Bharatambe Pre primary kannada medium convent school on 22.01.2010
- Govt. Kannada Medium School, Gurlhosur, Sawadatti on 22.01.2010
- Government primary Kannada medium school, Pale, Hubli on 20.01.2010.
- Dharwad Urdu School on 4th August 2009
- Hubli Rotary School on 17th July 2009 and 400 children were examined.
- Hubli – Mentally retarded Childrens on 17th March 2009
- Siraguppi on 13th March 2009.
- Navalgund on 29th January 2009.

‘Children’s Day Programme’/ “Pedodontist day” was celebrated on the 15th of November 2013. Oral health education and competitions are conducted for children. Free dental treatment and oral hygiene kits were delivered.

48. Give details of “beyond syllabus scholarly activities” of the department.
ICMR STS Projects involving 3rd BDS student Mr. Rajesh (UG Student) under the guidance of Dr. Prashanth Battepati.

UG Research guided by Dr. Shruthi B. Patil, Dr. Vijay Trasad detail of the projects are mentioned under- Student projects Q. No.28

Entrance coaching 2009-2012 (Pedodontics and Preventive Dentistry)

49. State whether the program/ department is accredited/ graded by other agencies? If yes, give details. - None

50. Briefly highlight the contributions of the department in generating new knowledge, basic or applied.

The following are the research work done by the post graduates and faculty of the department contributing towards new information:

- Dermatoglyphic analysis of non syndromic cleft patients and their unaffected parents, Dr. Garima Jain, Dr. Shruthi B. Patil
- Influence of storage media and duration of fragment in the media on the bond strength of the reattached tooth fragment, Dr.Prashanthkumar, Dr. Anand K. Tavargeri

51. Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the department.

Strengths:
- Data / Patient OPD enables adequate clinical exposure to variety of treatment procedures
- Department is major referral centre for North Karnataka region
- Infrastructure
- Staff coordination
- Resourceful Library

Weakness:
- Lack of fund for the departmental usage.

Opportunities:
- Knowledge enhancement
- Improving clinical skill
- Enrichment of advanced techniques

Challenges
- Caries free child in the region
- Creating Awareness about child oral health care in the community.

52. Future plans of the department.
- Recognition for Ph.d Centre
- Conducting CDE Programme
- Encouraging uptake of research programme.
- Increase the preventive programmes
Evaluative Report of the Department of Orthodontics

1. Name of the Department: Orthodontics & Dentofacial Orthopedics
2. Year of establishment: 1987-88
3. Is the Department part of a college/Faculty of the university? Yes
4. Names of programs offered (UG, PG, PharmD, Integrated Masters; M.Phil., Ph.D., Integrated Ph.D., Certificate, Diploma, PG Diploma, D.M./M.Ch., Super specialty fellowship, etc.): BDS, MDS
5. Interdisciplinary programs and departments involved:
   - An inter department Perio- Ortho CDE programme titled Perio-Ortho nexus was held on 26th of July 2013 where in Dr Anand K Patil and Dr Sanjay V Ganeshkar were the speakers.
   - Monthly posting of Oral and Maxillofacial surgery postgraduate students in their 2nd year for training in cephalometric tracing, analysis its importance in surgical treatment planning.
   - Team of Oral Surgery and Orthodontic department staff, technician and students are routinely involved in treatment planning and splint fabrication for orthognathic surgery.
   - Regular co-ordination with dept of Prosthodontics and oral Medicine for splint fabrication using Bio- star in the treatment of patients with TMD and Bruxism.
6. Courses in collaboration with other universities, industries, foreign institutions, etc.: None
7. Details of programs discontinued, if any, with reasons: None
8. Examination System: Annual examination conducted by RGUHS
9. Participation of the department in the courses offered by other departments:
   - Under graduate Inter department ICMR project 2013-14 in co-ordination with Department of Oral Medicine and Radiology titled “Degree Of Trauma Caused To The Oral Mucosa In Individuals Undergoing Orthodontic Treatment – A Prospective study” by Manisha Chintala Under the guidance of Dr Sangamesh B and Dr. Atul Sattur
   - Research in co-ordination with craniofacial unit titled “Comparison of Maxillary arch morphology in normal, operated and un-operated cleft lip and palate patients” By Dr Pratham (P G) Dr Shreyas (P G) and Dr Sangamesh B
   - Inter disciplinary PhD under the aegis of RGUHS titled qualitative and quantitative assessment of changes in dentition and periodontium, during and after orthodontic treatment – a prospective case control study.- pursued by Dr Sangamesh B under the guidance of Dr Srinath Thakur Dept of Periodontics
10. Number of teaching posts sanctioned, filled and actual(Professors/Associate Professors/Asst. Professors/others)

<table>
<thead>
<tr>
<th></th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Actual (including CAS &amp; MPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>2</td>
<td>-</td>
<td>1</td>
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<tr>
<td>Associate Professor/Reader</td>
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<td>-</td>
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<tr>
<td>Assistant Professor</td>
<td>4</td>
<td>-</td>
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<tr>
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<td>-</td>
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<tr>
<td>Tutor / Clinical Instructor</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Senior Resident</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

11. Faculty profile with name, qualification, designation, area of specialization, experience and research under guidance
Dr. Anand K Patil  
MDS  
MORTH RCS Edinburgh  
Professor & HOD  
Orthodontics  
15y, 2m

Dr. Harshavardhan Kidiyor  
MDS  
Associate Professor  
8y, 9m

Dr. Roopak Naik  
MDS  
Associate Professor  
8y, 9m

Dr. Shrinivas Basavaraddi  
MDS  
Associate Professor  
8y, 2m

Dr. Shashikumar  
Reader  
6y, 8m

Dr. Sangamesh B  
Reader  
7y, 2m

Dr. Ameet V  
Reader  
6y, 2m

12. List of senior Visiting Fellows, adjunct faculty, emeritus professors: **Dr. Muhamad Subra Bin Abdullah** (Malaysia), BDS (MYS), M.Dent Sc (BHAM), D.Ortho RCS (ENG), M.Orth RCS (EDIN) PhD (BHAM)

13. Percentage of classes taken by temporary faculty – program-wise information: N.A

14. Program-wise Student Teacher Ratio
   PG: Staff -- 6:8
   UG: Staff -- 100:8

15. Number of academic support staff (technical) and administrative staff: sanctioned, filled and actual:

<table>
<thead>
<tr>
<th>No. of Teaching staffs</th>
<th>07</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Non Teaching Staffs</td>
<td>08</td>
</tr>
</tbody>
</table>

16. Research thrust areas as recognized by major funding agencies: None

17. Number of faculty with ongoing projects from a) national b) international funding agencies and c) Total grants received. Give the names of the funding agencies, project title and grants received project-wise. Nil

18. Inter-institutional collaborative projects and associated grants received
   c) National collaboration-
      The students of the department have done research projects as part of the postgraduate thesis in collaboration with the following for relevant expertise in the respective fields
      - Prof Kishor Bhat, Department of Microbiology Maratha Mandal Dental college Belgaum
      - Department of Radiology and Imaging SDM Medical College and hospital Dharwad
      - Department of Microbiology, SDM Medical College and hospital Dharwad
   d) International collaboration
      - Dr Narayan Gandedkar (Staff) completed a fellowship programme at Chang Gung Memorial Craniofacial Hospital Taiwan in 2010
      - Dr Shreya Ajmara(PG) and Dr Tanuja Deshpande(PG) conducted research on Rapid Prototyping in Orthodontics in collaboration with SDM College of Engineering and Technology and presented Original Research paper at WASET (World Academy of Science, Engineering and Technology) at Bankok, Thailand in December 2012

19. Departmental projects funded by ICMR; DST-FIST; UGC-SAP/CAS, DPE; DBT, ICSSR, AICTE, etc.; total grants received: None
20. Research facility / centre with - None
   - state recognition
   - national recognition
   - international recognition

21. Special research laboratories sponsored by / created by industry or corporate bodies - None

22. Publications:
   * Number of papers published in peer reviewed journals (national/international) – 94
   * Monographs – None
   * Chapters in Books – 1
   * Books edited – 1
   * Books with ISBN with details of publishers – 1
   * Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, Dare Database - International Social Sciences Directory, EBSCO host, Medline, etc.)- 32
   * H-Index – for Department -- Range:0-1, Average:0.43
   * Citation Index for Department -- Range:0-10, Average:2.4

<table>
<thead>
<tr>
<th></th>
<th>Dr. Anand Patil</th>
<th>Dr. Harsha</th>
<th>Dr. Roopak</th>
<th>Dr. Shrinivas</th>
<th>Dr. Shashi</th>
<th>Dr. Sangamesh</th>
<th>Dr. Ameet</th>
</tr>
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<tbody>
<tr>
<td>National</td>
<td>2</td>
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<tr>
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<tr>
<td>h-index</td>
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<td>0</td>
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</tr>
</tbody>
</table>

23. Details of patients and income generated: Annual

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL PATIENTS</th>
<th>INCOME GENERATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/04/2009 TO 31/03/2010</td>
<td>12,378</td>
<td>20,51,707</td>
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<tr>
<td>01/04/2010 TO 31/03/2011</td>
<td>12,358</td>
<td>21,13,390</td>
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<td>01/04/2011 TO 31/03/2012</td>
<td>11,113</td>
<td>21,49,385</td>
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<td>01/04/2012 TO 31/03/2013</td>
<td>10,150</td>
<td>24,21,015</td>
</tr>
<tr>
<td>01/04/2013 TO 31/03/2014</td>
<td>10,362</td>
<td>31,63,515</td>
</tr>
</tbody>
</table>

24. Areas of consultancy and income generated- None

25. Faculty selected nationally / internationally to visit other laboratories / institutions / industries in India and abroad:
   Dr. Anand K Patil, Dr. Sanjay V Ganeshkar has been appointed regularly as inspectors
for Dental Council of India and Local Inspection Committee of RGUHS to inspect and approve PG, UG programs at various dental colleges in India.

26. Faculty serving in
- **National Committees** - Executive committee member of Indian Orthodontic Society for the year 2010-11, 2011-12, 2013-14
- Academic External Board of studies member of KLE University for the year 2013-15
- Dr. Anand Patil
- **Editorial Boards**

Dr. Anand Patil:
1. Reviewer for Progress in orthodontics – A springer Open Journal
2. Sangamesh:
   1. Reviewer for Journal of World Federation of Orthodontics (JWFO) and Journal of Dental Research (JDR) since 2009
3. Dr. Ameet:
   1. Associate Editor - APOS Trends in Orthodontics. Official Publication of the Asia Pacific Orthodontic Society
5. Orthodontics-The Art and Science of Dentofacial enhancement(Formerly World Journal Of orthodontics – Quintessence Publishing December 2010 [International; Impact Factor = 0.32; PubMed, Medline Indexed]

27. Faculty recharging strategies (Refresher/orientation programs, workshops, training programs and similar programs).
- **Dr. Anand K Patil:**

**International:**
- Research Oral Speaker 110th American Annual Conference conducted by American Association of Orthodontics (AAO) held at Washington D.C on May 2010
- Comparison of effects of ibuprofen and acetaminophen on PGE2 levels in the GCF during orthodontic tooth movement a human study.
- Research Oral Speaker 111th American Annual Conference conducted by American Association of Orthodontics (AAO) held at Chicago May 2011
- Estimation of serum and salivary Osteoclastin levels and its correlation with skeletal maturatiouduring puberty

**National:**
- Guest speaker for symposium on the bilology of tooth movement Dharwad 2009 “Insight into Biology and Biomechanics of Orthodontic Tooth movement” – Orthodontic in Top Gear”.
- Invited speaker 48th Indian Orthodontic conference held from 22nd to 24th December 2013 at Ahmedabad
• Invitee Speaker workshop on Advances in Biology and Biomechanics under Indian Orthodontic Society conducted at Udaipur Rajasthan 8th October 2013
• Invitee Speaker Orthodontic Summit – Bangalore Orthodontic Study group 24th May 2014
• Chair Person for Scientific session December 2010- 45th IOS Conference Mangalore, India
• April 2011- Orthodontics the way ahead, SDMCDS, Dharwad
• February 2013- 17th PG convention of the Indian orthodontic Society, Managalore
• Aligner technology workshop conducted at Mumbai 2011
• Incognito Lingual Orthodontic Technique workshop conducted by 3M Orthodontic at Mumbai on 2012
• Hands on workshop on Dental Implants with four practical modules at SDMCDS Dharwad Organised by Biohorizanes on 2012-13

Dr. Sanjay V Ganeshkar:
National:
• Invitee speaker for IOS PG convention, Davangere, 2009 - “Symbiosis – Combining disciplines for delivering optimal care”.
• Guest speaker for Symposium on the biology of tooth movement, Dharwad 2009 “Insight into Biology and Biomechanics of orthodontic tooth movement”- Orthodontics in Top Gear”.
• National speaker for AO course on orthognathic surgery and distraction osteogenesis on 19th-22nd January 2009 at Dharwad. -“Anteroposterior & vertical discrepancies- Range of the problem”.
• Invitee speaker for Central India Orthodontic study group at Bhopal 2009, - “Myths of lingual orthodontics and indirect bonding”.
• Invitee speaker (Interdisciplinary Orthodontics) for 44th IOC –New Delhi.
• Conducted hands on course in lingual orthodontics at Mumbai on 23rd January 2009-25th January 2009.
• Invitee speaker for Continuing Orthodontic Education Program at Mangalore on 09th October 2009, and delivered a guest lecture on “Inter disciplinary approach in Orthodontics”.

International:
• Participated 109th American Orthodontic Conference in Boston, USA on May 2009.
• Poster presentation in 7th International conference at Sydney Australia.
• Invited to give a guest lecture on various Orthodontic topics in Kuala-lanpur Malaysia in January 2010.
• Participated 111th American Association of Orthodontic Annual Conference held in Boston, USA on May 2011 and presented a poster on Stability of Orthodontic Implant.
• Visited Kyung Puk National University, Daegu, South Korea for training in Advanced Lingual Orthodontics and microimplant placement in October 2011.
• Conducted Hands on course on Orthodontic implants in Kuala-lanpur Malaysia in September 2013.
• Presented research paper during 113th AAO Conference on “ The Efficacy of Ga-Al-Ar low level Laser on the rate of Orthodontic tooth movement” held in Philadelphia U.S.A on May 2013
Dr. Harshavardhan Kidiyoor:
- Attended the 45th Indian Orthodontic Conference held from 17th to 19th December 2010 at Mangalore and presented a Paper titled “Orthodontics-Iatrogenesis Imperfecta”
- Attended the symposium on the completely edentulous patient-Prostodontic options for clinical success” held on 9th and 10th Feb 2013 at SDMCDSH Dharwad under IDA Dharwad District Branch.
- Attended the 14th IACDE/IES PG convention at Dharwad -7th to 9th June 2013
- Organized and attended the CDE programme on Perio-Ortho nexus on 26th July 2013 at SDMCDSH Dharwad
- Attended the 48th Indian Orthodontic Conference held from 22nd to 24th December 2013 at Ahmedabad and presented a Paper titled “Retention- the step child of orthodontics” awarded the 3rd best clinical paper.
- Attended the 67th Indian Dental Conference held from 21st to 23rd Feb 2014 at Hydrabad.

Dr. Roopak Naik:
- Attended the 45th Indian Orthodontic Conference held from 17th to 19th December 2010 at Mangalore
- Attended CDE Program Conducted by Goa Orthodontic Study group on January 21st and 22nd 2013
- Attended the symposium on The completely edentulous patient-Prostodontic options for clinical success” held on 9th and 10th Feb 2013 at SDMCDSH Dharwad under IDA Dharwad District Branch.
- Attended the 14th IACDE/IES PG convention at Dharwad -7th to 9th June 2013
- Organized and attended the CDE program on Perio-Ortho nexus on 26th July 2013 at SDMCDSH Dharwad

Dr. Shrinivas:
- Attended the symposium on The completely edentulous patient-Prostodontic options for clinical success” held on 9th and 10th Feb 2013 at SDMCDSH Dharwad under IDA Dharwad District Branch
- Organized and attended the CDE programme on Perio-Ortho nexus on 26th July 2013 at SDMCDSH Dharwad
- Attended the 48th Indian Orthodontic Conference held from 22nd to 24th December 2013 at Ahmedabad

Dr. Shashikumar: Joined in February 2014

Dr. Sangamesh:
- 2009: 85th EOS Conference Helsinki, Finland - Scientific Poster presentation
  1. A three-dimensional finite element analysis of effects of commonly used loops in edgewise system for anterior retraction
  2. Morphological alterations in the alveolar bone following orthodontic treatment - An 48 Orthopantomographic study
- 2010: 45th IOS Conference Mangalore, India - Scientific oral paper presentation - Morphological alterations in the alveolar bone following orthodontic treatment- An 163 Orthopantomographic study
- 2012: Indocleft Conference, Bangalore, India - Chair person for scientific session
- 2012: 112th American Association of Orthodontists Oral paper presentation ‘A three dimensional CBCT (AAO), Annual Session, Honolulu, HI. USA analysis of the condylar position in the glenoid fossa and and its correlation with maximum bite force during orthodontic treatment’
2012: 47th IOS & APOS, New Delhi, India - Oral paper presentation ‘A 3D CBCT analysis of condylar position in glenoid fossa and its correlation with biteforce’

2013: 48th IOS, Ahmedabad, India - Oral paper presentation ‘Comparison of Maxillary arch morphology in normal, operated and un-operated cleft lip and palate patients’.

Dr. Ameet:
- October 2009-2nd International Workshop on Surgical-Orthodontic Approach to Dentofacial Deformity at the Taoyun Branch of Chang Gung Memorial Hospital, Taiepi, Taiwan
- January 2009- AO Orthognathic Course, 19-22 nd January, SDM College of Dental Sciences,Dharwad,India. Part of the Organizing Committee
- December 2010- 45th IOS Conference Mangalore, India
- April 2011- Orthodontics the way ahead, SDMCDS, Dharwad
- October 2011- 46th Annual conference of the Indian orthodontic Society, Khajuraho January 201- Indocleft Conclave, Bangalore

28. Student projects
- percentage of students who have taken up in-house projects including inter-departmental projects- 100%- PG
- percentage of students doing projects in collaboration with other universities / industry / institute - Nil

29. Awards / recognitions received at the national and international level by

- Faculty
  a. The best Clinical paper award (Third Prize) was given to Dr. Harshavardhan Kidiyoor for his Paper titled “Retention- the step child of orthodontics” at the 48th Indian Orthodontic Conference held from 22nd to 24th December 2013 at Ahmedabad.
  b. Dr. Sangamesh successfully completed Indian Board of Orthodontics part II Clinical Examination and was awarded “ Diplomate Indian Board of Orthodontics”.

- Students
  a. Dr. Shashwat won the best clinical paper (research) at 15th IOS PG Convention held at Manali in 2011
  b. Dr. Roshni won the best clinical paper (research) at 16th IOS PG Convention held at Vishakapatnam in 2012
  c. Dr. Shreyas M R won the best clinical paper (research) at 17th IOS PG Convention held at Mangalore in 2013

30. Seminars/ Conferences/Workshops organized and the source of funding (national / international) with details of outstanding participants, if any.
   a. Organized Basic and Advanced Lingual course by Dr. Rafi Romano at SDM Dental College Dharwad between 26th and 27th January.
   b. Organized the CDE programme on Perio-Ortho nexus on 26th July 2013 at SDMCDSH Dharwad
   c. Workshop on Lingual Orthodontics conducted by Dr. Tushar Hegde from Mumbai held on 24th & 25th October 2013.
   d. Organized workshop on New Age Biology and Biomechanics 4th and 5th June 2014 attended by over 100 students, delegates and staff across the country.
31. Code of ethics for research followed by the departments: **As per Institutional Review Board**

32. Student profile program-wise:

### 2009-2013 Subject Results – IV BDS Orthodontics

<table>
<thead>
<tr>
<th>Year</th>
<th>Appeared</th>
<th>Passed</th>
<th>%</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>June</td>
<td>Dec</td>
<td>June</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>2009</td>
<td>50</td>
<td>36</td>
<td>19</td>
</tr>
<tr>
<td>2010</td>
<td>36</td>
<td>60</td>
<td>15</td>
</tr>
<tr>
<td>2011</td>
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<td>2012</td>
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<td>32</td>
<td>14</td>
</tr>
<tr>
<td>2013</td>
<td>21</td>
<td>26</td>
<td>11</td>
</tr>
</tbody>
</table>

### 2009-2013 Subject Results – MDS Orthodontics

<table>
<thead>
<tr>
<th>Name of the Program</th>
<th>Pass percentage</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MDS</td>
</tr>
<tr>
<td>Year</td>
<td>M</td>
</tr>
<tr>
<td>2009 Batch</td>
<td>100%</td>
</tr>
<tr>
<td>2010 Batch</td>
<td>60%</td>
</tr>
<tr>
<td>2011 Batch</td>
<td>100%</td>
</tr>
<tr>
<td>2012 Batch</td>
<td>100%</td>
</tr>
<tr>
<td>2013 Batch</td>
<td>100%</td>
</tr>
</tbody>
</table>

33. Diversity of students

<table>
<thead>
<tr>
<th>Name of the Program (MDS)</th>
<th>% of students from the same university</th>
<th>% of students from other universities within the State</th>
<th>% of students from universities outside the State</th>
<th>% of students from other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 Batch</td>
<td>5/6 (83%)</td>
<td>5/6 (83%)</td>
<td>1/6 (17%)</td>
<td>0</td>
</tr>
<tr>
<td>2010 Batch</td>
<td>2/5 (40%)</td>
<td>3/5 (60%)</td>
<td>2/5 (40%)</td>
<td>0</td>
</tr>
<tr>
<td>2011 Batch</td>
<td>4/6 (67%)</td>
<td>4/6 (67%)</td>
<td>2/6 (33%)</td>
<td>0</td>
</tr>
<tr>
<td>2012 Batch</td>
<td>5/6 (83%)</td>
<td>5/6 (83%)</td>
<td>1/6 (17%)</td>
<td>0</td>
</tr>
<tr>
<td>2013 Batch</td>
<td>3/6 (50%)</td>
<td>4/6 (67%)</td>
<td>2/6 (33%)</td>
<td>0</td>
</tr>
</tbody>
</table>

34. How many students have cleared Civil Services and Defense Services examinations, NET, SET, GATE, USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS and other competitive examinations? **None**

35. Student progression: Year wise

<table>
<thead>
<tr>
<th>Student progression UG to PG</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
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</tr>
<tr>
<td>2010</td>
<td>1/6 -- 16.6%</td>
</tr>
<tr>
<td>2011</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>0</td>
</tr>
<tr>
<td>Student progression (UG to PG)</td>
<td>Percentage against enrolled</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>2009</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>1/6 -- 16.6%</td>
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<tr>
<td>2011</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>1/6 -- 16.6%</td>
</tr>
</tbody>
</table>

36. Diversity of staff

<table>
<thead>
<tr>
<th>Percentage of faculty who are graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the same university</td>
</tr>
<tr>
<td>from other universities within the State</td>
</tr>
<tr>
<td>from universities from other States</td>
</tr>
<tr>
<td>from universities outside the country</td>
</tr>
</tbody>
</table>

37. Number of faculty who were awarded M.Phil., DM, M Ch, Ph.D., D.Sc. and D.Litt. during the assessment period- Nil

38. Present details of departmental infrastructural facilities with regard to:
   a) Library: since the department is present the same floor as the college library the text books earlier present in the department library has been shifted to college library. The department library still retains
      Bound volumes of AJO and JCO: 30
      Seminars submitted by Students: 200
      Dissertations completed by students: 66
   b) Internet facilities for staff and students: Yes available
   c) Total number of class rooms: one seminar room with overhead power point projector.
   d) Class rooms with ICT facility and ‘smart’ class rooms: All students have their own personal computer which can be connected to the Wi-fi Network hence making it possible to integrate and interact within the seminar room or clinical area.
   e) Students’ laboratories: Separate dry and wet lab facilities available
   f) Research laboratories: the department has the following equipment that facilitates research
      - Torque angulation Device
      - Bracket positioning device
      - Arch mate
      - Dolphin Version 11.01
      - Digital torque gauge

39. List of doctoral, post-doctoral students and Research Associates – Not Applicable
   a) from the host institution/university
   b) from other institutions/universities

40. Number of post graduate students getting financial assistance from the university- None

41. Was any need assessment exercise undertaken before the development of new program(s)? If so, highlight the methodology. -- None

42. Does the department obtain feedback from: Feedback collection and evaluation is not done at department level, however feedback from the patients are obtained and evaluated by the patient care committee and necessary suggestions and recommendations are made to the department. The feedback forms are available at the reception of every department feedback from the students regarding the lectures and teaching methodology is obtained
by the academic committee of the college and necessary steps are taken for the enhancement of the department teaching program. The feedback forms are available at the student’s office.

43. List the distinguished alumni of the department (maximum 10) - (2009-2014)
   a. Dr. Sleev raju Alumni of the department 1996 Batch was appointed as Principal of St. Joseph’s Dental College Eluru Andhra Pradesh in 2013
   b. Dr. Ashwini Joshi Alumni of the department 2003 batch was awarded The Milo Hellman Research Award in 2013 by Texas A&M University Baylor College of Dentistry
   c. Dr. Tushar Hegde Alumni of the department 2002 batch is a reputed clinician and speaker in the field of advanced lingual Orthodontics. He has lectured extensively at both national and internationally on the subject Lingual Orthodontics and also provides lab support and technical assistance for the same.
   d. Dr. Chetan Jayade Alumni of the department 2001 batch, HOD at CKS Teja Institute of Dental Sciences Tirupati, has been selected to the panel of examiner for M Orth for the Royal College of Surgeons Edinburgh University.

44. Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.
   - Dr Shreya Ajmara(PG), Dr Tanuja Deshpande(PG), Dr Surabhi(PG), and Dr Roshni Shetty (PG) visited Kyung Puk National University, Daegu, South Korea for training in Advanced Lingual Orthodontics and microimplant placement in October 2011.
   - The department organized Basic and Advanced Lingual course by Dr. Rafi Romano at SDM Dental College Dharwad between 26th and 27th January 2013.
   - The department Organize a CDE program on Perio-Ortho nexus on 26th July 2013 at SDMCDSH Dharwad
   - A Workshop on Lingual Orthodontics was conducted by Dr. Tushar Hegde from Mumbai held on 24th & 25th October 2013
   - Organized workshop on New Age Biology and Biomechanics 4th and 5th June 2014 attended by over 100 students, delegates and staff across the country.

45. List the teaching methods adopted by the faculty for different programs including clinical teaching.

**Undergraduate**
- Didactic lectures
- Demonstrations of preclinical skills
- Chair side case history discussions
- Evaluation of radiographs and study models
- Observation of advanced clinical procedures namely banding, bonding, implant placement, debonding and fabrication of removable, functional appliance and retainers

**Postgraduate**
- Seminars
- Journal clubs
- Topic wise group discussions
- Demonstration and critical evaluation of preclinical skills
- Chair side case history discussions with additional diagnostic aids
- Demonstrations of advanced clinical procedures namely banding, bonding, implant placement, debonding and fabrication of removable, functional appliance and retainers
Brain storming sessions

46. How does the department ensure that program objectives are constantly met and learning outcomes are monitored?

UG – 3 Theory Internal Assessment, end posting practical examination, Competency Assessment forms

PG – 7 Block Exams at an interval of 3 months during the first and second year of the 3 year PG course, Preparatory Examination at the end of 2 and half years, Regular chair side Viva.

47. Highlight the participation of students and faculty in extension activities: None

48. Give details of “beyond syllabus scholarly activities” of the department.

- An Undergraduate research project titled Golden proportion in Hubli – Dharwar local population was conducted in the department under the guidance of Dr. Harshawardhan Kidyoor by BDS students Dr. Shrivardhan K, Dr. Bhargavi K, Dr. Margie K, Dr Sheetal R, Jyoti N, Chandralekha and was submitted to SDM IRB in 2010-2011
- An Undergraduate research project titled Cephalometric Norms in the adult female population in North Karnataka was conducted in the department under the guidance of Dr. Shrinivas M Basavaraddi by BDS studentsDr. Shruti malagi, Dr.Mihir Kulkarni, Dr. Mittal and was submitted to SDM IRB in 2010-2011
- Assessment of knowledge in prescribing antibiotics among Dental Practitioners and Residents (Post graduates) in twin cities of Hubli-Dharwad. Intern 2012; Priya Meherwade. (Submitted for publication)
- Model analysis for orthodontic diagnosis & treatment planning based on the ratio of the surface area of maxillary and mandibular cast. 2012 Interns: Pratik, Mahesh, Deepika, Sameer & Kishor (Submitted for publication)
- Sports trauma and preventive dentistry. 2013 Intern: Rohit Mathur. Poster presentation at Students IDA Conference Kolkata. (Submitted for publication)

49. State whether the program/ department is accredited/ graded by other agencies? If yes, give details. ---- Department specifically not accredited

50. Briefly highlight the contributions of the department in generating new knowledge, basic or applied.

The PG students and staffs are constantly working in the field of Research as a part of PG thesis and other ongoing research clinical innovation have been tried and proven successfully. Some of the above new ideas have been published namely

- “Oops I deleted it”-A solution for recovering deleted images from memory cards”.Author: Dr.Ameet,Dr.Narayan Gandedkar, Dr.Sanjay V.Ganeshkar- American Journal Of Orthodontics And Dentofacial Orthopaedics (Ajodo),- 2009

51. Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the
Strengths
1. Good Patient inflow
3. Large number of publications from Department
4. Revenue generation by patient treatment
5. Highly qualified teaching staff

Weaknesses
1. Waiting period of 4 months for getting treatment for regular case
2. Inadequate space for record keeping
3. Limited patient exposure in undergraduate training
4. Low percentage of original research publications
5. Lack of trained chair side assistants

Opportunities
1. Conversion of the waiting list patients to productive PG/UG training material
2. Digitalization and systematic maintenance of records
3. Records could be converted to original research and publication
4. Cultivate research culture in students and staff
5. Proper utilization/division of student time giving equal importance to academics and clinical exposure

Challenges
1. Incorporation of cost-effective technology in treatment of patients
2. Too incorporate ultra modern technologies in treatment like Invisialigners/aligners and Incognito Lingual orthodontics into clinical Practice
3. Channelize the intellectual potential of the staff in productive research and publications
4. Create more awareness among the local population about quality Orthodontic care
5. Creation of a placement cell through an interactive alumni association.

52. Future plans of the department.
   • Enhancement of the Orthodontic program by collaboration with various other International and national universities.
   • Incorporation of research into clinical practice.
   • To develop the department into a center for handling complicated cases involving a multidisciplinary approach.
Evaluative Report of the Department of Oral & Maxillofacial Surgery

1. Name of the department: **Oral & Maxillofacial Surgery**
2. Year of Establishment: **1986**
3. Is the Department part of college/Faculty of university? -- **Yes, the department is faculty of university**
4. Names of Programs offered: **BDS, MDS**
5. **Interdisciplinary programs and Departments involved:**
   a. The first year post graduate students attend anatomy dissection classes at SDM College of Medical Sciences and Hospital Dharwad.
   b. The post graduate students of our department, during their second year, are posted on rotation, monthly, in various departments in SDM Medical College.
   c. General Anesthesia (1 month):
      Basic principles of local and general anesthesia, principles of airway management in emergency and elective cases, pre-operative evaluation, peri-operative care, management of medical emergencies and peripheral procedures are taught to the PGs during this posting.
   d. General Medicine (1 month):
      General systemic examination, essential knowledge about various systemic conditions and their medical management and management of medically compromised cases in oral and maxillofacial surgical practice is taught during this posting.
   e. General Surgery (1 month):
      Basic principles of surgery, peripheral procedures, operating room techniques, peri-operative care of patient, wound management, primary care in trauma setting are all the areas to which the PGs are exposed to during this posting.
   f. Radiology (1 month):
      During this posting the PGs are exposed to the world of diagnostic radiology. Basic principles of conventional radiology and advanced imaging techniques like computed tomography, magnetic resonance imaging, ultrasound and angiographies are dealt with. The PGs are even taught the radiologic anatomy and also case based interpretation of the above mentioned scans.
   g. Neurosurgery, Casualty/Emergency (2 months):
      Clinical neurological examination, primary trauma care, assessment of neurologic injuries, head and cervical spine injuries and their management principles are the areas that are focused on in this posting.
   h. Plastic Surgery (2 months):
      Wound healing, wound management, dressings, drains, suturing, various soft tissue reconstruction procedures, skin grafting are amongst various other topics that are taught to the PGs.
   i. ENT (15 days):
      Anatomy and physiology of ear, nasal cavity and paranasal sinuses, recognition and principles of management of trauma related/infectious otologic conditions, antral pathologies and certain antral procedures are the areas of focus.
   j. Ophthalmology (15 days):
      Anatomy and physiology of optic system, clinical examination of related cranial nerves, ocular examination and assessment of vision, ocular injuries and their management are the highlights of this posting.
   k. Orthodontics (Dept. Orthodontics of SDMCDH of 15 days):
      Growth and development of face and dentition, concepts in occlusion, clinical presentation and recognition of dental and skeletal malocclusion, cephalometrics, clinical evaluation of
various skeletal discrepancies, cephalometric analysis for orthognathic surgery, planning for orthognathic surgery cases are the areas in which the PG students are trained.

1. Radiotherapy & Chemotherapy (NMR HCG Cancer Center, Hubli): 15 days
   Radiation physics, interaction of radiation with tissues and its effects, principles of radiation therapy, planning, dosimetry, fractionation, hyperfractionation, techniques, implant radiation therapy, complications and management, pharmacology of chemotherapeutic drugs, principles of chemotherapy, various agents used, timing of chemotherapy cycles, adverse systemic effects and their management are highlighted during this posting.

m. All the above mentioned postings aim to provide the post graduate students a brief overview and to acquire certain basic working knowledge about these allied sciences.

6. Courses in collaboration with other universities, industries, foreign institutions etc: None

7. Details of programs discontinued, if any, with reasons: None

8. Examination system: Annual exam conducted by the RGUHS

9. Participation of department in the courses offered by other departments: None

10. Number of teaching posts sanctioned, filled and actual (Professors/Associate Professors/Assistant Professors/Others)

<table>
<thead>
<tr>
<th>Cadre</th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Actual (CAS &amp; MPS)</th>
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</thead>
<tbody>
<tr>
<td>Professor</td>
<td>--</td>
<td>3</td>
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</tr>
<tr>
<td>Associate Professor</td>
<td>--</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Reader</td>
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</tr>
<tr>
<td>Assistant Professor</td>
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</tr>
</tbody>
</table>

11. Faculty profile with name, qualification, designation, area of specialization, experience and research under guidance.

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Designation</th>
<th>Specialization</th>
<th>Experience (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. K. Gopalakrishnan</td>
<td>MDS</td>
<td>Professor</td>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>25 years</td>
</tr>
<tr>
<td>Dr. Venkatesh Anchosur</td>
<td>MDS</td>
<td>Professor &amp; Head</td>
<td>-- --</td>
<td>18 years</td>
</tr>
<tr>
<td>Dr. Bhushan V. Jayade</td>
<td>MDS</td>
<td>Professor</td>
<td>-- --</td>
<td>16 years</td>
</tr>
<tr>
<td>Dr. Anil Desai</td>
<td>MDS</td>
<td>Professor</td>
<td>-- --</td>
<td>11 years 2 months</td>
</tr>
<tr>
<td>Dr. Abhijit Joshi</td>
<td>--</td>
<td>Associate Prof.</td>
<td>-- --</td>
<td>7 years 6 months</td>
</tr>
<tr>
<td>Dr. Mahantesh S. Shiranvi</td>
<td>--</td>
<td>Reader</td>
<td>-- --</td>
<td>7 years</td>
</tr>
<tr>
<td>Dr. Naveen J.</td>
<td>--</td>
<td>Reader</td>
<td>-- --</td>
<td>5 years</td>
</tr>
<tr>
<td>Dr. Sahana. B. A.</td>
<td>--</td>
<td>Reader</td>
<td>-- --</td>
<td>5 years 9 months</td>
</tr>
<tr>
<td>Dr. Gautam R. Jayade</td>
<td>--</td>
<td>Assistant Prof.</td>
<td>-- --</td>
<td>3 years 5 months</td>
</tr>
<tr>
<td>Dr. Prashant Bhat</td>
<td>--</td>
<td>Assistant Prof.</td>
<td>-- --</td>
<td>1 year 3 months</td>
</tr>
<tr>
<td>Dr. Jnanesh Kannur</td>
<td>--</td>
<td>Assistant Prof.</td>
<td>-- --</td>
<td>6 months</td>
</tr>
<tr>
<td>Dr. Nikhil</td>
<td>MDS</td>
<td>Assistant Prof.</td>
<td>-- --</td>
<td>6 months</td>
</tr>
<tr>
<td>Dr. Pallavi</td>
<td>MDS</td>
<td>Assistant Prof.</td>
<td>-- --</td>
<td>1 Year 5 months</td>
</tr>
</tbody>
</table>

12. List of senior Visiting Fellows, adjunct faculty, emeritus professors: None

13. Percentage of classes taken by temporary faculty – program wise information: None
14. Program wise Student Teacher Ratio: BDS - 10:1; MDS - 2.1:1
15. Number of academic support staff (technical) and administrative staff:

<table>
<thead>
<tr>
<th>Number of Administrative Staff</th>
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</thead>
<tbody>
<tr>
<td>Number of Technical Staff</td>
<td>8</td>
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</tbody>
</table>

16. Research thrust areas as recognized by major funding agencies: None
17. Number of faculty with ongoing projects from national, international funding agencies and total grants received: None
18. Inter-institutional collaborative projects and associated grants received: None
19. Departmental projects funded by ICMR, DST-FIST, UGC-SAP/CAS, DPE, DBT, ICSSR, AICTE etc. total grants received: None
20. Research facility/centre with state recognition/national recognition/international recognition: None
21. Special research laboratories sponsored by/created by industry or corporate bodies: None

22. Publications:
   - Number of papers published in peer reviewed journals (national/international) –
     * Monographs – None
     * Chapters in Books – None
     * Books edited – None
     * Books with ISBN with details of publishers – None
     * Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, Dare Database - International Social Sciences Directory, EBSCO host, Medline, etc.)

   * Citation Index – range/average

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Citations since 2009</th>
<th>No of publications</th>
<th>Avg.</th>
<th>Range</th>
<th>Department Avg.</th>
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<tbody>
<tr>
<td>Dr. Gopalakrishnan</td>
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<td>Dr. Venkatesh A</td>
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<tr>
<td>Dr. Bhushan Jayade</td>
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<tr>
<td>Dr. Anil Desai</td>
<td>37</td>
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<td>4.62</td>
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<tr>
<td>Dr. Abhijit Joshi</td>
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<td>Dr. Mahantesh S S</td>
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<tr>
<td>Dr. Naveen J</td>
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<tr>
<td>Dr. Sahana B A</td>
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<td>Dr. Gautam R J</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Prashant Bhat</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jnanesh</td>
<td>2</td>
<td>1</td>
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<td></td>
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</tr>
<tr>
<td>Dr. Nikhil</td>
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<td>2</td>
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<td></td>
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<tr>
<td>Dr. Pallavi</td>
<td>0</td>
<td>1</td>
<td>0</td>
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</tr>
</tbody>
</table>

* Impact Factor – range / average

   * Publication: [National and International]
   3. Range: 0 to 1.359
   4. Average: 1.21

* h-index

<table>
<thead>
<tr>
<th>Faculty</th>
<th>h-index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Gopalkrishnan</td>
<td>3</td>
</tr>
<tr>
<td>Dr. Venkatesh A</td>
<td>1</td>
</tr>
<tr>
<td>Dr. Bhushan Jayade</td>
<td>2</td>
</tr>
</tbody>
</table>
23. Details of patents and income generated: **None**

24. Areas of consultancy and income generated:
Dr. K. Gopal Krishnan has been extending his services as a member of board of trustees of AOCMF Organization. However no income is generated out of this consultancy service.

25. Faculty selected nationally/internationally to visit other laboratories/institutions/industries in India and abroad:
- Dr. Venkatesh Anehosur and Dr. Bhushan Jayade have been appointed by the DCI as inspectors to various colleges during the 2010 and 2012.
- Dr. Venkatesh Anehosur visited Panineeya Dental College, Hyderabad, January 2010.
- Dr. Venkatesh Anehosur visited Panineeya Mahavidyapeeth Dental College, Hyderabad, November 2010.
- Dr. Bhushan Jayade was DCI Inspector at Devi Dayal Dental College and Hospital Panchkula, Chandigarh, Jan 2012.
- Dr. Bhushan Jayade was DCI Inspector at Rishiraj Dental College and Hospital, Bhopal, Jan 2012.
- Dr. Venkatesh Anehosur was DCI inspector in Aurobindo Dental college, Indore February 2012
- Dr. Bhushan Jayade was DCI inspector at Meghna Institute of Dental Sciences, Nizamabad, February 2012
- Dr. Bhushan Jayade was DCI inspector in Govt. Dental science, Vijayawad, February 2012
- Dr. Venkatesh Anehosur visited Ahmedabad Dental College, Ahmedabad, Gujarat in May 2012.
- Dr. Venkatesh Anehosur was DCI Inspector for inspection at Goa dental college, Goa, December 2012.
- Dr. Venkatesh Anehosur was DCI Inspector for inspection at Mamta Dental College Kammam in the month of February 2013.

26. Faculty serving in national committees/international committees/editorial boards/any other:

Editorial Boards:
Dr. Bhushan Jayade is on the editorial board for Oncology section for Journal of Maxillofacial and Oral Surgery.

Reviewer:
Dr. Venkatesh Anehosur is reviewer for the Journal of Maxillofacial and Oral Surgery.

Board of Studies:
Dr. Gautam R. Jayade has been appointed as a member of Board of Studies in the Assistant Professor category in RGUHS, Bangalore in February 2014.
27. Faculty recharging strategies (refresher/orientation programs, workshops, training programs, and similar programs):
   * A series of lectures on sterilization and asepsis and hand hygiene program were conducted for the staff members during 2010 and 2011 by the OSIC. All the staff members from the department had attended the lectures.
   * A Basic Life Support Course was conducted in 2011 in SDM Craniofacial Unit. All the staff members of the department attended the course and made best use of the opportunity.
   * A teachers training program was conducted at SDM Medical College during 2011 which was attended by Dr. Gautam R. Jayade. The program aimed at familiarizing the junior staff with the basics of question paper setting and conducting exams.

Conferences/Workshops Attended 2009-2014

Dr. Gopalkrishnan K:
* Indian Association of Plastic Surgeons - Cleft Conference, Pondicherry 2009
* AO Craniomaxillofacial Principles Course, Mumbai 2009
* AO Advanced Symposium on Craniomaxillofacial Reconstruction, Bangalore 2009
* “ROME” at Shri Ramachandra Dental College, Chennai 2009
* Integra Implant Workshop, Coorg 2009
* 34th Midterm Conference AOMSI, Mumbai 2010
* AOCMF Advanced Seminar on Secondary Cleft Deformities, Chennai 2010
* 6th TOMA Conference, Shree Balaji Dental College & Hospital, Bharath University, Chennai 2010
* Smile Train Surgeons Meet, Taiwan 2010
* Course on Faculty Tips for Trainers (Training AO Faculty), Cochin 2010
* AO Principles Seminar as Regional Chairman in Katmandu, Nepal 2010
* 9th Asian Congress on Oral & Maxillofacial Surgery, Kuala Lumpur, Malaysia 2010
* 35th Annual AOMSI Conference, Coimbatore 2010
* 1st Karnataka State Chapter AOMSI Conference, Mysore 2010
* Smile Train Anesthetic & Reconstructive Surgeon’s Conference 2011
* Indocleft Conference in Bangalore 2012
* AO Principles course, Bhubaneshwar 2012
* Regional Faculty at AO principle course at Katmandu, Nepal 2012
* Craniomaxillofacial Fracture Management at Manila, Philippines 2012
* American Cleft Palate-Craniofacial Association; 69th Annual Meeting and Symposia in San Jose, California, 2012
* AOCMF Principles course in Colombo, Sri Lanka 2012
* 1st National Symposium on cleft lip and palate in Yenapoya Dental college, Mangalore 2012
* AOCMF Faculty Education Program (FEP) in Bali, Indonesia 2012.
* 37th AOMSI National Conference, Hyderabad held on 2012
* AO-CMF course - Cranio-maxillofacial fracture management, Chandigarh, December 2012.
* Indocleft conference in Nagpur 2013
* 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal 2013
* AOCMF Principal Course of OORT, 2013
* Advance seminar on management of secondary deformity in Maxilla Facial Unit Cebu - Philippins 2013
* ‘ASMACON- 1st Asian OMFS PG Convention’ held in Mangalore, 2013.
* Smile Train STAR Conference held at Delhi, 2013
* AO Symposium on Orbital injuries & Reconstruction, 2013.
* AOCMF Conference- Principles in CMF Management held in Mumbai, 2014.
* AOCMF conference held in Chennai, 2014.
* 18th MIDCOMS conference at Tripur, 2014

**Dr. Venkatesh Anehosur**

* AO Cranio-maxillofacial Principles Course, Mumbai 2009
* MRI meet in SDM College of Medical Sciences & Hospital 2009
* 35th Annual AOMSI Conference, Coimbatore 2010
* 1st Karnataka State Chapter AOMSI Conference, Mysore 2010
* Conscious Sedation in SDMCDS 2012
* “Microvascular surgery training course” from at Ganga Hospital in Coimbatore, TN 2012
* 2nd AOMSI Karnataka State Chapter Conference in Bagalkot 2012
* 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal 2013
* "Traumascion" SDM College of Medical Sciences & Hospital, Dharwad, 2013
* 38th National Conference of AOMSI in Bhuvaneshwar, 2013
* 4th AOMSI Karnataka State Chapter Conference, Belgaum, 2014

**Dr. Bhushan Jayade**

* 34th Midterm Conference AOMSI, Mumbai 2010
* Laser workshop, Pune 2010
* 35th Annual AOMSI Conference, Coimbatore 2010
* 4th World Congress of IFHNOS, Seoul, Korea, 2010
* 1st Karnataka State Chapter AOMSI Conference, Mysore 2010
* “Microvascular surgery training course” from at Ganga Hospital in Coimbatore, TN 2011
* 37th AOMSI National Conference, Hyderabad held on 2012
* 2nd AOMSI Karnataka State Chapter Conference in Bagalkot 2012

**Dr. Anil Desai**
Indian Association of Plastic Surgeons - Cleft Conference, Pondicherry 2009
* Neurosciences Update, SDM Medical College, Dharwad 2010
* 2nd AOMSI Karnataka State Chapter Conference in Bagalkot 2012
* Indocleft Conference in Bangalore 2012
* 7th International workshop on surgical techniques in cleft lip and palate and maxillofacial surgery in Chang Guyang memorial hospital, Taipei, Taiwan 2012
* Indocleft conference in Nagpur 2013
* 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal 2013
* Smile Train STAR Conference held at Delhi, 2013
* ‘AO Symposium on Orbital injuries & Reconstruction’, 2013,
* "Traumascion" SDM College of Medical Sciences & Hospital, Dharwad, 2013.
* Indo Cleft Conference held at Lucknow, 2014
* 4th AOMSI Karnataka State Chapter Conference, Belgaum, 2014

Dr. Abhijit Joshi:
* AO Craniomaxillofacial Principles Course, Mumbai 2009
* Indocleft Conference in Bangalore 2012
* Conscious Sedation in SDMCDS 2012
* Symposium on prosthetic options for completely dentulous patients, Dharwad, 2013
* 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal 2013
* 4th AOMSI Karnataka State Chapter Conference, Belgaum, 2014

Dr. Ranjit Peruvali:
* MRI meet in SDM College of Medical Sciences & Hospital 2009

Dr. Mahantesh S Shirganvi:
* MRI meet in SDM College of Medical Sciences & Hospital 2009
* OOO Symposium conducted in CODS, Davangere 2012.
* Symposium on prosthetic options for completely dentulous patients, Dharwad, 2013
* 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal 2013
* Asian Implant Symposium held at Mumbai, 2013
* 4th AOMSI Karnataka State Chapter Conference, Belgaum, 2014

Dr. Naveen J:
* AO Advanced Symposium on Craniomaxillofacial Reconstruction, Bangalore 2009
* Neurosciences Update, SDM Medical College, Dharwad 2010
* 1st Karnataka State Chapter AOMSI Conference, Mysore 2010
* Symposium on prosthetic options for completely dentulous patients, Dharwad, 2013
* 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal 2013

Dr. Sahana B. A

* AO Advanced Symposium on Craniomaxillofacial Reconstruction, Bangalore 2009
* Symposium on prosthetic options for completely dentulous patients, Dharwad, 2013
* 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal 2013
* 4th AOMSI Karnataka State Chapter Conference, Belgaum, 2014

Dr. Gautam R. Jayade:

* 2nd AOMSI Karnataka State Chapter Conference in Bagalkot 2012
* Conscious Sedation in SDMCDS 2012
* 19th ISOI Conference, Bangalore 2012
* Symposium on prosthetic options for completely dentulous patients, Dharwad, 2013
* 4th AOMSI Karnataka State Chapter Conference, Belgaum, 2014

Dr. Prashant Bhat:

* Symposium on prosthetic options for completely dentulous patients, Dharwad, 2013
* 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal 2013
* Cognathics conference held at Coorg, 2013.

Guest Lectures from 2009-2013

* Maxillary Hypoplasia in Cleft Patients at Indian Association of Plastic Surgeons – Cleft Conference – Pondicherry, 2009 - Dr. K. Gopalakrishnan
* General Principles of Surgery in Implantology at Integra Implant Workshop, Coorg Dental College, Coorg, 2009 -Dr. K. Gopalakrishnan
* ZMC and Orbital fracture; A-O plating principles for angle fracture; fracture mandible at 34th Midterm Conference AOMSI, Mumbai, 2010 - Dr. K. Gopalakrishnan
* Mid facial deformities & internal orbital reconstruction at a Course on Facial Deformities, Nagpur, 2010 - Dr. K. Gopalakrishnan
* Speech assessment & aesthetic review of primary cleft lip & palate repair at Smile Train Cleft Surgeons Meet, Mount Abu, 2010 - Dr. K. Gopalakrishnan
* TMJ Ankylosis & Cleft Lip & Palate Deformities at Indo Nepal Joint Congress, Dharan, Nepal, 2010 - Dr. K. Gopalkrishnan
* Pectoralis major in maxillofacial reconstruction at 34th Midterm conference AOMSI, Mumbai, 2010 - Dr. Bhushan Jayade
* Lasers in OMFS at 35th Annual AOMSI conference in Coimbatore, 2010 - Dr. Bhushan Jayade
* Recent advances in Orthognathic surgery & History, scope & state of Art craniofacial surgery February 2012 – Dr. Venkatesh Anehosur
* Keynote lecture at AOMSI PG convention, Mount Abu on Principles in hardware selection in maxillofacial trauma –Dr. Gopalkrishnan
* A guest lecture on Speech outcome after palate repair at 1st National Symposium on cleft lip and palate in Yenapoya Dental college, Mangalore, September 2012 – Dr. Gopalkrisnan
* A guest lecture on Cleft lip and Palate in B.P.Koirala Institute of Medical Sciences Nepal, 2013 -Dr. Gopalkrishnan
* A key note lecture on “Post Traumatic Secondary Facial Deformity Correction and Complex Orbital Features” in the 3rd Annual Conference of Karnataka state Chapter AOMSI held at Manipal, March 2013 - Dr. Gopalkrishnan
* A guest lecture at SDM Medical College on “Orthognathic Surgery changing Facial Profile” on July 2013 - Dr. Venkatesh Anehosur
* A talk on “AO History” at ‘AO Symposium on Orbital injuries & Reconstruction in August 2013 – Dr. K. Gopalkrishnan.
* A talk on "Management of Facio-Maxillary injury in a Poly trauma patient in September 2013 at "Traumascion" SDM College of Medical Sciences & Hospital, Dharwad - Dr. Venkatesh Anehosur
* A guest lecture on Management of Oral Cancer in SDM College of Medical Sciences and Hospital on January 2014 - Dr. Venkatesh Anehosur
* A guest lecture on NOE Fractures at MIDCOMS conference at Tripur inMay 2014 - Dr. Gopalkrishnan

**Resource Person**

* Dr. Gopalkrishnan was faculty at AO Cranio Maxillofacial Principles Course, Mumbai, 2009 and spoke on Bone Healing and Management of Midface Fractures
* Dr. Gopalkrishnan was faculty at CDE on “Orthognathic Surgery”, SVS Institute of Dental Sciences, Mehaboob Nagar, 2009. He spoke on the following topics:
  * Surgeon’s perspective of assessment and treatment planning
  * Mandibular procedure
  * Surgery for Class III cases
  * Transverse discrepancies and asymmetry
  * Distraction versus Orthognathic surgery
  * Complications in Orthognathic surgery
* Dr. K. Gopalkrishnan was regional faculty for pre conference course on Maxillofacial Trauma at the 37th AOMSI National Conference, Hyderabad held in Nov/Dec 2012.
* Dr. Bhushan Jayade, was course director and faculty for pre conference course on Cancer and reconstructive surgery at the 37th AOMSI National Conference, Hyderabad held in Nov/Dec 2012.
Dr. Gopalkrishnan was National Faculty at AOCMF course Craniomaxillofacial fracture management in Chandigarh, December 2012.

Dr. Naveen J and Dr. Gautam R. Jayade conducted BLS classes for the Post Graduates and Under Graduates in the month of February 2013

Dr. Venkatesh Anehosur attended SDM Doctor Live Radio talk show on Gutkha chewing related complications on 19th February 2013.

Dr. Gopalkrishnan was faculty in AOCMF Principles course for surgeon in March 2013.

Dr. Gopalkrishnan was regional faculty in Advance seminar on management of secondary deformity in Maxilla Facial Unit Cebu, Phillipines, in March 2013.

Dr. Venkatesh Anehosur was AO faculty and gave a Pre-conference lecture on "Treatment of Angular and lateral body fracture of Mandible" at 38th National Conference of AOMSI in Bhuvaneshwar in Nov 2013.

Dr. Gopalkrishnan was a faculty in AOCMF conference held inChennai in March 2014. He spoke on the following topics:
  a. Diagnostic procedure, radiologic evaluation and application principles of implants and instruments.
  b. Treatment of condyle
  c. Free bone graft for mond reconstruction, indication and fixation technique.
  d. Standard osteomies of mandible fixation.

Staff Presentation from 2009-2013

“Orbital fracture & angle fracture of mandible” at Evidence Based Training for Trainees, S.D.M College of Dental College, Dharwad, 2009 – Dr. Ranjit

“ZMC Fracture” at Evidence Based Training for Trainees, S.D.M College of Dental College, Dharwad, 2009 - Dr. Mahantesh S. Shiraganvi

“Frontal sinus and edentulous mandible fracture” at Evidence Based Training for Trainees, S.D.M College of Dental College, Dharwad, 2009 - Dr. Naveen

“Alveolar bone grafting” at Conference of National Association of Cleft Lip & Palate Surgeons, Brazil, 2009 - Dr. Anil Desai

Lip adhesion procedure at Indo-cleft Conference, 2010 – Dr. Anil Desai.

Role of MMP 2 & MMP 9 enzymes in metastasis from oral cancer – A zymographic study at 4th International Conference of IFHNOS, Korea, 2010 - Dr. Bhushan Jayade.

“Assessment of cleft width and canine position and its effect on Alveolar bone graft – A Radiographic Study” in World International Cleft Congress, Orlando U.S.A held on 5th to 10th May 2013 - Dr. Gopalkrishnan

"Comparison between tissue adhesive and return in surgical repair of congenital cleft lip and palate deformity" at Indo-Cleft Conference at Lucknow in February 2014 - Dr. Anil Desai

Chairing the session

* Dr. K. Gopalkrishnan attended - Indocleft Conference in Bangalore Jan 2012. He was panelist and chairperson for a session on keynote lecturers.

* Dr. K. Gopalkrishna was Chairman at AO Principles course, Bhubaneshwar from Feb 2012

* Dr. K. Gopalkrishnan was Chairman for the AOCMF Principles course in Colombo, Sri Lanka Aug 2012

* Dr. Gopalkrishnan was Chairman in AOCMF Principal Course of OORT in March 2013

28. Student projects: percentage of students who have taken up in-house projects including interdepartmental projects:
   Approximately 5% of undergraduates actively participate in research projects
“Alterations in BP of normotensive & hypertensive patients during extractions” - Sumit Deb (Co-ordinator - Dr. Naveen J.), 2010
“Changing face of odontogenic infections?” - Sindhuja Krishnamurthy (Co-ordinator - Dr. Sahana B.A.), 2010
“Dry socket: A prospective study of the influence of aseptic technique on its incidence”– Dr. Anvita (Co-ordinator: Dr. Gautam R. Jayade), 2011
“Pre-emptive analgesia: Preoperative versus postoperative administration of piroxicam: A prospective randomized trial” – Dr Priyanka Pampani (Co-ordinator: Dr. Mahantesh S.S), 2011
“Dentocardiac Reflex: A cause for syncope: Does it exist?” - Dr. Rekhamani. (Co-ordinator: Dr. Gautam R. Jayade), 2012
“Pre-Emptive Analgesia: Evaluation Of Efficacy Of Tramadol And Diclofenac Combination (Durapain) In Third Molar Surgery: A Prospective Randomized Double Blind Study” - Dr. Dimple Atodariya (Co-ordinator: Dr. Gautam R. Jayade), 2014

All the post graduate students (100%) take up a research topic and write a dissertation.

2009:
1. Accuracy of palpation, ultrasonography & computed tomography in the evaluation of metastatic - cervical lymph nodes in head & neck cancer - Dr. Deepti. (Guide - Dr. Bhushan Jayade)
2. Effect of intravenous v/s intramasstetric injection of dexamethasone on post-operative regular following surgical extraction of impacted third molar - Dr. Dinesh. (Guide - Dr. Bhushan Jayade)
3. Spectrum of ocular changes after AMC & orbital fractures - Dr. Himashu Jatania. (Guide - Dr. K. Gopalakrishnan)
4. Assessment of shoulder morbidity in head & neck cancer patient after RND & reconstruction with PMMC flap & RND without reconstruction with PMMC flap - Dr. Hitesh Vadera. (Guide - Dr. Venkatesh Anehosur)
5. Accuracy of frozen sections microscopy in assessing margins in oral cancer resection - Dr. Prashant Bhat. (Guide - Dr. K. Gopalakrishnan)
6. Evaluation of dental anomalies in permanent dentition as a part of cleft spectrum - a radiographic retro prospective study - Dr. Ramkrishna Maiya. (Guide - Dr. Venkatesh Anehosur)
7. Quantitative ultrasound imaging of healthy & reconstructed cleft lip - Dr. Sumana (Guide - Dr. Anil Desai).

2010:
1. Comparative studies between 2.0 titanium mini locking plates and 2.0 conventional stainless steel plates in the treatment of mandibular angle fractures - Dr. Prit Shah. (Guide – Dr. K. Gopalakrishnan)
2. Evaluation of effect of nasoalveolar moulding in correction of nose, lip and alveolus in individuals with complete unilateral cleft lip, and palate and its effect on surgical closure - Dr. N Nikhil. (Guide – Dr. K. Gopalakrishnan)
3. Evaluation of speech outcome in cleft lip and palate patients, a descriptive study - Dr. Nithin Kumar. (Guide – Dr. Venkatesh Anehosur)
4. Tumor thickness and its role in prognosis of oral cancer - Dr. Neha R. (Guide – Dr. Venkatesh Anehosur)
5. Evaluation of effect of nasoalveolar moulding in correction of nose, lip & alveolus in individuals with complete bilateral cleft lip & palate & its effect on surgical closure - Dr. Muralidhara. (Guide - Dr. Bhushan Jayade)

6. Quality of life after reconstruction with PMMC & free flap in orofacial reconstruction - Dr. Sameep Shetty. (Guide - Dr. Bhushan Jayade)

7. Comparison of the outcome of suprafascial & subfascial dissection of radial forearm flap in head & neck reconstruction - Dr. Vividha Singhania (Guide – Dr. Anil Desai)

2011:

1. Implications of orbital volume changes on post operative morbidity following zygomatico-maxillary complex fractures - A clinical study - Dr. Jawahar Anand (Guide - Dr. K. Gopalkrishnan)
2. Factors influencing post-operative palatal fistula in cleft patients - Dr. Pratiksha R.Shetty (Guide - Dr. Anil Kumar Desai)
3. Dentscan as an accurate method of predicting mandibular invasion in patients with Squamous cell carcinoma of the oral cavity - Dr.S. Kathiravan (Guide - Dr. Sahana B.A)
4. Comparison of Mac Fee incision and Schobingers incision in neck dissection - A prospective study - Dr. Somanath Mungarwadi (Guide - Dr. Mahantesh S. Shirganvi)
5. The effect of zygomaticomaxillary complex fracture on masseteric muscle force - A prospective study - Dr. Nitin Bhagat (Guide - Dr. Venkatesh Anehosur)
6. Evaluation of auditory changes in cleft lip and palate patients - Dr. Nara Prasanna Manjunath (Guide - Dr. K. Gopalkrishnan)
7. Comparison of bite forces after open or closed treatment of mandibular condylar fractures – Dr. Dhanya Balakrishna (Guide - Dr. Abhijit Joshi)

2012: (Ongoing Projects)

1. Assessment of plasma cortisol levels in patients with oral squamous cell carcinoma and its correlation with clinical staging, histological grading and nodal metastasis - A prospective study - Dr. Veerabhadreshwar Kalyani (Guide – Dr. Venkatesh Anehosur)
2. Digital volume tomography in the assessment of mandibular invasion in patients with squamous cell carcinoma of the oral cavity - A prospective study - Dr. R. Dharani (Guide - Dr. Mahantesh S. Shirganvi)
3. Effectiveness of vital staining using iodine in identifying clearance margins in oral squamous cell carcinoma - A prospective study - Dr. Anushri Shetty (Guide - Dr. Abhijit Joshi)
4. Congenital heart diseases and its association with cleft lip and palate - Dr. Gautam Rao (Guide - Dr. Anil Desai)
5. Measurement of tumor volume in orofacial malignancies and its significance with neck node metastasis - A prospective study - Chethana D.V (Guide – Dr. B.A Sahana)
6. Incidence and management of temporomandibular joint ankylosis - A retrospective study - Dr. Varun Nakra (Guide – Dr. Gopalkrishnan)
7. Evaluation of speech outcome following resection and reconstruction of the tongue and floor of the mouth cancer – A prospective study - Dr. Saravanan R (Guide – Dr. Venkatesh Anehosur)

2013: (Ongoing projects)
1. Donor site morbidity following fibula free flap transfer - Dr. Daniel Maben (Guide - Dr. Venkatesh Anehosur)

2. Carotid sheath removal in patients with oral squamous cell carcinoma, an absolute essential or an absolute overdo: a prospective histopathology - Dr. P. Manjari (Guide - Dr. Abhijit S. Joshi)

3. Evaluation of results of zygomaticomaxillary complex fractures; early intervention versus late intervention- a prospective study - Dr. Prashanth Lowell Monis (Guide - Dr. Venkatesh Anehosur)

4. Analysis of facial fractures- a retrospective study - Dr. Rajarshi Ghosh (Guide - Dr. K. Gopalkrishnan)

5. Thickness of buccal cortical bone in the mandible and its clinical significance in mono-cortical screws placement - A DVT analysis - Dr. Sameer Pandey (Guide - Dr. Mahantesh S. Shirganvi)

6. Comparison of surgical outcomes between vicryl rapide and prolene in skin closure for cleft lip patients - A prospective study - Dr. Shrihas Rao (Guide - Dr. Anil Desai)

7. The efficacy and safety of 4% articaine for surgical removal of third molar - A randomized clinical trial in comparison with 2% lignocaine - Dr. Shruthi (Guide - Dr. Sahana B. A)

Percentage of students doing projects in collaboration with other universities/institution/institute: None

29. Awards/Recognitions received at national and international levels:

Faculty: None

Students:

* Dr. Shivakumar, Dr. Suhas (House surgeons) got first prize for the poster “Oral cancer and its management” at National level UG convention held in 2012, Chennai.

* Dr. Varun Nakra (2nd year PG student) got Second prize for the poster presentation of “Free flaps in oral Cancer Reconstruction SDM Dharwad-5 years Experience” at 3rd AOMSI Karnataka State Chapter Conference, Manipal, 2013.

* Dr. Kathiravan (3rd year PG student) has won best poster presentation award on“Dentascan- Accuracy in detecting involvement & Depth of Mandibular invasion in Oral Sarvamous cell Carcinoma” at Oral Oncology meet on 7th and 8th December 2013 held in KCTRI, Navnagar, Hubli

* Dr. Sarvannan and Dr. Veerabhadra Kalyani (3rd year PG students) represented SDM Dental College in quiz competition and won the first place at 18th MIDCOMS, Kerala, 2014

30. Seminars/Conferences/Workshops organized and the source of funding with details of outstanding participants:

* An AOCMF workshop on orthognathic surgery was organized by the college in 2009. The course faculties were Dr. Adrian Sugar and Dr. Michael Ehrenfeld.

* Evidence based training on trauma was conducted for trainees in 2009. The course faculties were Dr. Joseph McManners, Dr. Iain H. McVicar.

* 12th International Rhinoplasty Workshop was held during 2009. The co-ordinators of this workshop were Dr. K. Gopalkrishnan, Dr. N. A. Nasser and Dr. T. Flood.

* 13th International Rhinoplasty Workshop was held during 2010. The co-ordinators of this workshop were Dr. K. Gopalkrishnan and Dr. N. A. Nasser.
14th International Rhinoplasty Workshop was held during 2011. The co-ordinators of this workshop were Dr. K. Gopalkrishnan and Dr. N. A. Nasser.

15th International Rhinoplasty Workshop was held during 2012. The co-ordinators of this workshop were Dr. K. Gopalkrishnan and Dr. N. A. Nasser.

31. Code of ethics for research followed by the department – Institutional Review Board

32. Student profile program wise

<table>
<thead>
<tr>
<th>Program: B.D.S</th>
<th>Subject: Oral Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Appeared</td>
</tr>
<tr>
<td></td>
<td>June</td>
</tr>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>2009</td>
<td>50</td>
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<tr>
<td>2010</td>
<td>36</td>
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<tr>
<td>2011</td>
<td>36</td>
</tr>
<tr>
<td>2012</td>
<td>29</td>
</tr>
<tr>
<td>2013</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program: M.D.S</th>
<th>Subject: Oral and Maxillofacial Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Appeared</td>
</tr>
<tr>
<td></td>
<td>April</td>
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<tr>
<td></td>
<td>M</td>
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<tr>
<td>2009</td>
<td>7</td>
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<tr>
<td>2010</td>
<td>3</td>
</tr>
<tr>
<td>2011</td>
<td>4</td>
</tr>
<tr>
<td>2012</td>
<td>5</td>
</tr>
</tbody>
</table>
### Ranks at University level Bagged by our Post-graduates

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of Student</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Dr. Gaurav Shah</td>
<td>2nd</td>
</tr>
<tr>
<td></td>
<td>Dr. Ravikumar M.P.</td>
<td>5th</td>
</tr>
<tr>
<td>2010</td>
<td>Dr. Rao Dipesh Divakar</td>
<td>4th</td>
</tr>
<tr>
<td></td>
<td>Dr. Sandeep Fauzdar</td>
<td>5th</td>
</tr>
<tr>
<td></td>
<td>Dr. Aarathi S</td>
<td>10th</td>
</tr>
<tr>
<td>2011</td>
<td>Dr. Varsha Haridas Upadhy</td>
<td>2nd</td>
</tr>
<tr>
<td></td>
<td>Dr. Nidhi Aggarwal</td>
<td>7th</td>
</tr>
<tr>
<td></td>
<td>Dr. N Hari Kishore Bhat</td>
<td>8th</td>
</tr>
<tr>
<td>2012</td>
<td>Dr. Prashanth Bhat</td>
<td>5th</td>
</tr>
<tr>
<td></td>
<td>Dr. Hitesh</td>
<td>5th</td>
</tr>
<tr>
<td></td>
<td>Dr. Deepthi S</td>
<td>10th</td>
</tr>
<tr>
<td>2013</td>
<td>Dr. Vividha Singhaniya</td>
<td>6th</td>
</tr>
<tr>
<td></td>
<td>Dr. Neha R</td>
<td>8th</td>
</tr>
</tbody>
</table>

### Diversity of the students

<table>
<thead>
<tr>
<th>Name of the program</th>
<th>% students from same university</th>
<th>% students from other universities within the state</th>
<th>% students from universities outside the state</th>
<th>% students from other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 2009- 2013, 35 students were enrolled for Post Graduation in Oral Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDS</td>
<td>68.5% (24) from RGUHS</td>
<td>8.5% (3) from Karnataka and Manipal Universities</td>
<td>22.8% (8) from Kerala, West Bengal, Pondicherry, Chennai, Mumbai Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

### How many students have cleared civil services and defense services examinations, NET, SET, GATE, USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS and other competitive examinations? Give details category wise.

* Dr. Ramakrishna, following his post graduation from our department cleared his defense services examination in 2010 and is currently serving the Indian army as consultant Maxillofacial surgeon and decorates the cadre of Major.

### Student progression

<table>
<thead>
<tr>
<th>Student progression</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG to PG</td>
<td>Year of admission</td>
</tr>
<tr>
<td></td>
<td>2009 - 1 student (14.2%)</td>
</tr>
<tr>
<td></td>
<td>2010 - None</td>
</tr>
<tr>
<td></td>
<td>2011 - 4 students (57.1%)</td>
</tr>
<tr>
<td></td>
<td>2012 - None</td>
</tr>
<tr>
<td></td>
<td>2013 – 1 student (14.2%)</td>
</tr>
<tr>
<td>PG to M.Phil, DM / M Ch / DNB</td>
<td>None</td>
</tr>
<tr>
<td>PG to Ph.D.</td>
<td>Dr. Praveen G from 2008 batch pursued Ph. D</td>
</tr>
</tbody>
</table>
### Student progression

<table>
<thead>
<tr>
<th>Ph.D. to Post-Doctoral</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus selection</td>
</tr>
<tr>
<td>Other than campus recruitment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entrepreneurs</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

### 36. Diversity of staff

#### Percentage of faculty who are graduates:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the same university</td>
<td>61.5% (8/13) from RGUHS</td>
</tr>
<tr>
<td>from other universities within the State</td>
<td>30.7% (4/13) from Karnataka university and Bangalore university</td>
</tr>
<tr>
<td>from universities from other States</td>
<td>7.8% (1/13) from Chennai university</td>
</tr>
<tr>
<td>from universities outside the country</td>
<td>None</td>
</tr>
</tbody>
</table>

### 37. Number of faculty who were awarded M.Phil., DM, M Ch, Ph.D., D.Sc. and D.Litt. during the assessment period:
None

### 38. Present details of departmental infrastructural facilities with regard to

<table>
<thead>
<tr>
<th>Facility</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library</td>
<td>textbooks; seminars: 576; library dissertation: None; Main dissertations: Yes available</td>
</tr>
<tr>
<td>Internet facilities</td>
<td>Four along with 2 seminar rooms for PG teaching</td>
</tr>
<tr>
<td>Class rooms with ICT facility and ‘smart’ class rooms</td>
<td>None</td>
</tr>
<tr>
<td>Students’ laboratories</td>
<td>None</td>
</tr>
<tr>
<td>Research laboratories</td>
<td>None</td>
</tr>
</tbody>
</table>

### 39. List of doctoral, post-doctoral students and Research Associates

<table>
<thead>
<tr>
<th>Student</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) from the host institution/university:</td>
<td></td>
</tr>
<tr>
<td>b) from other institutions/universities:</td>
<td>None</td>
</tr>
</tbody>
</table>

### 40. Number of post graduate students getting financial assistance from the university:
None

### 41. Was any need assessment exercise undertaken before the development of new program(s)? If so, highlight the methodology:
None

### 42. Does the department obtain feedback from

<table>
<thead>
<tr>
<th>Feedback Source</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>j. faculty on curriculum as well as teaching-learning-evaluation</td>
<td>An informal feedback is obtained about individual staff and this is utilized in improvising the methods of teaching on individual basis.</td>
</tr>
<tr>
<td>k. students on staff, curriculum and teaching-learning-evaluation</td>
<td></td>
</tr>
<tr>
<td>l. alumni and employers on the programs offered</td>
<td></td>
</tr>
</tbody>
</table>

### 43. List the distinguished alumni of the department (maximum 10)

- Dr. Venkatesh Anehosur underwent a course at Ganga Hospital, Coimbatore on Microvascular Techniques in Reconstructive Surgery in 2012. He is a pioneer in performing endoscope assisted fixation of condylar fractures in India.
- Dr. Bhushan Jayade underwent a course at Ganga Hospital, Coimbatore on Microvascular Techniques in Reconstructive Surgery in 2012. Currently he is working as consultant Maxillofacial Surgeon for NMC, Dubai.
- Dr. Naveen Jnan completed his fellowship in cleft lip and palate from SRMC, Chennai, in 2013. He is currently at Taiwan pursuing his advanced training in cleft lip and palate.
- Dr. Abhijit Joshi underwent an advanced training in orthofacial surgery at Brussels Belgium in 2013.
- Dr. Gaurav Shah secured 2nd rank at university level in the 2009 RGUHS MDS examination.
- Dr. Ramakrishna cleared his defense services exam and is currently serving the Indian army as a consultant Oral & Maxillofacial surgeon and decorates the post of Major.
- Dr. Dipesh Rao secured 4th rank at university level in the 2010 RGUHS MDS examination. He has completed his fellowship in Cleft lip and palate from Mahaveer Jain hospital,
Bangalore in 2011. He is currently pursuing his MBBS course at Bangalore.

- Dr. Varsha Upadhya secured 2nd rank at university level in the 2011 RGUHS MDS examination. She is currently serving as Assistant Professor in Yenapoya Dental College.
- Dr. Praveen Ganeshan completed his fellowship in cleft lip and palate from SRMC, Chennai in 2012. Currently he is pursuing his fellowship in Craniofacial Surgery at Mujumdar Shaw Institute, Bangalore. He is simultaneously pursuing his Ph.D.
- Dr. Manu Das completed his fellowship in Cleft and Craniofacial surgery from Mujumdar Shaw Institute, Bangalore in 2012.
- Dr. Prashant Bhat secured 2nd rank at university level in the 2012 RGUHS MDS examination. Currently he is pursuing his fellowship in Oral Oncology at KCTRI, Navanagar.

44. Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.

- Annual Research day

45. List the teaching methods adopted by the faculty for different programs including clinical teaching.

- Use of power point presentations and live surgical videos.
- Use of dry specimen, radiographs, instruments and various drug samples for discussion.
- Use of charts to teach the sterilization and standard operating procedures in clinics.
- Integrated learning of common topics through interdepartmental meetings.
- Seminars, journal clubs, case discussions, paper and poster presentations for PGs
- Rotatory posting for PG students in allied medical branches at SDM Medical College

46. How does the department ensure that program objectives are constantly met and learning outcomes are monitored?

- Internal assessments
- Competency assessment of individual at clinical level for undergraduates
- Clinical exam for the UGs at the end of posting.

47. Highlight the participation of students and faculty in extension activities.

Encouraging UGs to participate and make a scientific presentation in the state and National level conferences

- Dr. Chandrarekha and Dr. Rekhamani under the guidance of Dr. Gautam R. Jayade presented a poster “Imaging in Maxillofacial Surgery”, National level UG convention held in April 2012, Chennai.
- Dr. Shivakumar, Dr. Suhas under the guidance of Dr. Bhushan V. Jayade presented a poster “Oral cancer and its management” at National level UG convention held in April 2012, Chennai.

Encouragement to participate in the state level Quiz competition

- Dr. Sarvannan R and Dr. Veerabhada Kalyani post graduate students participated in the quiz competition held at 18th MIDCOMS, Kerala, 2014

48. Give details of “beyond syllabus scholarly activities” of the department.

- UG Research guided by Dr. Naveen J, Dr. Sahana B. A, Dr. Mahantesh S. S and Dr. Gautam R. Jayade. Details of the projects are mentioned under Student projects Q. No.28

49. State whether the program/ department is accredited/ graded by other agencies? If yes, give details: None

50. Briefly highlight the contributions of the department in generating new knowledge, basic or applied.

The following are the research work done by the post graduates and faculty of the department contributing towards new information:

- Dr. Bhushan Jayade presented a clinical paper on the “Role of MMP 2 & MMP 9 enzymes in metastasis from oral cancer – A zymographic study” at 4th International Conference of IFHNOS, Korea.
- Dr. Venkatesh Anehosur has pioneered endoscope assisted fixation of condylar fractures in India

Innovative techniques:

Dr. Bhushan Jayade and Dr. Venkatesh Anehosur have employed a novel technique of securing the drains in the neck in cases treated with microvascular anastomosis for free flaps.

51. Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the department.

**Strengths**
- The department has a large patient input for both outpatient and inpatient procedures. All spectrum of cases is treated here including advanced procedures like microvascular reconstruction, distraction osteogenesis and endoscope assisted fracture fixation.
- The department has a well established 50 bedded craniofacial unit and research center with a state of art operating theatre and a well equipped ICU with ample resources and a dedicated team of surgeons and anesthetists who have expertise in various subspecialties.
- Collaboration with various institutes, national and international to carry out research activity and student exchange programs.
- Faculty members are invited as resource persons locally and overseas for various academic forums.
- Association with Smile Train helps us render comprehensive free treatment to cleft lip and palate patients in this region.

**Opportunities**
- Department can be a centre for microvascular surgery and cleft surgery training.
- Students are encouraged to attend academic meetings and are guided to make scientific presentations.
- Learning facilities are extended to faculty and students from various teaching Institutes, local and overseas.
- Department encourages the entire faculty to attend and participate in the National and International academic events.
- Faculty is encouraged to attend courses which help in professional and personal surgical skill development.

**Weakness**
- Lack of certain equipment in certain areas of the department which makes database maintenance difficult.
- Lack fund for the departmental usage.

**Challenges**
- To establish a simulation laboratory for the students to acquire basic skills.
- Incorporate innovative teaching methodology
- Develop training protocols to meet International standards
- Faculty enrichment by exposure to advanced training.

52. Future plans of the department.
- Adoption of newer advancement in various subspecialties
- Enhancing surgical training skills in students and faculty
- Specialty enrichment workshops on regular basis
- Work towards developing the department and the Craniofacial unit as an advanced tertiary care centre.
Evaluative Report of the Department of Prosthodontics

1. Name of the Department: **Department of Prosthodontics**
2. Year of establishment: **1986**
3. Is the Department part of a college/Faculty of the university?  
   **Yes, Department is a part of the college.**
4. Names of programs offered (UG, PG, Pharm D, Integrated Masters; M.Phil., Ph.D., Integrated Ph.D., Certificate, Diploma, PG Diploma, D.M./M.Ch., Super specialty fellowship, etc.)  
   **B.D.S., M.D.S., Ph.D.,**
5. Interdisciplinary programs and departments involved  
   - Bone mineral density camp is conducted to help assessing the bone density for pgs to place dental implants. It is conducted in collaboration with Novartis Pharma company and department of Oral medicine SDMCD.
   - Our department has conducted the CDE Programme on “**Successful steps to full mouth rehabilitation**” Dr. Prakash Kale is the resource person. Post-graduates from the department of Conservative, Peododontics, Prosthodontics & interns posted in General Dentistry are attended the programme.
6. Courses in collaboration with other universities, industries, foreign institutions, etc.  
   **NIL**
7. Details of programs discontinued, if any, with reasons  
   **D.M.C.**
8. Examination System: **Annual/Semester/Trimester/Choice Based Credit System**
9. Participation of the department in the courses offered by other departments  
   **NIL**
10. Number of teaching posts sanctioned, filled and actual (Professors/Associate Professors/Asst. Professors/others)  
    |                      | Sanctioned | Filled | Actual (including CAS & MPS) |
    |----------------------|------------|--------|-------------------------------|
    | Professor            | 05         |        |                               |
    | Associate Professor/Reader | 04         |        |                               |
    | Assistant Professor  | 04         |        |                               |
    | Lecturer             |            |        |                               |
    | Tutor / Clinical Instructor | 01         |        |                               |
    | Senior Resident      |            |        |                               |
11. Faculty profile with name, qualification, designation, area of specialization, experience and research under guidance  
<pre><code>| Name                  | Qualification | Designation | Specialization | No. of Years of Experience |
|-----------------------|---------------|-------------|----------------|---------------------------|
| Dr. Ramesh Nadiger    | M.D.S.        | Professor   | Prosthodontics  | 23 years                  |
| Dr. Lekha K.          | M.D.S.        | Prof. &amp; Head| Prosthodontics  | 17 yrs &amp; 4 months         |
| Dr. Roseline Meshramkar | M.D.S.      | Professor   | Prosthodontics  | 12yrs &amp; 7 months          |
| Dr. Satyabodh Guttal  | M.D.S.        | Professor   | Prosthodontics  | 12yrs &amp; 3months           |
| Dr. Gouri V Anehosur  | M.D.S.        | Professor   | Prosthodontics  | 9yrs &amp; 7 months           |
</code></pre>
<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Designation</th>
<th>Specialization</th>
<th>No. of Years of Experience</th>
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<tbody>
<tr>
<td>Dr. M. S. Kowdi</td>
<td>M.D.S.</td>
<td>Reader</td>
<td>Prosthodontics</td>
<td>23 yrs</td>
</tr>
<tr>
<td>Dr. Saquib Ahmed Shaikh</td>
<td>M.D.S.</td>
<td>Reader</td>
<td>Prosthodontics</td>
<td>7 yrs &amp; 7 months</td>
</tr>
<tr>
<td>Dr. Bheema Sethy Manasali</td>
<td>M.D.S.</td>
<td>Reader</td>
<td>Prosthodontics</td>
<td>6 yrs &amp; 3 months</td>
</tr>
<tr>
<td>Dr. Prasanna Kumar Kadkol</td>
<td>M.D.S.</td>
<td>Asst. Professor</td>
<td>Prosthodontics</td>
<td>4 yrs &amp; 6 months</td>
</tr>
<tr>
<td>Dr. Sujatha Kamath</td>
<td>M.D.S.</td>
<td>Reader</td>
<td>Prosthodontics</td>
<td>6 yrs</td>
</tr>
<tr>
<td>Dr. Aishwarya Naik</td>
<td>M.D.S.</td>
<td>Asst. Professor</td>
<td>Prosthodontics</td>
<td>3 yrs &amp; 7 months</td>
</tr>
<tr>
<td>Dr. Konark N. Patil</td>
<td>M.D.S.</td>
<td>Asst. Professor</td>
<td>Prosthodontics</td>
<td>1 yr &amp; 7 months</td>
</tr>
<tr>
<td>Dr. Lata S M.</td>
<td>M.D.S.</td>
<td>Asst. Professor</td>
<td>Prosthodontics</td>
<td>1 month</td>
</tr>
</tbody>
</table>

12. List of senior Visiting Fellows, adjunct faculty, emeritus professors
   **Not applicable**
13. Percentage of classes taken by temporary faculty – program-wise information
   **Not applicable**
14. Program-wise Student Teacher Ratio

### UNDER GRADUATE

<table>
<thead>
<tr>
<th>Staff</th>
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<th>Ratio</th>
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<tbody>
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<td>I – BDS (Preclinical Prosth)</td>
<td>02</td>
<td>50 per batch</td>
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<tr>
<td>II – BDS (DM and Prosth)</td>
<td>04</td>
<td>100</td>
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<tr>
<td>III – BDS Clinics</td>
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<td>15 per batch</td>
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<td>IV - BDS Clinics</td>
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### POST GRADUATE

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<td>08</td>
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15. Number of academic support staff (technical) and administrative staff: sanctioned, filled and actual

<table>
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<tr>
<th>Technical and Administrative staff</th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Actual (including CAS &amp; MPS)</th>
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<td>Dental Technicians</td>
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<td>Store Incharge</td>
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<td></td>
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<tr>
<td>Computer operator</td>
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<td></td>
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<td>DSA</td>
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<tr>
<td>Receptionist</td>
<td>02</td>
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</tbody>
</table>
16. Research thrust areas as recognized by major funding agencies
   Indian council of Medical Research and Rajiv Gandhi University of Health Sciences, Bangalore has recognized research thrust areas in the field of Removable Prosthodontics.

17. Number of faculty with ongoing projects from a) national b) international funding agencies and c) Total grants received. Give the names of the funding agencies, project title and grants received project-wise.
   Dr. Gouri V. Anehosur:
   Completed projects:
   - ICMR project: 5/20/5(Bio)/2008-NCD-I titled “Effect of antimicrobial activity of TiO$_2$ photocatalyst upon incorporation in heat cure polymethyl-methacrylate denture base resin” for a period of 3 years
     Duration: 2010 -2013, Amount received: Rs.14,15,900/-
   - ICMR – STS 2012: Antifungal activity of visible light activated TiO$_2$ photo catalytic nanoparticles incorporated in acrylic denture base material
     Name of student: Varsha Palled
     Duration: 2 months between March and September, Amount received: Rs. 10,000/-
   - RGUHS Grants: To study the effect of degree of conversion of resin cement with different types of curing modes on shear bond strength of resin cement on all ceramic crown – an in vitro study
     Duration: 2013 -2014, Amount received Rs. 40,000/-

18. Inter-institutional collaborative projects and associated grants received
   e) National collaboration b) International collaboration
   Not applicable

19. Departmental projects funded by ICMR; DST-FIST; UGC-SAP/CAS, DPE; DBT, ICSSR, AICTE, etc.; total grants received.
   Dr. Gouri V. Anehosur:
   Completed projects:
   - ICMR project: 5/20/5(Bio)/2008-NCD-I titled “Effect of antimicrobial activity of TiO$_2$ photocatalyst upon incorporation in heat cure polymethyl-methacrylate denture base resin” for a period of 3 years
     Duration: 2010 -2013, Amount received: Rs.14,15,900/-
   - ICMR – STS 2012: Antifungal activity of visible light activated TiO$_2$ photo catalytic nanoparticles incorporated in acrylic denture base material
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   - RGUHS Grants: To study the effect of degree of conversion of resin cement with different types of curing modes on shear bond strength of resin cement on all ceramic crown – an in vitro study
     Duration: 2013 -2014, Amount received Rs 40,000/-

20. Research facility / centre with
   • state recognition
   • national recognition
   • international recognition
   Not applicable

21. Special research laboratories sponsored by / created by industry or corporate bodies
   Not applicable

22. Publications:
   * Number of papers published in peer reviewed journals (national / international)
National Publications: 31

- V. Kamakshi, Anehosur GV, Nadiger RK. Magnet retained cheek plumer to enhance denture esthetics - case reports The Journal of Indian Prosthodontic Society September 2013; 13 (3): 378-381


International Publications: 26


- Anehosur GV, Nadiger RK. Evaluation of understanding levels of Indian Dental students’ knowledge and perceptions regarding older adults. Gerodontology 2012; 29: e1215–e1221
- Aishwarya Gajanan Nayak, MDS¹, Dr Aquaviva Fernandes, Dr Raghavendra Kulkarni, Dr Ajantha G.S., Dr Lekha K., and Dr Ramesh Nadiger. Efficacy of antibacterial sealing gel and o-ring to prevent micro leakage at the implant abutment interface - an invivo study.

* Monographs - Not applicable
* Chapters in Books - Not applicable
* Books edited - Not applicable
* Books with ISBN with details of publishers - Not applicable
* Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, Dare Database - International Social Sciences Directory, EBSCO host, Medline, etc.)

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>a. Dr. Ramesh Nadiger</td>
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<td>b. Dr. Lekha K.</td>
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<tr>
<td>c. Dr. Roseline Meshramkar</td>
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<tr>
<td>d. Dr. Satyabodh Guttal</td>
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<td>e. Dr. Gouri V Anehosur</td>
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<td>f. Dr. Sujatha Kamath</td>
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<td>g. Dr. Aishwarya Nayak</td>
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<tr>
<td>h. Dr. Konark N. Patil</td>
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<tr>
<td>i. Dr. Lata S M.</td>
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* Citation Index – range / average

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<td>Dr. Saquib Ahmed Shaikh</td>
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<td>Dr. Prasanna Kumar Kadkol</td>
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<td>Dr. Lata S M.</td>
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<td><strong>Total</strong></td>
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<td><strong>Department Total Publications</strong></td>
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* SNIP - Not applicable
* SJR - Not applicable
* Impact Factor – range / average - Not applicable
* h-index

23. Details of patents and income generated
24. Areas of consultancy and income generated
25. Faculty selected nationally / internationally to visit other laboratories / institutions / industries in India and abroad

**DCI Inspections:**
- Dr. Ramesh K Nadiger appointed as DCI Inspector for first final MDS examination in the speciality of Prosthodontics at Hyderabad on 20th & 21st April 2009.
- Dr. Lekha K. appointed as MDS Inspector on 1st & 2nd June 2009 at Darshan Dental College Udaipur.
- Dr. Ramesh K. Nadiger appointed as DCI Inspector to start MDS course at Rangoonwala Dental College, Pune on 30th June and 1st July 2010.
- Dr. Satyabodh Guttal appointed as Council’s Inspector to verify the achievement of the annual target for renewal of the Central Government permission for 4th batch of MDS Course in the speciality of Prosthodontics and Crown and Bridge with 3 seats at Gitam Dental College and Hospital Vishakhapatnam on 22nd November 2010
- Dr. Ramesh K. Nadiger appointed as Council’s Inspector for inspecting the college on 29th November 2010 at Vishnu Dental College, Vishnupur, Bhimavaram.
- Dr. Satyabodh Guttal appointed as a DCI inspector to verify the achievement of the annual target for renewal of the central government permission for 2nd year MDS course in the speciality of Prosthodontics & Crown & Bridge at Amrita College of Dentistry, Kochi on 5th January 2011, Vidyapeetham, Kochi
- Dr. Ramesh K. Nadiger appointed as a Council inspector to verify the achievement of the annual target for renewal of the Central Government permission for 2nd year MDS Course in the Speciality of Prosthodontics & Crown & Bridge with 2 seats at Mar Baselios Dental College, Thankaram, Kotnamangalam, Kerela on 7th January 2011.
- Dr. Lekha K appointed as a DCI inspector to verify the achievement of the annual target for renewal of the central government permission for 3rd year MDS Course in the Speciality of Prosthodontics & Crown & Bridge with 3 seats at Sri Ramakrishna Dental College & Hospital, S.N.R. College, Coimbatore on 4th January 2011.
- Dr. Satyabodh Guttal appointed as a DCI inspector to verify the achievement of the annual target for renewal of the central government permission for 2nd year MDS course in the speciality of Prosthodontics & Crown & Bridge with 2 seats at SMBT Dental College & Hospital, Sangamner on 24/01/2011.
- Dr. Ramesh K. Nadiger appointed as a DCI inspector to inspect and ascertain the physical facilities such as building, space, teaching staff their qualifications &
experience, equipments and other infrastructural facilities available as per DCI 2006 & 2007 for increase of seats in MDS in the speciality of Prosthodontics & Crown & Bridge at Maitri College of Dentistry and Research Centre, Anjora, Durg, Chhattisgarh on 14th February 2011.

- Dr. Ramesh K. Nadiger appointed as a DCI inspector to inspect and ascertain the physical facilities such as building, space, teaching staff their qualifications & experience, equipments and other infrastructural facilities available as per DCI 2006 & 2007 for increase of seats in MDS in the speciality of Prosthodontics & Crown & Bridge at Sudha & Nageshwar Rao Sidhartha Institute of Dental Sciences, Gannavaram Mandalam, on 22nd February 2011.

- Dr. Satyabodh Guttal appointed as a DCI inspector to inspect and ascertain the physical facilities such as building, space, teaching staff their qualifications & experience, equipments and other infrastructural facilities available as per DCI 2006 & 2007 for increase of seats in MDS in the speciality of Prosthodontics & Crown & Bridge at Sudha & Nageshwar Rao Sidhartha Institute of Dental Sciences, Gannavaram Mandalam, on 22nd February 2011.

- Dr. Satyabodh Guttal appointed as a DCI inspector to inspect and ascertain the physical facilities such as building, space, teaching staff their qualifications & experience, equipments and other infrastructural facilities available as per DCI 2006 & 2007 for increase of seats in MDS in the speciality of Prosthodontics & Crown & Bridge at Swargiya Dadasaheb Kalmegh Smruti Dental College Wanadongri, Nagpur on 22nd February 2011.

- Dr. Satyabodh Guttal appointed as a DCI inspector to inspect and ascertain the physical facilities such as building, space, teaching staff their qualifications & experience, equipments and other infrastructural facilities available as per DCI 2006 & 2007 for increase of seats in MDS in the speciality of Prosthodontics & Crown & Bridge at Vidya Shikshan Prasarak Mandal,s Dental College at Nagpur on 23rd February 2011.

- Dr. Ramesh K. Nadiger, Prof and Head, visited as a Council inspector to inspect and ascertain the physical facilities available for Increase of seats in MDS course in the speciality of Prosthodontics and Crown & Bridge at Vishnu Dental College, Bhimavaram, Andra Pradesh on 24.12.2011.

- Dr. Ramesh K. Nadiger, Prof and Head, visited as a Council inspector to inspect and ascertain the physical facilities available for renewal of 2nd year MDS Course in the speciality of Prosthodontics and Crown & Bridge with 3 seats at Dharmsinh Desai Institute of Dental Sciences, College Road, Nadiad, Gujarat on 09.01.2012

- Dr. Ramesh K. Nadiger, Prof and Head, visited as a Council inspector to verify the achievements of the annual target for Increase of seats for MDS Course in the speciality of Prosthodontics and Crown & Bridge to College of Dentistry, Indore – 303101 (Rajasthan) on 23.01.2012.

- Dr. Ramesh K. Nadiger, Prof and Head, visited as a Council inspector to verify the achievements of the annual target Increase of seats for MDS Course in the speciality of Prosthodontics and Crown & Bridge at Rishiraj college of Dental Sciences Research centre, Bhopal on 30.01.2012

- Dr. Ramesh K. Nadiger, Prof and Head, visited as a Council inspector to inspect and ascertain the physical facilities available for starting of MDS Course in the speciality of Prosthodontics and Crown & Bridge at Rishiraj college of Dental Sciences Research centre, Bhopal on 30.01.2012

- Dr. Ramesh K. Nadiger, Prof and Head, visited as a Council inspector to inspect and ascertain the physical facilities available for starting MDS Course in the speciality of Prosthodontics and Crown & Bridge at Late Shri Yashwanthrao Chavan Memorial Medical and Rural Development Dental College, Ahmednagar on 28th January 2013.

- Dr. Ramesh K Nadiger appointed as council inspector to Mar Baselios Dental College, Thankalam, Kothamangalam , Cochin Kerala on 5th July 2013.
Dr. Ramesh K. Nadiger, Professor visited as a Council inspector to inspect and ascertain the physical facilities available for 2nd MDS Course for increase of seats in the speciality of Prosthodontics and Crown & Bridge from 1 to 3 at Post graduate institute of Dental Sciences, Medical campus, Rohtak on 30th September 2013.

Dr. Ramesh K. Nadiger, Professor visited as a Council inspector to inspect and ascertain the physical facilities available for 2nd MDS Course for increase of seats in the speciality of Prosthodontics and Crown & Bridge from 1 to 3 at Post graduate institute of Dental Sciences, Medical campus, Rohtak on 30th September 2013.

Dr. Ramesh K. Nadiger, Professor visited as a Council inspector to verify the achievement of the annual target for renewal of the Central Government permission for 4th Batch of MDS Course in the speciality of Prosthodontics and Crown & Bridge with 3 seats at Vyas Dental College, Teesra Prahar, 1st – A – Road, Sardarpura, Jodhpur – 342 003 (Rajasthan) on 26th October 2013.

Dr. Ramesh K. Nadiger, Professor visited as a Council inspector to Royal Dental College, Iron Hills, Chalissery P.O., Palakkad on 26th November 2013.

Dr. Ramesh K. Nadiger, Professor visited as a Council inspector to MNR Dental College, MNR Nagar, Sangareddy on 10th January 2014.

Dr. Gouri V. Anehosur Professor visited as a Council inspector to Narayana Dental College, Nellore on 16th January 2014.

Dr. Gouri V. Anehosur appointed as council inspector to Noorul Islam College of Dental Sciences, Nice Garden, Aralumoodu P.O. Trivandrum-695123 Kerala on 12.2.2014.

Dr. Ramesh K. Nadiger, Professor appointed as council inspector to KM Shah Dental College, Vadodara on 21st and 22nd April 2014.

26. Faculty serving in
   a) National committees b) International committees c) Editorial Boards d) any other (specify)

   **Editorial Boards:**
   - Dr. Satyabodh S. Guttal appointed as editorial board member for Journal Prosthodontics (American College of Prosthodontists)
   - Dr. Satyabodh S. Guttal appointed as section editor for Implants in Journal of Indian Prosthodontics Society.
   - Dr. Satyabodh S. Guttal appointed as associate editor in International Journal of Prosthodontics and Restorative Dentistry.
   - Dr. Gouri V. Anehosur appointed as section editor for Removable Prosthodontics in Journal of Indian Prosthodontics Society.

27. Faculty recharging strategies (Refresher / orientation programs, workshops, training programs and similar programs).

**Dr. Ramesh K. Nadiger**

- Dr. Ramesh K. Nadiger attended the ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.
Dr. Ramesh K. Nadiger delivered a guest lecture on “Semi Precision attachments” on 19th April 2011 at IDA Davangere Branch.

Dr. Ramesh K. Nadiger attended and conducted CDE programme on “Management of poor mandibular ridges” at IDA Dharwad Branch in association with SDM College of Dental Sciences, Dharwad on 9th and 10th February 2013.

Dr. Ramesh K. Nadiger delivered guest lecture on “Systematic approach in the treatment of complete denture for the challenging clinical scenarios” at 1st Karnataka Prosthodontics Society convention held from 28th and 29th September 2013 at Goa.

Dr. Ramesh K. Nadiger, Professor attended 41st Indian Prosthodontics Society National Conference held at Ahmedabad, Gujarat from 13th to 17th November 2013.

Dr. Ramesh K. Nadiger, attended 1st Karnataka Prosthodontics Society convention held from 28th and 29th September 2013 at Goa.

Summary: Conference attended – 04,
Workshops / Hands on course / CDE Programme – 02,
Guest lecture - 02

Dr. Lekha K.

Dr. Lekha K.P. attended 37th Indian Prosthodontics Society Conference Trisur – Nov 2009.

Dr. Lekha K.P. attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.

Attended workshop on Liwawax cast partial denture casting by Mr. Raviprakash (Technical Assistant OFS) on 16th July 2011.

Attended workshop on BPS system (Biofunctional prosthesis system) July 2011

41st Karnataka State Dental Conference at Madikeri on 22nd to 24th November 2013

A symposium on “The completely edentulous patient – Prosthodontic options for clinical success” on 9th and 10th February 2013 at SDMCDSH, Dharwad.

14th IACDE/IES PG convention at SDM College of Dental Sciences, Dharwad on 7th – 9th June 2013.

Summary: Conference attended – 04
Workshops / Hands on course / CDE Programme – 03

Dr. Roseline Meshramkar

Dr. Roseline Meshramkar attended 2nd ISPRP Conference and presented paper on Review on Papillon Lefever syndrome at Cochin on 7th & 8th August 2009.

Dr. Roseline M. attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.

Dr. Roseline Meshramkar attended and conducted CDE programme on “Tooth supported overdentures” and “Smile design for fixed partial dentures” at IDA Dharwad Branch in association with SDM College of Dental Sciences, Dharwad on 9th and 10th February 2013.

Dr. Roseline Meshramkar, Professor attended CDE programme and delivered guest lecture on “Tooth wear – Etiology, Diagnosis & Management” at College of Dental Sciences, Davangere on 20th September 2013.

41st Karnataka State Dental Conference at Madikeri on 22nd to 24th November 2013

Summary: Conference attended – 03,
Guest lecture – 03
Dr. Satyabodh Guttal

- Dr. Satyabodh Guttal attended the workshop on “Art and Science of Scientific Writing and Evaluation of Journal Publication” held in SRM University at Chenai on 19th April 2009.

- Dr. Satyabodh Guttal attended Hands-on course in Fiber composite post and core (Ivoclar) at Dharwad 2009.

- Two-day hands-on workshop on semi precision attachment at Rural Dental College Loni on 21st & 22nd Jan 2011.

- Conducted Hands-on workshop on Implant retained silicone nasal Prosthesis at the 38th IPS conference Indore held on 11th Nov 2010.

- Conducted hands-on workshop on Semi Precision attachments at the 7th Annual Convention of Srilanka Academy of Aesthetic and cosmetic Dentistry held at Ceylon International Colombo on 25th Oct 2010

- Conducted hands-on workshop on Semi-precision attachments at MCODS Manipal on 5th Aug 2010.

- Conducted 2-day hands-on workshop on Semi Precision attachments At Hotel Mandar Regency Dharwad on May 1st & 2nd 2010.

- Conducted workshop on Maxillofacial Prosthodontics at Shyamala Reddy Dental College Bangalore on 25th Aug 09.

- Conducted CDE program at IDADDB on 13th SEPT 09 at Hotel Trupti international. The title of presentation was on Maxillofacial Prosthodontics.

- Dr. Satyabodh Guttal is attended the 38th Indian Prosthodontic Society Conference Indore Madhya Pradesh on 10-14th November 2010.

- Dr. Satyabodh Guttal conducted the workshop on Implant retained Silicone Nasal Prosthesis at the 38th Indian Prosthodontic Society Conference Indore Madhya Pradesh 10-14th November 2010.

- Dr. Satyabodh Guttal conducted the workshop on Semi precision attachment on 22nd to 26th October 2010 at the 7th Annual Srilanka Academy of Aesthetic and Cosmetic Dentistry and won the appreciation award.

- Dr. Satyabodh Guttal Conducted the workshop on Precision Attachments on 5th August 2010 at Manipal.

- Dr. Satyabodh Guttal conducted the guest lecture on Maxillofacial Prosthodontics on 24th October 2010 at the 7th Annual Srilanka Academy of Aesthetic and cosmetic dentistry.

- Dr. Satyabodh Guttal given the guest lecture on Semi precision attachment at Trupti International conducted by IDA Dharwad District on 31st October 2010.

- Dr. Satyabodh Guttal gave a health talk on Pediatric Dental care at classic little bud ABC montessaire school Dharwad on 25th September 2010.

- Two-day hands-on workshop conducted on Semi Precision Attachment at Yenepoya Dental College, Mangalore on 9th & 10th Nov 2011

- Delivered lecture on Semi precision attachments at the CDE program conducted by IDA Dharwad District Branch on 31st Oct 2010, Hotel Trupti International Hubli.

- Gave scientific lecture on Maxillofacial Prosthodontics at the 7th Annual convention of Srilanka Academy of Esthetics and cosmetic Dentistry held at Ceylon International, Colombo on 24th Oct 2010

- Delivered guest lecture on Semi-precision attachments at MCODS Manipal on 5th Aug 2010.

- Dr. Satyabodh Guttal attended 18th National conference of The Indian Society of Oral Implantologists held from 21st to 23rd October 2011 at Hyderabad International Conventional Center, Hyderabad.

- Dr. Satyabodh Guttal, attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.
• Dr. Satyabodh S. Guttal, Professor conducted workshop on “Semi Precision attachment” at Yenepoya Dental College, Mangalore on 9th and 10th November 2011.

• Dr. Satyabodh Guttal delivered a guest lecture on “Art and science of scientific writing” at 4th ISPRP National Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.

• Delivered guest lecture at the 4th Indian Society of Prosthodontics Restorative and Periodontics annual national conference on 21st July 2011, SDM Dental College Dharwad. Title “Art and Science of Scientific Writing”.

• Dr. Satyabodh S. Guttal attended 19th National Conference Indian Society of Oral Implantologist at Bangalore from 26th – 28th October 2012.

• Dr. Satyabodh Guttal, Professor attended Rajasthan State Dental Conference 2012, Udaipur and delivered guest lecture on “Implant Overdentures: start to finish and follow up” from 14th to 16th December 2012.

• Dr. Satyabodh Guttal, Professor conducted preconference course titled “Semi Precision attachment” at Rajasthan State Dental Conference 2012, Udaipur from 14th to 16th December 2012.

• Dr. Satyabodh Guttal attended and conducted CDE programme on “Implant supported overdentures” and “Tighten your RPD’s with semi precision attachments” at IDA Dharwad Branch in association with SDM College of Dental Sciences, Dharwad on 9th and 10th February 2013.

• Dr. Satyabodh S. Guttal, Professor, Conducted workshop on “Oral Implantology” at St Joseph Dental college Eluru, Andra Pradesh on 28th and 29th Jan 2013.

• Conducted preconference course on Semi Precision attachments. in Rajasthan state dental conf, Udaipur 2012

• Conducted preconference course on Management of Maxillary Defects in IPS pg convention at Mangalore, July 2012.

• Delivered guest lecture in the Rajasthan State Dental Conference 2012 at Udaipur on 15 Dec 2012. Title “Implant Overdentures- Start to Finish and Follow-up”.

• Delivered guest lecture on Implant Overdentures in the IDADDB CDE programme at SDMCDs auditorium on 10th Feb 2013.

• Delivered guest lecture on Semi Precision attachments in the IDADDB CDE programme at SDMCDs college Auditorium on 9th Feb 2013.

• Delivered guest lecture on Oral Implantology in the Zonal CDE programme of NTR university at St.Joseph Dental College Eluru. AP. 28th and 29th Jan 2013

• Dr. Satyabodh S. Guttal and Dr. Aishwarya Nayak attended 20th National conference of the Indian Society of Oral Implantologist held at 17th to 20th Oct. 2013 at Hotel Renaissance, Mumbai

• Dr. Satyabodh Guttal, attended 1st Karnataka Prosthodontics Society convention held from 28th and 29th September 2013 at Goa.

• Dr. Satyabodh S. Guttal professor conducted workshop on “Semi precision attachment” at Maharishi Markandeswvar College of Dental Sciences – August 2013

• Dr. Satyabodh S. Guttal professor attended Hands on course “Craniofacial Osseo integration” at Saint Joseph Dental College, Eluru, Andhra Pradesh - August 2013

• Conducted hands-on workshop on semi precision attachments at Shri Maharashi Marakhandeshwar Dental College Ambala 2013

• Delivered Guest Lecture at Sardar Patel Dental College Lucknow on 18th Feb 2014. Title: Semi-precision attachments.

• Dr. Satyabodh S. Guttal, delivered guest lecture on “Craniofacial Osseo integrated prosthesis” at International Team of Implantologist study club held in Hotel Sea Princes, Juhu Mumbai on 9th March 2014.
Dr. Satyabodh S. Guttal, delivered guest lecture on “Rehabilitation of orofacial defects” at state level oral surgery conference held at Belgaum KLE Dental College from 27th to 29th March 2014

Summary: Conference attended – 08, Workshops / Hands on course / CDE Programme – 10, Guest lecture – 26

Dr. Gouri V Anehosur
- Dr. Gouri V. Anehosur – attended 2nd National Conference of ISPRP and presented paper on “Rehabilitation Of Papillon- Lefevre Syndrome (PLS) Found In 3 Siblings” A Unique Case Report And Review in on 7th,8th July 2009 at Cochin
- Dr. Gouri Anehosur, attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.
- Dr. Gouri V. Anehosur attended and conducted CDE programme on “Immediate Dentures” at IDA Dharwad Branch in association with SDM College of Dental Sciences, Dharwad on 9th and 10th February 2013.
- Dr. Gouri V. Anehosur Professor attended 41st Indian Prosthodontics Society National Conference and presented paper on “Antimicrobial activity of visible light activated TiO2, Photocatalytic nano particles upon incorporation in denture base resin” held at Ahmedabad, Gujarat from 13th to 17th November 2013 and Got Best paper award.

Summary: Conference attended – 03, Guest lecture - 01

Dr. M. S. Kowdi
- Dr. M.S.Koudi, attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.
- Dr.M.S. Koudi attended and conducted CDE programme on “Make your dentures look real” at IDA Dharwad Branch in association with SDM College of Dental Sciences, Dharwad on 9th and 10th February 2013.

Summary: Conference attended – 01, Workshops / Hands on course / CDE Programme – 01

Dr. Saquib Ahmed Shaikh
- Dr. Saquib Shaikh, attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.
- Dr. Saquib Sheikh attended and conducted CDE programme on “Single complete denture” at IDA Dharwad Branch in association with SDM College of Dental Sciences, Dharwad on 9th and 10th February 2013.
- Dr. Saquib Sheikh attended 1st Karnataka Prosthodontics Society convention held from 28th and 29th September 2013 at Goa.

Summary: Conference attended – 02, Workshops / Hands on course / CDE Programme – 01, Guest lecture - 01

Dr. Bheema Setty Manasali
Dr. Bheema Setty, attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.

Dr. Bheema Shetty attended and conducted CDE programme on “Cushioning of Dentures – Relining and Rebasing” at IDA Dharwad Branch in association with SDM College of Dental Sciences, Dharwad on 9th and 10th February 2013.

Dr. Bheema Setty M., Reader attended 41st Indian Prosthodontics Society National Conference and presented paper on “Mandibular mechanics” held at Ahmedabad, Gujarat from 13th to 17th November 2013.

Dr. Bheema Setty attended 1st Karnataka Prosthodontics Society convention held from 28th and 29th September 2013 at Goa.

Summary: Conference attended – 03
Workshops / Hands on course / CDE Programme – 01

Dr. Prasanna Kumar Kadkol

- Dr. Prasannakumar H. Kadakol, attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.
- Dr. Prasanna Kumar Kadakol, Assistant Professor attended 16th IPS PG students convention held on 5th to 7th June 2014 at GITAM Dental College and Hospital, Visakhapatnam, Andrapradesh and conducted preconference course titled “Dental Sleep Medicine”.

Summary: Conference attended – 02

Dr. Sujatha Kamath

- Dr. Sujatha Kamath Participated in IGNOU Orientation Training Programe for Academic counsellors In charge of post graduate training programe in Oral Implantology held at VSDC Bangalore in December 2009.
- Dr. Sujata Kamath attended 4th ISPRP Conference from 22nd to 24th July 2011 held at SDM Dental College, Dharwad.
- Dr. Sujatha Kamath attended 41st Indian Prosthodontics Society National Conference and presented paper on “Team approach for replacement of missing lateral incisors – a case series” held at Ahmedabad, Gujarat from 13th to 17th November 2013.

Summary: Conference attended – 02
Workshops / Hands on course / CDE Programme – 01

Dr. Aishwarya Naik

- Dr. Aishwarya Nayak attended and conducted CDE programme on “Post insertion challenges and its management” at IDA Dharwad Branch in association with SDM College of Dental Sciences, Dharwad on 9th February 2013.
- Dr. Aishwarya Nayak attended 20th National conference of the Indian Society of Oral Implantologist held at 17th to 20th Oct. 2013 at Hotel Renaissance, Mumbai

Summary: Conference attended – 01
Dr. Konark N. Patil
- Dr. Konark N. Patil, Assistant Professor attended the 40th Indian Prosthodontics society conference in association with 8th Binneal meeting of the Asian academy Chennai of prosthodontics and presented paper on “Unleash the power of dentistry” on 5th to 9th December 2012 at Chennai.
- Dr. Konark N. Patil attended 41st Indian Prosthodontics Society National Conference and presented paper on “Cranio mandibular disfunction – a stress study” held at Ahmedabad, Gujarat from 13th to 17th November 2013 and Got Best paper award.
- Dr. Konark N. Patil attended 41st Indian Prosthodontics Society National Conference and conducted preconference course on “Dental Physician” held at Ahmedabad, Gujarat from 13th to 17th November 2013.
- Dr. Konark Patil attended 1st Karnataka Prosthodontics Society convention held from 28th and 29th September 2013 at Goa.
- Dr. Konark N. Patil, Assistant Professor attended 16th IPS PG students convention held on 5th to 7th June 2014 at GITAM Dental College and Hospital, Visakhapatnam, Andrapradesh and conducted preconference course titled “Dental Sleep Medicine”.

Summary: Conference attended – 05

Dr. Lata S.M.
- “Resin Cements – A Review” at UG & PG Students Scientific Meet On Divine Dentistry, Chennai on 8th January 2011.
- “Prosthodontic Management of Tilted Abutment – A Case Report” at UG & PG Students Scientific Meet On Divine Dentistry, Chennai on 11th February 2012.
- 40th IPS Conference & 8th Biennial Meeting of Asian Academy of Prosthodontics, Chennai and presented paper on “Non-rigid Connector In the Management of Pier Abutment – A Case Report” on 05th and 9th December 2012.
- Prosthodontic Management of Extra Oral Defects” at clinical society meeting (CSM), TNGDC Chennai on 23/03/13

Summary: Conference attended – 06

28. Student projects
- percentage of students who have taken up in-house projects including inter-departmental projects

UG Research:
- “A Comparative Analysis of The Characteristic Dental and Facial Features to Determine Esthetic Factor In Smile – A Clinical Study” Dr. Roseline Meshramkar guided house surgeon Dr. Anvitha Shashidhar to present in the research day.

PG Research:

Influence of matrix type and thermocycling on surface roughness of two resins for provisional crowns and fixed partial dentures – An invitro Study. Dr. Yogender Singh Rajpurohit, Dr.Ramesh Nadiger, 2009 – 2012.

Investigation of fracture resistance of tooth veneer with different indirect veneering materials and luting agents”- An Invitro Study. Dr. Konark Patil, Dr.Ramesh Nadiger, 2009 – 2012.

Comparative evaluation of two different alloys used in the fabrication of distal extension removable partial denture on stress distribution on the alveolar bone and the abutment tooth- A finite element analysis. Dr. Neha Baghrecha, Dr.Lekha 2009 – 2012.

Fatigue resistance and flexural behavior of acetal resin and chrome cobalt removable partial denture clasp – An In Vitro Study. Dr. Savitha P.N., Dr.Lekha 2009 – 2012.

Effect of incorporation of nano-oxides on color stability of maxillofacial silicone elastomer subjected to outdoor weathering – An In Vitro Study. Dr. Akash N.R., Dr. Satyabodh Guttal 2009 – 2012.

A comparative evaluation of stress distribution in bone around simulated endodontically treated teeth with three different esthetic posts- finite element analysis and photo elastic stress analysis. Dr. Prajna P. Shetty, Dr.Roseline, 2009 – 2012.


Evaluation of the treatment needs of an elderly population in Dharwad – an epidemiological survey. Dr. Abichandani Sagar Jagdish, Dr.Ramesh Nadiger 2010 – 2013.


An in – vitro study to evaluate the effect of simulated skin secretions on the colour stability and weight changes of maxillofacial silicone, in conjunction with outdoor weathering. Dr. Prerna Pradeep Shetty, Dr.Lekha, 2010 – 2013.

An invitro study to assess the effect of different beverages on color stability of acetal resin. Dr. Lokwani Bhavna Gopichand, Dr.Lekha, 2010 – 2013.

Radiographic study to evaluate the comdylar position in centric relation, before and after clinical remount in completely edentulous patients. Dr. Mithun Kumar, Dr.Gouri, 2010 – 2013

Comparison of the change in bilateral masseter and anterior temporalis muscle efficiency in complete denture wearers - an EMG study. Dr. Shilpa, Dr.Saquib, 2010 – 2013.

Comparative evaluation of the tensile bond strength and mode of failure of 2 commercially available soft liners following different surface pretreatments of Heat

- A comparative analysis of the effect on gingival displacement by two different gingival retraction systems – An invivo study. Dr. Aditya Acharya, Dr. Lekha, 2011 – 2014.
- A comparative study to evaluate the influence of varnish on biofilm formation with two different tissue conditioners – In vivo study. Dr. Madhuri Rao, Dr.Gouri, 2011 – 2014.
- A comparative evaluation of marginal fit and internal adaptation of complete cast coping fabricated using different pattern materials – an in vitro study. Dr. Pradeep Chandra Kumar, Dr.Saquib, 2011 – 2014.

- percentage of students doing projects in collaboration with other universities / industry / institute

**Dr.Satyabodh S. Guttal - Developing dental magnet in collaboration with National Aeronautical Limited, Bangalore.**

29. Awards / recognitions received at the national and international level by

- Faculty
  - **Dr. Satyabodh Guttal** conducted the workshop on *Semi precision attachment* on 22nd to 26th October 2010 at the 7th Annual Srilanka Academy of Aesthetic and Cosmetic Dentistry and won the *appreciation award*.
  - **Dr. Satyabodh S. Guttal** received *Perio India Award 2011*.
  - **Dr. Gouri V. Anehosur** Professor attended 41st Indian Prosthodontics Society National Conference and presented paper on “*Antimicrobial activity of visible light activated TiO2, Photocatalytic nanoparticles upon incorporation in denture base resin*” held at Ahmedabad, Gujarat from 13th to 17th November 2013 and *Got Best paper award*.
  - **Dr. Konark N. Patil** attended 41st Indian Prosthodontics Society National Conference and presented paper on “Cranio mandibular disfunction – a stress study” held at Ahmedabad, Gujarat from 13th to 17th November 2013 and *Got Best paper award*.

- Doctoral / post doctoral fellows

- Students
  - Dr. Meenakshi Jaamdar received *Best paper award* for presentation “Mutually retained extraoral & intraoral prosthesis & case report” at 12th National IPS Convention – Chennai - June 2010.
  - Dr. Uttam Shetty received *Best paper award* for presentation “Attachments prospective approach” at 12th National IPS Convention - Chennai June 2010.
• Dr. Akash N R received **Best paper award** for presentation “A new approach for retaining orbital prosthesis using attachment systems - A clinical report” at 13th IPS PG Convention held in Lucknow, June 2011.

• Dr. Sagar J. Abichandani received “**Honour of Excellence**” for presentation “Implant Occlusion – A world within a world” at South Asian Dental Congress at Dhaka, Bangladesh from 5th – 7th January 2012.

• Dr. Mithun Upadhya, Dr. Abhishek Suvarna, Dr. Bhavna Lokwani, Dr. Shilpa S. received **first place** in Table Clinic at 14th Indian Prosthodontic Society PG Convention Mangalore on July 2012.

• Dr. Abichandani Sagar **secured best paper prize** for presentation “Evaluation of retention strength and fatigue resistance of two attachment systems using tooth supported Over denture – An invitro study” at 40th IPS in association with 8th Binneal AAP conference from 7th to 9th December 2012, Chennai.

• Dr. Gaurav Mathur, Dr. Priyanka Shah, Dr. Abhishek Kavlekar received **Secured Best Poster Award** for poster presentation “Effects of neuromuscular based biteguard on posture and muscular performance on CMD patients – A clinical study” at 40th IPS in association with 8th Binneal AAP conference from 7th to 9th December 2012, Chennai.

• Dr. Blessy Susan presented paper on “Face off” corrected – A combined introral – extraoral prosthesis for rehabilitation of midfacial defect - A clinical case report” and got **Best Paper Award** at 15th IPS PG Convention from 14th to 16th June 2013 at ITS Center for Dental studies & Research, Ghaziabad.

• Dr. Jane Maria Fernandes, Dr. Asif Ebrahim Rangoonwala, Dr. Anish Yogesh Amin, Dr. Ayush Sharma attended and presented poster on “Implant surface modification” and **won 1st Prize at 1st Karnataka Prosthodontics Society convention held from 28th and 29th September 2013 at Goa.**

• Dr. Blessy Susan Bangera, attended 20th National conference of the Indian Society of Oral Implantologist held at 17th to 20th Oct. 2013 at Hotel Renaissance, Mumbai and presented paper on “Face of “corrected an implant retained nasal prosthesis for the rehabilitation of mid facial defect a clinical case report and got Dr. F.D. Mirza Award First prize and ISOI Best student paper award.”

• Dr. Jane Maria Fernandes, Dr. Asif Ebrahim Rangoonwala, Dr. Anish Yogesh Amin, Dr. Ayush Sharma attended and presented poster on “Implant surface modification” and **won 1st Prize at 1st Karnataka Prosthodontics Society convention held from 28th and 29th September 2013 at Goa.**

### 30. Seminars/ Conferences/Workshops organized and the source of funding (national / international) with details of outstanding participants, if any.

### 31. Code of ethics for research followed by the departments

**IRB – Institutional Review Board**

**32. Student profile program-wise:**

**2009-2013 subject results – IV BDS Prosthodontics**

<table>
<thead>
<tr>
<th>Year</th>
<th>Appeared</th>
<th>Passed</th>
<th>% age</th>
</tr>
</thead>
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<tr>
<td></td>
<td>June</td>
<td>Dec</td>
<td>June</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

30. Seminars/ Conferences/Workshops organized and the source of funding (national / international) with details of outstanding participants, if any.

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**32. Student profile program-wise:**

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<tr>
<th>Year</th>
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<th>Passed</th>
<th>% age</th>
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<tbody>
<tr>
<td></td>
<td>June</td>
<td>Dec</td>
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</tr>
<tr>
<td>M</td>
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<td>81.8</td>
<td>75</td>
<td>81.2</td>
<td>71.4</td>
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</table>

2009-2013 results – MDS Prosthodontics

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Year</th>
<th>Name of Student</th>
<th>Subject</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2010</td>
<td>Dr. Honey Lunkad</td>
<td>Prosthodontics</td>
<td>3rd</td>
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<tr>
<td>2.</td>
<td>2011</td>
<td>Dr. Sonali Arora</td>
<td>Prosthodontics</td>
<td>3rd</td>
</tr>
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<td>3.</td>
<td>2011</td>
<td>Dr. Patankar Anupama Suresh</td>
<td>Prosthodontics</td>
<td>10th</td>
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<td>4.</td>
<td>2012</td>
<td>Dr. Neha Bagreche</td>
<td>Prosthodontics</td>
<td>VIth</td>
</tr>
</tbody>
</table>

33. Diversity of students

<table>
<thead>
<tr>
<th>Name of the Program (refer to question no. 4)</th>
<th>% of students from the same university</th>
<th>% of students from other universities within the State</th>
<th>% of students from universities outside the State</th>
<th>% of students from other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDS - 2009</td>
<td>75%</td>
<td>25%</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>MDS – 2010</td>
<td>25%</td>
<td>75%</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>MDS - 2011</td>
<td>12.5%</td>
<td>87.5%</td>
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<td>Nil</td>
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<tr>
<td>MDS - 2012</td>
<td>25%</td>
<td>75%</td>
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<tr>
<td>MDS - 2013</td>
<td>Nil</td>
<td>100%</td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>

34. How many students have cleared Civil Services and Defense Services examinations, NET, SET, GATE, USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS and other competitive examinations? Give details category-wise.

NIL

35. Student progression

<table>
<thead>
<tr>
<th>Student progression</th>
<th>Percentage against enrolled</th>
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<tbody>
<tr>
<td></td>
<td>2009</td>
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<tr>
<td>UG to PG</td>
<td>12.5% - 01</td>
</tr>
<tr>
<td>PG to M.Phil, DM / M Ch / DNB</td>
<td>Nil</td>
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<tr>
<td>PG to Ph.D.</td>
<td>Nil</td>
</tr>
<tr>
<td>Ph.D. to Post-Doctoral</td>
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<tr>
<td>Employed</td>
<td>Nil</td>
</tr>
<tr>
<td>• Campus selection</td>
<td>Nil</td>
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<tr>
<td>• Other than campus recruitment</td>
<td>Nil</td>
</tr>
<tr>
<td>Entrepreneurs</td>
<td>Nil</td>
</tr>
</tbody>
</table>

36. Diversity of staff

<table>
<thead>
<tr>
<th>Percentage of faculty who are graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the same university</td>
</tr>
<tr>
<td>from other universities within the State</td>
</tr>
<tr>
<td>from universities from other States</td>
</tr>
<tr>
<td>from universities outside the country</td>
</tr>
</tbody>
</table>
37. Number of faculty who were awarded M.Phil., DM, M Ch, Ph.D., D.Sc. and D.Litt. during the assessment period
   **NIL**
38. Present details of departmental infrastructural facilities with regard to
   a) Library
   b) Internet facilities for staff and students
   **WI-FI zones are available for all staff in their respective chambers, students in their rooms.**
   c) Total number of class rooms - **01** – Seminar room
   d) Class rooms with ICT facility and ‘smart’ class rooms - **NIL**
   e) Students laboratories - **03** - Laboratories
   f) Research laboratories – **NIL**
39. List of doctoral, post-doctoral students and Research Associates
   a) from the host institution/university - **02**
      1. Dr. Satyabodh S. Guttal
      2. Dr. Konark Patil
   b) from other institutions/universities
      **Not applicable**
40. Number of post graduate students getting financial assistance from the university.
   **Nil**
41. Was any need assessment exercise undertaken before the development of new program(s)? If so, highlight the methodology.
   **Nil**
42. Does the department obtain feedback from
   m. faculty on curriculum as well as teaching-learning-evaluation? If yes, how does the department utilize the feedback?
   n. students on staff, curriculum and teaching-learning-evaluation and how does the department utilize the feedback?
   o. alumni and employers on the programs offered and how does the department utilize the feedback?
43. List the distinguished alumni of the department (maximum 10)
   ▪ Dr. P.S. Patil - Former Principal, Lathur Dental College.
   ▪ Dr. Anil Gujjari – Vice Principal, Admin., JSS Dental College, Mysore.
   ▪ Dr. Ravikumar Choudhary - HOD, Dept. of Prosthodontics, Khamam Dental College
   ▪ Dr. Srinath - HOD, Dept. of Prosthodontics, Eluru.
   ▪ Dr. Gaurav Gupta - HOD, Dept. of Prosthodontics, Sundar Nagar.
   ▪ Dr. Y. Ravishanker – HOD, Dept. of Prosthodontics, Gitam Dental College, Vizag.
   ▪ Dr. Lekha K. – HOD, Dept. of Prosthodontics, SDMCDS, Dharwad.
   ▪ Dr. Achut Devarubli – HOD, Dept. of Prosthodontics, RGDC, Bangalore.
   ▪ Dr. Ramesh Choudary - HOD, Dept. of Prosthodontics, Rajrajeshwari Dental college, Bangalore
   ▪ Dr. Nidhi Gupta - HOD, Dept. of Prosthodontics, Vikarabad.
44. Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.
   ▪ In our department, Dr. Abhy Abraham, BPS instructor from Ivoclar Vivadent from Chennai conducted a demonstration on BPS system (Biofunctional prosthesis system) in the month of July 2011 for all the post graduate students and technical staff.
   ▪ Conducted workshop on Liwawax cast partial denture casting by Mr. Raviprakash (Technical Assistant OFS) on 16th July 2011.
45. List the teaching methods adopted by the faculty for different programs including clinical
teaching.

**Under graduate students:**
- Didactics
- Tutorials
- Seminars
- Revision class

**Post graduate students:**
- Case based discussions
- Chair side clinical discussion
- Seminars
- Journal Clubs

46. How does the department ensure that program objectives are constantly met and learning outcomes are monitored?

The achievements of programme objectives and learning outcomes are monitored based on the Internal Assessments, Competency forms. The details are as follows -

**Internal assessment:**
- **II Year BDS: Dental Materials**
  3 internal assessments for theory, 3 for practicals are conducted.
- **II Year BDS: Pre-clinical Prosthodontics**
  2 internal assessments are conducted.
- **IV year BDS: Prosthodontics, Crown and Bridge and Implantology**
  1 internal assessment for theory
  2 internal assessments for theory and 2 clinical assessments are conducted.
  2 practical assessments for crown and bridge exercise.

**Competency forms:**
The III and IV BDS student should have completed the prescribed clinical threshold before challenging the competency. In this format the students will be evaluated for the competency level indicating whether the student can plan and treat the given clinical situation. The competency will be evaluated by the attending faculty dentist. The following competencies assessments are done in Prosthodontics-
- Competency Assessment for Designing Cast Partial Denture
- Competency Assessment for Complete Denture
- Competency Assessment for Treatment Partial Denture
- Competency Assessment for Fixed Prosthodontics : LABORATORY
- Competency Assessment for Fixed Prosthodontics: CLINICAL

47. Highlight the participation of students and faculty in extension activities.

NIL

48. Give details of “beyond syllabus scholarly activities” of the department.

**ICMR – STS 2012:** Antifungal activity of visible light activated TiO₂ photo catalytic nanoparticles incorporated in acrylic denture base material

Name of student: Varsha Palled

Duration: 2 months between March and September

Amount received: Rs 10,000/-

49. State whether the program/ department is accredited/ graded by other agencies? If yes, give details. NIL

50. Briefly highlight the contributions of the department in generating new knowledge, basic or applied.

51. Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the department.

- **Strengths:** The major strength of the dept of prosthodontics is the quality of faculty. A majority of the faculty has strong and established research programs
with strengths in the areas of removable prosthodontics, fixed prosthodontics, maxillofacial prosthodontics and implant dentistry. Many of the Prostho faculty has had their research programs supported by grants from external agencies like ICMR and RGUHS. The faculties also have evidence of quality research work through service on scholarly journal editorial boards, invited presentations at national and international conferences, colloquium presentations at other academic institutions, service as referees for journal articles, advising successful graduate students, or undergraduate and graduate textbook authoring.

- **Weaknesses**: The current primary weakness of the department is insufficient faculty for undergraduate and postgraduate training.
- **Opportunities**: There is an opportunity for the faculty member to get qualified as Ph.D. guides. The department can start advanced certificate courses in various branches of prosthodontics.
- **Challenges**: With number of mushrooming dental colleges in India, chances of developing well organized department of prosthodontics is apparent. Therefore, there is a need for developing new strategy planning to make our department more efficient and competent.

52. Future plans of the department.
   - Collaboration with the departments of other universities abroad in prosthodontics and restorative dentistry to conduct multicentred clinical research.
   - Scholarly activity and / or board certification will be emphasized for each faculty members.
   - The inclusion of the latest technology and teaching methodology into our Prostho curriculum.
   - To provide more research opportunities and encourage Prostho research for BDS students.
   - Strategic plan to develop a specialized referral care clinics for maxillofacial prosthetics and Temporomandibular disorder.
   - To develop and support sleep medicine, since this belongs to prosthodontics, specialized care for sleep dentistry program to promote our mission of scholarly activity patient care, service and education.
   - Our department will strive to operate day to day in a strong collegial manner. Highly professional demeanor is expected from all faculties.
Evaluative Report of the Department of Oral Pathology and Microbiology

1. Name of the Department: Oral Pathology and Microbiology
2. Year of establishment: 1987-88
3. Is the Department part of a college/Faculty of the university? Yes
4. Names of programmes offered (UG, PG, PharmD, Integrated Masters; M.Phil., Ph.D., Integrated Ph.D., Certificate, Diploma, PG Diploma, D.M./M.Ch., Super specialty fellowship, etc.): BDS, MDS
5. Interdisciplinary programmes and departments involved:
   - Seminar presentations by postgraduates in the Department of Physiology, SDM College of Medical Sciences & Hospital, Dharwad
   - Postgraduate postings
     1. Departments of Physiology and Anatomy, SDM College of Medical Sciences & Hospital, Dharwad
     2. Department of Oral Medicine & Radiology, SDM College of Dental Sciences & Hospital, Dharwad
   - Undergraduate postings
     1. III BDS students are posted in Forensic Odontology for practical training
   - Research (BDS and MDS students) and publication with basic sciences departments of SDM College of Medical Sciences & Hospital, and the Departments of Forensic Odontology, Oral Medicine and Oral Surgery within the dental college
6. Courses in collaboration with other universities, industries, foreign institutions, etc.: None
7. Details of programmes discontinued, if any, with reasons: No programmes were discontinued
8. Examination System: Annual/Semester/Trimester/Choice Based Credit System: Annual examination conducted by RGUHS
9. Participation of the department in the courses offered by other departments: None
10. Number of teaching posts sanctioned, filled and actual (Professors/Associate Professors/Asst. Professors/others):

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Qualification</th>
<th>Specialisation</th>
<th>Experience (Years)</th>
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<tbody>
<tr>
<td>Dr. Kaveri Hallikeri</td>
<td>Professor &amp; Head</td>
<td>MDS</td>
<td>Oral Pathology &amp; Microbiology</td>
<td>14y, 7m</td>
</tr>
<tr>
<td>Dr. Amsavardani @ Padmini Sivakumar</td>
<td>Professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>13y, 6m</td>
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<tr>
<td>Dr. Veda Hegde</td>
<td>Associate Professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>8y, 8m</td>
</tr>
<tr>
<td>Dr. Niranjan K.C.</td>
<td>Reader</td>
<td>–”–”</td>
<td>–”–”</td>
<td>7y, 3m</td>
</tr>
<tr>
<td>Dr. Swetha Acharya</td>
<td>Reader</td>
<td>–”–”</td>
<td>–”–”</td>
<td>5y, 10m</td>
</tr>
<tr>
<td>Dr. Dhirendra G. Sirur</td>
<td>Assistant Professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>2y, 8m</td>
</tr>
<tr>
<td>Dr. Pallavi Sabarad</td>
<td>Assistant Professor</td>
<td>–”–”</td>
<td>–”–”</td>
<td>&lt; 1y</td>
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</table>
12. List of senior Visiting Fellows, adjunct faculty, emeritus professors: None
13. Percentage of classes taken by temporary faculty – programme-wise information: N.A.
14. Programme-wise Student Teacher Ratio: Approximately 1:17
15. Number of academic support staff (technical) and administrative staff: sanctioned, filled and actual

<table>
<thead>
<tr>
<th>Number of Administrative Staff</th>
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</thead>
<tbody>
<tr>
<td>Number of Technical Staff</td>
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</table>
16. Research thrust areas as recognized by major funding agencies: None
17. Number of faculty with ongoing projects from a) national b) international funding agencies and c) Total grants received. Give the names of the funding agencies, project title and grants received project-wise. Nil
18. Inter-institutional collaborative projects and associated grants received (national & international collaboration)

**Inter-institutional collaborative projects**
- Cystic mystic lesions: CT evaluations, lesions learnt. Presented in Radiological society of North America Annual Conference at Chicago, USA. Department of Radiology, SDM Medical College & Hospital, Dharwad, 2013
- Tumour budding is an independent prognostic factor for prediction of Lymphnode metastasis OSCC. Department of Oral pathology, KLE, Belgaum, 2013-2014
- Study of various histopathological parameters in the carcinoma of tongue. Cancer Hospital, Navanagar, Hubli, 2013-2014
- The comet assay: a method to measure DNA damage in oral submucous fibrosis patients – a case control study, Department of Biochemistry, SDM Medical College & Hospital, Dharwad, 2011-2014
- Salivary estimation of copper, iron, zinc & manganese in oral submucous fibrosis patients: A case control study Department of Biochemistry, SDM Medical College & Hospital, Dharwad, 2012-2015
- Molecular screening of oral submucous fibrosis and oral squamous cell carcinoma patients for high risk human papilloma virus genotypes in North Karnataka population. Department of Biotechnology & Microbiology, PC Jabin Science College, Hubli, 2013-2015
- Detection of plasma Homocysteine in OSF & oral squamous cell carcinoma and its plausibility as a biomarker, Fajna Biosciences, Hubli, 2013-2014
19. Departmental projects funded by ICMR; DST-FIST; UGC-SAP/CAS, DPE; DBT, ICSSR, AICTE, etc.; total grants received.

- **Dr. Kaveri Hallikeri**
  - Prevalence of oral mucosal lesions associated with smoke or smokeless tobacco usage-a cross sectional study. **External funding research received – Aug 2012-July 2013. Rs. 6,23,974/-**
  - **Spoorthi Shetty (UG Student) under the guidance of Dr. Swetha Acharya**
    - An Undergraduate ICMR STS-2011-00368 Project report on cervical lymph nodes metastasis in oral squamous cell carcinoma: a correlative study between histopathological malignancy grading and lymph node metastasis got accepted. Rs. 10,000/- as scholarship awarded to the concerned undergraduate student on 21st May 2012 by ICMR.
  - **Sofia Sunny (UG Student) under the guidance of Dr. Swetha Acharya**
    - An undergraduate ICMR STS 2013-03456 Project report on assessing the risk of cervical lymph node metastasis in oral squamous cell carcinoma by a clinicopathologic scoring got accepted. Rs. 10,000/- as scholarship awarded to the concerned undergraduate student on 8th May 2014 by ICMR.
20. Research facility / centre with
- state recognition
- national recognition – Yes; ICMR funding is testament to quality research at national level
- international recognition None
21. Special research laboratories sponsored by/created by industry or corporate bodies: None
22. Publications:
Number of papers published in peer reviewed journals (national/international) – 49 (46 published; 3 accepted)

Monographs – None

Chapters in Books – 2
- Kumar GS, Amsavardani Tayaar S. Development and growth of teeth – Chapter 3, Amsavardani Tayaar S.

Books edited – None

Books with ISBN with details of publishers – None

Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, Dare Database - International Social Sciences Directory, EBSCO host, Medline, etc.)

Citation Index – range/average

<table>
<thead>
<tr>
<th>Faculty</th>
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<th>No of publications</th>
<th>Avg.</th>
<th>Range</th>
<th>Department Avg.</th>
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<td>Dr. Padmini S</td>
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<td>Dr. Veda Hegde</td>
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<tr>
<td>Dr. Swetha Acharya</td>
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<tr>
<td>Dr. Dhirendra Sirur</td>
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<tr>
<td>Dr. Pallavi</td>
<td>0</td>
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<td>0</td>
<td></td>
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</tr>
</tbody>
</table>

Impact Factor – range / average

Publications: [National and International]
5. Range: 0 to 3.685
6. Average: 0.799

h-index

<table>
<thead>
<tr>
<th>Faculty</th>
<th>h-index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Kaveri Hallikeri</td>
<td>8</td>
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<tr>
<td>Dr. Padmini S</td>
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<tr>
<td>Dr. Veda Hegde</td>
<td>3</td>
</tr>
<tr>
<td>Dr. Niranjan K.C.</td>
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<tr>
<td>Dr. Swetha Acharya</td>
<td>2</td>
</tr>
<tr>
<td>Dr. Dhirendra Sirur</td>
<td>1</td>
</tr>
<tr>
<td>Dr. Pallavi</td>
<td>0</td>
</tr>
</tbody>
</table>

Details of patents and income generated: None

Areas of consultancy and income generated: None

Faculty selected nationally/internationally to visit other laboratories/institutions/industries in India and abroad: None

Faculty serving in
- National committees
- b) International committees
- c) Editorial Boards
d) any other (specify)
- Executive Committee members of the Indian Association of Oral and Maxillofacial Pathology: Dr. Kaveri Hallikeri [2009-2010], Dr. Kiran Kumar K[2008-2009]
- Member of Editorial advisors for International Journal of Oral and Maxillofacial Pathology: Dr. Sudeendra Prabhu[ April 2011]

Reviewers
- Dr. Kaveri Hallikeri
  - Journal of oral and Maxillofacial Pathology
  - Medical Hypothesis
  - Journal of Scientific Society
- Dr. Veda Hegde
  - Journal of Oral and Maxillofacial Pathology
- Annals of Medical & Health Sciences Research
- Journal of Clinical & Diagnostic Research
- Dr. Sudeendra Prabhu
- British Journal of Oral and Maxillofacial Surgery (BJOMS)
- Histology and Histopathology
- Dr. Niranjan
- Journal of Medical Laboratory and Diagnosis
- Journal of Dentistry and Oral Hygiene
- Journal of Oral Research and Review
- Dr. Swetha Acharya
- Journal of Investigative Dentistry
- European Journal of General Dentistry
- Cranio Maxillary Diseases
- Annals of Maxillofacial surgery

**Guest lectures**

- Dr. Kaveri Hallikeri delivered lecture at National conference on Environmental Sciences and Health Hazards on “Environmental Science and its impact on Oral Health” on 21st Nov 2012 at Karnataka University, Dharwad.
- Dr. Padmini S delivered a guest lecture on “How to approach Surgical Pathology specimens” on 25th Jan 2013 at 1st National midterm IAOMP conference held at Saveetha Dental College, Chennai on 24-26th Jan 2013.
- Dr. Padmini S delivered a lecture on “Complexity in spindle cell lesion” – IHC the final seal. A CDE programme organized at Mangalore in March, 2013.
- Dr. Padmini S conducted slide discussion for post graduates at KSR Dental College, Thiruchengodu, Tamil Nadu on 9th and 10th March 2014

**Resource person**

- Risk factors associated with biomedical waste management published in the souvenir of the third national conference on biomedical waste management 2012, on 30th June at Ahmadabad, Gujarat in association with the Gujarat pollution board by Dr. Veda Hegde
- Dr. Anirudh B. Acharya and Dr. Swetha Acharya: Oral Health is linked to General Health. The Dentcare (KERENG02446/11/1/2013)-TC Dec 2013; Vol 1(3):8-12
- Dr. Swetha Acharya. Mouth Cancer: Need to Know - In a Nutshell. The Dentcare (KERENG02446/11/1/2013-TC) Feb 2014;1(5):16-24

**Expert resource person**

- Dr. Kaveri Hallikeri appointed as subject expert from Goa University to inspect the facilities for the continuation of programme in MDS course in Oral Pathology and Microbiology at Government Dental College Goa.

**PG Synopsis and thesis reviewer for RGUHS and other universities**

- Dr. Kaveri Hallikeri
- Dr. Padmini S
- Dr. Veda Hegde

**Conducting Mock examinations**

- Padmini.S conducted mock exam for MDS students at KSR Dental College, Thiruchengodu, Tamil Nadu on 9th - 10th March, 2014
- Padmini.S conducted mock exam for MDS students at Ambedkar Dental college, Bangalore, Karnataka on 19th-20th March, 2014

27. Faculty recharging strategies (Refresher / orientation programs, workshops, training programs and similar programs).

The following are the teachers training programme, faculty development programmes, workshops, slide seminars, postgraduate conventions and national conferences attended by the faculty
of this department (information for April 2009 to March 2014):

Dr. Kaveri Hallikeri

- XVIII National conference of IAOMP on 27th to 30th Nov 2009, Delhi, Indi
- IIIrd International conference on genetic and molecular diagnosis in modern medicine and biology 21st to 1st march 2010, Yenepoya university, Mangalore, Karnataka, India.
- IAOMP PG convention held at Virajpet on 16th and 17th June 2010
- Slide seminar, Belgaum, India 7th August 2010
- 19th National and 1st International Conference of IAOMP Chennai,10-12th Dec 2010.
- Workshop conducted by National AIDS control organization, New Delhi at SDM College of Dental Sciences, Dharwad on 23rd Dec 2010
- A session on “Interpersonal Communication Skills” by Neetu Ganapathy (sdmimd, Mysore) held in SDMCDS on 16th July 2011.
- 41st annual conference of Indian Academy of cytologists held at SDMCDS, Dharwad, 10th-12th November 2011
- 20th National conference of IAOMP at Hyderabad on 18th to 20th November 2011
- 12th National Post Graduate Convention of IAOMP organised by Dr. D.Y.Patil Dental College & Hospital, 14-15th July 2012, Pune.
- XXI National conference of Indian association of Oral and Maxillofacial Pathologists, Bambolim, Goa 26-28 October 2012
- National conference on environmental sciences and health hazards. 19-21st Nov 2012. Karnataka University, Dharwad
- Symposium on “the complete edentulous patient- prosthodontic options for clinical success” held on 9-10th Feb 2013, at SDMCDSH, Dharwad.
- CDE programme conducted by IDA Dharwad district branch in April 2013
- 14th IACDE/IES post graduate convention held on 7-9th June, 2013 at SDMCDSH, Dharwad.
- CDE programme conducted by KSDC at Sri Dharmasthala Veerendra Hegde Kalakshetra on 7th June 2013, Dharwad
- Workshop on fundamental techniques in molecular biology, K.L.E society’s P.C. Jabin Science College, Hubli. Department of Biotechnology and Microbiology and Prajna Biosciences, Hubli on 15th Sept 2013
- Symposium on “Newer trends in teaching and learning techniques” conducted by KLE University department of Medical Education at SDM college of Dental Sciences. On December 2013

Dr. Padmini S

- IAOMP PG convention held at Virajpet on 16th and 17th June 2010
- 19th National and 1st International Conference of IAOMP Chennai,10-12th Dec 2010.
- XI National Post Graduate Convention IAOMP at Manipal College of Dental Sciences, Manipal University, Manipal, 9-10th July, 2011
- A session on “Interpersonal Communication Skills” by Neetu Ganapathy (sdmimd, Mysore) held in SDMCDS on 16th July 2011.
- Slide Seminar on Odontogenic Tumours conducted in Belgaum on 5th August 2011 by Dr. Ganvir.
- 4th National Conference of Indian Society of Prosthodontics- Restorative- Periodontics (ISPRP), 22nd-24th of July 2011 at Dharwad.
- Workshop on pathology laboratory organized by Lieca biosystems at Bangalore on 17th and 18th August 2011
- Workshop on extramural funding procedures organized by RGUHS, Bangalore on 28th April, 2012.
- 12th National Post Graduate Convention of IAOMP organised by Dr. D.Y.Patil Dental College & Hospital, 14-15th July 2012, Pune.
- 1st South Zone Convention ORAMPS at CODS, Davengere on 7-8th Sept 2012
- 1st National midterm IAOMP conference held at Saveetha Dental College, Chennai on 24-26th Jan 2013.
- CDE programme “IHC-The Final Seal” at A.J. Institute of Dental Sciences, Mangalore on 28th March 2013.
- 13th National Post graduate convention of IOAMP Tirupathi, 10-11th July 2013.
**Dr. Kiran Kumar**
- Slide seminar, Belgaum, India 16th Sep 2009.
- 36th KCIAPM Annual State Conference, JSS Medical College, Mysore. 24-25th October, 2009

**Dr. Veda Hegde**
- Slide seminar, Belgaum, India 16th Sept 2009.
- Slide seminar, Belgaum, India 7th August 2010
- Workshop conducted by National AIDS control organization, New Delhi at SDM College of Dental Sciences, Dharwad on 23rd Dec 2010
- CDE programme at Government Dental College and Hospital on Odontogenic tumours – Unity in Diversity on 20th April 2011
- A session on “Interpersonal Communication Skills” by Neetu Ganapathy (sdmimd, Mysore) held in SDMCDS on 16th July 2011.
- Slide Seminar on Odontogenic Tumours conducted in Belgaum on 5th August 2011 by Dr. Ganvir.
- 41st annual conference of Indian Academy of cytologists held at SDMCDS, Dharwad, 10th-12th November 2011
- Cytology Convention “Diagnostic Cytology on Head and Neck Lesions” held at Maratha Mandal’s Institute of Dental Sciences and Research Centre, Belgaum on 26th May 2012.
- XXI National conference of Indian association of Oral and Maxillofacial Pathologists, Bambolim, Goa 26-28 October 2012
- Symposium on “the complete edentulous patient – prostodontics options for clinical success” held on 9-10th Feb 2013, at SDMCDSH, Dharwad.
- CME programme on cytology conducted by SDM Medical College and Hospital, Dharwad on 30-31st March 2013
- CDE programme conducted by IDA Dharwad district branch in April 2013
- 14th IACDE/IES post graduate convention held on 7-9 June, 2013 at SDMCDSH, Dharwad.
- CDE programme conducted by KSDC at Sri Dharmasthala Veerendra Hegde Kalakshetra on 7th June 2013, Dharwad
- ‘Various avatars of oral squamous cell carcinoma ‘conducted b KLE V. K Dental College, Belgaum on 26th August 2013
- Symposium on “Newer trends in teaching and learning techniques” conducted by KLE University department of Medical Education at SDM college of Dental Sciences. On December 2013

**Dr. Sudeendra Prabhu**
- National conference of forensic Odontology held at SDMCDS, Dharwad on 4-5th Oct 2009
- Teachers training programme held in SDMCMS, Dharwad on 7th Nov 2009.
- 7th National conference of Indian association of forensic odontology held in Chennai 10th & 11th April 2010
- A session on “Interpersonal Communication Skills” by Neetu Ganapathy (sdmimd, Mysore) held in SDMCDS on 16th July 2011.

**Dr. Niranjan K.C**
- 36th KCIAPM Annual State Conference, JSS Medical College, Mysore. 24-25th October, 2009
- XVIII National conference of IAOMP on 27th to 30th Nov 2009, Delhi, India
- IIIrd International conference on genetic and molecular diagnosis in modern medicine and biology 21st to 1st march 2010, Yenepoya university, Mangalore, Karnataka, India.
- Triple O symposium on 9th and 10th June 2010 at VSDC dental college, Bangalore, Karnataka, India
- IAOMP PG convention held at Virajpet on 16th and 17th June 2010
- Slide seminar, Belgaum, India 7th August 2010
- A session on “Interpersonal Communication Skills” by Neetu Ganapathy (sdmimd, Mysore) held in SDMCDS on 16th July 2011.
- Slide Seminar on Odontogenic Tumours conducted in Belgaum on 5th August 2011 by Dr. Ganvir.
- Cytology Convention “Diagnostic Cytology on Head and Neck Lesions” held at Maratha Mandal’s Institute of Dental Sciences and Research Centre, Belgaum on 26th May 2012
- 1st south zone convention ORAMPS at CODS, Davengere on 7-8th Sept 2012
- 1st National midterm IAOMP conference held at Saveetha Dental College, Chennai on 24-26th Jan 2013.
- Symposium on “the complete edentulous patient- prosthodontic options for clinical success” held on 9-10th Feb 2013, at SDMCDHS, Dharwad.
- CDE programme conducted by IDA Dharwad district branch in April 2013
- 14th IACDE/IES post graduate convention held on 7-9th June, 2013 at SDMCDSH, Dharwad.
- CDE programme conducted by KSDC at Sri Dharmasthala Veerendra Hegde Kalakshetra on 7th June 2013, Dharwad

Dr. Swetha Acharya
- Slide seminar, Belgaum, India 16th Sep 2009.
- 36th KCIAPM Annual State Conference, JSS Medical College, Mysore. 24-25th October, 2009
- Teachers training programme held in SDMCMS, Dharwad on 7th Nov 2009.
- Slide seminar, Belgaum, India 7th August 2010
- 19th National and 1st International Conference of IAOMP Chennai, 10-12th Dec 2010.
- XI National Post Graduate Convention IAOMP at Manipal College of Dental Sciences, Manipal University, Manipal, 9-10th July 2011
- A session on “Interpersonal Communication Skills” by Neetu Ganapathy (sdmimd, Mysore) held in SDMCDS on 16th July 2011.
- Slide Seminar on Odontogenic Tumours conducted in Belgaum on 5th August 2011 by Dr. Ganvir.
- 4th National Conference of Indian Society of Prosthodontics-Restorative- Periodontics (ISPRP), 22nd - 24th of July 2011 at Dharwad.
- Dr. Swetha Acharya attended faculty Development Program, 10-16th May 2012 held at SDMIMD, Mysore.
- Cytology Convention “Diagnostic Cytology on Head and Neck Lesions” held at Maratha Mandal’s Institute of Dental Sciences and Research Centre, Belgaum on 26th May 2012.
- 12th National Post Graduate Convention of IAOMP organised by Dr. D.Y.Patil Dental College & Hospital, 14-15th July 2012, Pune.
- Symposium on “the complete edentulous patient- prosthodontic options for clinical success” held on 9-10th Feb 2013, at SDMCDSH, Dharwad.
- 14th IACDE/IES post graduate convention held on 7-9th June, 2013 at SDMCDSH, Dharwad.
- CDE programme conducted by KSDC at Sri Dharmasthala Veerendra Hegde Kalakshetra on 7th June 2013, Dharwad
- 13th National Post graduate convention of IOAMP Tirupathi, 10 - 11th July 2013.
- Workshop on fundamental techniques in molecular biology, K.L.E society’s P.C. Jabin Science College, Hubli. Department of Biotechnology and Microbiology and Prajna Biosciences, Hubli on 15th Sept 2013

Dr. Dhirendra Sirur
- CDE program organized by IDA, Dharwad on Infection control, financial management and personal development on 26th Feb 2012 at Hotel Woodlands, Hubli.
- CDE program on Postural issues and Periomedicine conducted by IDA Dharwad branch at Hotel Trupti international, Hubli on 25th March 2012.
- Tobacco intervention initiative – A IDA certificate program “certifying the clinics as tobacco de-addiction centre” held at Clark’s Inn, Hubli by IDA, and Dharwad Branch on 26th May 2012.
- CDE program conducted by IDA and Spandana Alumni Association of SDMCDS at SDMCDS auditorium on 24-06-2012
- CDE conducted by IDA at Clark’s Inn, Hubli, on 16th Sept 2012
- XXI National conference of Indian association of Oral and Maxillofacial Pathologists, Bambolim, Goa 26-28 October 2012
Dr. Dr. Dhirendra Sirur attended a teachers training program on evidenced based dentistry held at KLE’S Vishwanath Katti Institute of Dental Sciences, Belgaum, on 22nd Feb 2012.

“XXIV Teachers’ training Programme” organized by the Department of Medical Education, SDM College of Medical Sciences and Hospital on 16-06-2012

Symposium on “the complete edentulous patient- prosthetic options for clinical success” held on 9-10th Feb 2013, at SDMCDSH, Dharwad.

CDE titled “Update with Oral Medicine and Pathology with Oral imaging and strategies for research” by Dr. Michael M. Bornstein and Prof. Dr. Peter A. Reichart at KLE Dental College, Bangalore on 1-2nd March 2013

CDE programme conducted by IDA Dharwad district branch in April 2013

CDE programme conducted by IDA Dharwad district branch at Hotel Hans. Guest Speakers: Dr Mithun Sattur, Dr Manjunath Vijapur on April 2013

14th IACDE/IES post graduate convention held on 7-9th June, 2013 at SDMCDSH, Dharwad.

CDE programme conducted by KSDC at Sri Dharmasthala Veerendra Hegde Kalakshetra on 7th June 2013, Dharwad

Workshop on fundamental techniques in molecular biology, K.L.E society’s P.C. Jabin Science College, Hubli. Department of Biotechnology and Microbiology and Prajna Biosciences, Hubli on 15th Sept 2013

Symposium on “Newer trends in teaching and learning techniques” conducted by KLE University department of Medical Education at SDM college of Dental Sciences. On December 2013

**Scientific Presentations done by staff**

Dr. Kaveri Hallikeri
- Evaluation of salivary molecules in oral cancer: Role in early detection. IIIrd International conference on genetic and molecular diagnosis in modern medicine and biology 21st to 1st march 2010, Yenepoya university, Mangalore, Karnataka, India.

Dr. Veda Hegde

Dr Sudeendra Prabhu
- Can we predict stature from tooth dimensions? in the 7th National conference of Indian association of forensic odontology held in Chennai 10th & 11th April 2010

Dr. Niranjan KC
- Cystic CEOT. Slide seminar Belgaum, India 16th Sep 2009.
- Cell cycle aberration: evidenced with cyclin B1 expression. IIIrd International conference on genetic and molecular diagnosis in modern medicine and biology 21st to 1st march 2010, Yenepoya university, Mangalore, Karnataka, India.

Dr. Swetha Acharya
- Oral histoplasmosis as an indicator of HIV infection- a case report. Slide seminar Belgaum, India 16th Sep 2009.
- Comparative analysis of clinical and histopathological profile of young and old subjects with Oral Squamous Cell Carcinoma.” XIX National & 1st International Conference held at Chennai (GRT) – 10th TO 12th December 2010.
- Invasive front grading of oral squamous cell carcinoma: reliability and its correlation with lymph node metastasis at the XI National Post Graduate Convention IAOMP at Manipal College of Dental Sciences, Manipal University, Manipal, 9-10th of July, 2011

Dr. Dhirendra Sirur
28. Student projects
- percentage of students who have taken up in-house projects including inter-departmental projects

**UG research projects:** On an average 5% of students (III BDS, IV BDS and Interns) are involved in the in-house projects taken up by faculty of the department every year.

- Analysis of clinicopathologic features of oral squamous cell carcinoma in young adults – a retrospective study. As an undergraduate research done at SDMCDSH, Dharwad. UGs: Shilpa Sridhar, M. Srujana, E. S. Shreya Goud, Lipika Asnani, B. Mohana Bindu, Pooja Udameshi, Sonal Agrawal guided by Dr. Swetha Acharya, 2009-2010
- Fibro-osseous lesions of the craniofacial region: an Institutional analysis for 20 years. UG’s Sharanya S, Pooja Nailik M, Ashritha Reddy B, Vatsala, Sammer Pandey, Alok Mishra guided by Dr Sudeendra Prabhu, 2009-2010
- Odontogenic keratocyst: a clinical and histological comparison of the parakeratin and orthokeratin variants. UG’s ; Shashank C H, Siddhardha G, Pranava Raval, Ankita Niak, Spoorty Shetty, Pavani Chauhan, Sapna Santosh guided by Dr. Veda Hegde, 2010 -2011
- Osteosarcomas of jaws: A 21 year retrospective review. UG’s Shreya Iyengar, Jaishree Gupta, Shravani Babladi, Anupama T, Stanzin Dolkar guided by Dr Sudeendra Prabhu, 2010-2011
- Odontogenic keratocyst: a clinical and histological comparison of the parakeratin and orthokeratin variants. UG’s ; Shashank C H, Siddhardha G, Pranava Raval, Ankita Niak, Spoorty Shetty, Pavani Chauhan, Sapna Santosh guided by Dr. Veda Hegde, 2010 -2011
- Dr. Spoorithi Shetty, Dr. Swetha Acharya. Cervical lymph nodes metastasis in oral squamous cell carcinoma: a correlative study between histopathological malignancy grading and lymph node metastasis. An Undergraduate ICMR-STS-2011 Project report got accepted. Scholarship awarded to the concerned undergraduate student on 21st May 2012.
- Assessing the risk of cervical lymph node metastasis in oral squamous cell carcinoma by a clinicopathologic scoring. Project proposal submitted to ICMR STS 2013, by Sofia Sunny, III BDS student, guided by Dr. Swetha Acharya on 25th Jan 2013, report got approved on Feb 27th 2014. Scholarship will be awarded to the undergraduate student by ICMR.

**PG research projects 2009-2014:** Virtually 100% of postgraduates participate in research undertaken.

**Major research projects**
- Immunohistochemical expression of p53 & p63 in selected odontogenic cysts and tumours – A comparative study. Dr. Anirudh Bartake, Dr. Rekha K, 2007-2010
- Immunohistochemical expression of P53 & P63 in Oral epithelial dysplasia and Oral squamous cell carcinoma – A comparative study. Dr. Smitha Shetty, Dr. Rekha K, 2007-2010
- Association of Lichen planus and chronic liver disease in Dharwad district population. Dr. Sreekanth, Dr. Kiran Kumar K, 2007-2010
- To analyse the possible interrelation between C – Myc, P53, P21 and their inference on cellular proliferation in Oral squamous cell carcinoma. Dr. Ranjini K V, Dr. Padmini S, 2007-2010
- Immunohistochemical study of calretinin in selected odontogenic tumours – A comparative study. Dr. Anila K, Dr. Rekha K, Dr. Kaveri Hallikeri 2008-2011
- Comparative analysis of selective oral microorganisms in oral squamous cell carcinoma patients at the time of diagnosis and during radiotheraphy. Dr. Sonalika Wanjari, Dr. Padmini S, 2008-2011
- Immunohistochemical analysis of fibrocytes & myofibroblasts in inflammatory lesions, carcinoma free margins and oral squamous cell carcinoma. Dr. Jyothi B M, Dr. Padmini S, 2009-2012
- The assessment & comparision of angiogenesis in ameloblastoma, keratocystic odontogenic tumour and dentigerous cyst – an immunohistochemical analysis. Dr. Sowmya P, Dr. Padmini S, 2009-2012
Immunohistochemical analysis of fibrocytes & myofibroblasts in oral squamous cell carcinoma showing nodal metastasis. Dr. Madhura, Dr. Kaveri Hallikeri, 2009-2012
Expression of CD 34 & CD 68 in peripheral & central giant cell granuloma: an immunohistochemical analysis. Dr. Varsha V K, Dr. Kaveri Hallikeri, 2009-2012
Comparative analysis of candida species in oral squamous cell carcinoma patients at the time of diagnosis and during radiotherapy. Dr. Arunee Gupta, Dr. Padmini S, 2010-2013
Study of micronuclei and other nuclear anomalies in exfoliated buccal epithelial cell of oral submucous fibrosis patients – a case control study. Dr. Pratibha K, Dr. Kaveri Hallikeri, 2010-2013
Quantitative analysis of mast cell density and microvessel density in oral epithelial dysplasia and oral squamous cell carcinoma. Dr. Vinay Marla, Dr. Veda Hegde, 2010-2013
Efficacy of coconut oil and olive oil over xylene as clearing agent – a comparative morphometric study. Dr. Wajid Sermadi, Dr. Niranjan K C, 2010-2013
Study of antifungal susceptibility profile of Candida isolates from oral squamous cell carcinoma patients undergoing radiotherapy. Dr. Rashmi Bangera, Dr. Padmini S, 2011-2014
The comet assay: a method to measure DNA damage in oral submucous fibrosis patients - a case control study. Dr. Ravichandra Udupa, Dr. Kaveri Hallikeri, 2014
Quantitative analysis of CD1a positive Langerhans cell in oral dysplastic epithelium and oral squamous cell carcinoma. Dr. Preeti K, Dr. Veda Hegde, 2011-2014
Cell cycle aberration in ameloblastoma and adenomatoid odontogenic tumour: as evidenced by the expression of p53 and survivin. Dr. Zulfin Shaikh, Dr. Niranjan K C, 2011-2014
Apoptosis in oral dysplastic lesions and oral squamous cell carcinoma; A light microscopic study. Dr. Shwetha Nambiar, Dr. Veda Hegde, 2012-2015
Salivary estimation of copper, zinc, iron and manganese in oral submucous fibrosis patients: A case control study. Dr. Akshata Okade, Guide: Dr. Kaveri Hallikeri, Co-guide: Dr. Dhiraj Trivedi, 2012-2015.
Determination of plasma homocysteine level in oral submucous fibrosis and oral squamous cell carcinoma using HPLC and its plausibility as a potential biomarker. Dr. Shetty Shrvya Jaganath, Guide: Dr. Kaveri Hallikeri, Co-guide: Dr. S.V. Hiremath, 2013-2016
Immunohistochemical expression of cytokeratin 8 in oral submucous fibrosis. Dr. Jyothsna Vaikunthe, Dr. Padmini S, 2013-2016
Efficacy of crystal violet stain over haematoxylin and eosin stain in detection of mitosis in oral epithelial dysplasia and oral squamous cell carcinoma. Dr. Nikhil Yadav, Dr. Veda Hegde, 2013-2016

Minor ongoing research projects
- Eosinophilic ulcer of the tongue: Clinico-pathological analysis. Dr. Shetty Shrvya Jaganath, Dr. Kaveri Hallikeri, 2014
- Assessing of ABO blood grouping and secretor status in the saliva of the patients with oral potentially malignant disorder. Dr. Pragati Rai, Dr. Swetha Acharya, Dr. Kaveri Hallikeri, 2014
- Efficacy of Centrifuged Liquid Based Cytology (CLBC) over conventional cytology in Oral Squamous cell carcinoma: a diagnostic augmentation. Dr. Nikhil Yadav, Dr. Veda Hegde, 2014
- Improvisation of conventional brush cytology: a diagnostic benefit. Dr. Shwetha Nambiar, Dr. Veda Hegde, 2014
Scientific presentations done from the department in various fora

April 2009-March 2010 (6 presentations)
- Dr. Anila K, Dr. Sreekanth, Dr Smith, Dr. Swetha Acharya, Dr.Padmini.S. Solving the diagnostic riddle of small round cell tumors. A case report. 9th National PG convention of IAOMP, Vijayawada, A.P, 26-27th July 2009
- Dr. Sonalika wanjari, Dr. Anirudh Bartake, Dr. Ranjini, Dr. Sudeendra Prabhu. Inflammatory pseudotumor. A Biologic controversial entity. 9th National PG convention of IAOMP, Vijayawada, A.P, 26-27th July 2009
- Dr. Smitha Shetty. Aggressive Juvenile ossifying fibroma of mandible. 9th National PG convention of IAOMP, Vijayawada, A.P, 26-27th July 2009
- Dr. Sonalika Wanjari, Dr. Niranjan K.C, Dr. Kaveri Hallikeri. Hemangiopericytoma/Solitary fibrous tumour – A diagnostic paradox. XVIII National conference of IAOMP 2009, Delhi, India
- Dr. Anila k, Dr. Swetha Acharya, Dr. Padmini S. Primitive neuroectodermal tumor with squamoid differentiation in immature teratomas. XVIII National Conference of IAOMP Delhi, 2009.

April 2010-March 2011 (12 presentations)
- Dr. Jyothi B M, Dr. Niranjan KC. Cystic CEOT & it’s possible histogenesis. IAOMP PG Convention, Coorg 16th & 17th June 2010
- Dr. Madura, Dr. Veda Hegde. Mucormycosis of the Oral cavity: A review. IAOMP PG Convention, Coorg 16th & 17th June 2010
- Dr.Anila Koneru. Necrotising Sialometaplasia. slide seminar held at Belgaum on 7th August 2010
- Dr. Sonalika Wanjar. Mesenchymal Chondrosarcoma. slide seminar held at Belgaum on 7th August2010
- Dr.Anila Koneru, Dr. Varsha V K, Dr. Madura Dr. Kaveri Hallikeri Candida carriage status in Oral Submucous Fibrosis and healthy individuals- A pilot study. XIX National & 1st International Conference held at Chennai (GRT)- 10TH TO 12TH December2010.
- Dr.Sowmya P, Dr. Jyothi B M, Dr. Sonalika Wanjari, Dr. Padmini .S. Eosinophil – a friend or foe – A study of Eosinophil quantification in oral epithelial dysplasia & oral squamous cell carcinoma.” XIX National & 1st International Conference held at Chennai (GRT)- 10TH TO 12TH December2010
- Dr. Sonalika Wanjarri, Dr.Sowmya P, Dr. Jyothi B M, Dr. Padmini .S. Change in oral microflora during radiotherapy in oral squamous cell carcinomas”. XIX National & 1st International Conference held at Chennai (GRT)- 10TH TO 12TH December2010
- Dr. Sharanya, Dr Sudeendra Prabhu. Fibro-osseous lesions of the jaws: Institutional analysis for 20years”. 1st State level UG Convention-2010 held at Davangere.
- Dr. Shilpa Shidhar, Dr.Swetha Acharya. “Analysis of clinicopathological features of Oral Squamous Cell Carcinoma in young adults”. 1st State level UG Convention-2010 held at Davangere
- Dr. Ashitha B Reddy, Dr. Dr Sudeendra Prabhu presented Fibro-osseous lesions of the craniofacial region: an Institutional analysis for 20 years. Annual Research day was held in the SDMCDS auditorium on 16th October 2010
- Dr. Lipika Asnani, Dr. Swetha Acharya “Analysis of clinicopathological features of Oral Squamous Cell Carcinoma in young adults.” Annual Research day was held in the SDMCDS auditorium on 16th October 2010

April 2011- March 2012 (6 presentations)
Dr. Arunee Gutpa, Dr. Wajid Sermadi, Dr. Kaveri Hallikeri. Pleomorphic adenoma with squamous metaplasia- masquerading as malignancy- a case report – poster presentation in XI national post graduate convention of IAOMP held on 9-10 July 2011 at MCODS Manipal.

Dr. Pratibha Kemtur, Dr. Kaveri Hallikeri. OSMF- A precursor of malignancy. Review of 6 cases. Poster presentation in 20th National conference of IAOMP at Hyderabad on 18 to 20th Nov. 2011.

Dr. Arunee Gupta, Dr. Swetha Acharya, Dr. Padmini. S. Evaluation of modified Byrne’s grading system in oral squamous cell carcinoma. XX National Conference of IAOMP Hyderabad, Nov, 2011


Dr. Wajid Sermadi, Dr. Sudeendra Prabhu. Nature’s clearing agent- coconut oil. XX National Conference of IAOMP Hyderabad, Nov, 2011

Dr. Pratibha Kemtur, Dr. Sudeendra Prabhu. Belligerence in disguise: Nodular fasciitis. XX National Conference of IAOMP Hyderabad, Nov, 2011

April 2012-March 2013 (13 presentations)

Dr. Pratibha Kemtur, Dr. Swetha Acharya, Dr. Kaveri Hallikeri. Cytomorphometric analysis of oral keratinocytes in oral submucous fibrosis patients. XII National Post Graduate Convention, at DY Patil Vidyapeeth, Pune 14th and 15th July 2012.

Dr. Wajid Sermadi, Dr. Niranjan KC, Dr. Swetha Acharya. Olive oil as Xylene substitute? Scientific poster presentation at the XII National Post graduate convention of IAOMP, Pune on 14th and 15th July 2012.

Dr. Vinay marla, Dr. Veda Hegde. Quantitative analysis of mast cell density and microvessel density in oral squamous cell carcinoma. XII National Post graduate convention of IAOMP, Pune on 14th and 15th July 2012.

Dr. Ravichandra Udupa, Dr. Kaveri Hallikeri. Nodular fasciitis – subcutaneous type. First south zone convention on maxillofacial surgical pathology and diagnosis- A confluence of the specialities on 7th - 8th September 2012 at College of Dental Sciences, Davangere.

Dr. Rashmi Bangera, Dr. Swetha Acharya, Dr. Padmini. S. Osteosarcoma of jaws presented in First south zone convention on maxillofacial surgical pathology and diagnosis- A confluence of the specialities on 7th and 8th September 2012 at College of Dental Sciences, Davangere.


Dr. Rashmi Bangera, Dr. Padmini. S. Inflammatory microenvironment in Eosinophilic ulcers. I National midterm IAOMP conference held at Saveetha Dental College, Chennai on 24-26th Jan 2013

Dr. Zulfin Shaikh, Dr. Niranjan KC. Prevalence of odontogenic cysts and tumors – An institutional review. Presented as a scientific paper presentation at the National Post graduate conference of IAOMP, Goa on 26th, 27th and 28th October 2012.

Dr. Akshata Okade, Dr. Kaveri Hallikeri. A case of gigantic peripheral giant cell granuloma. Ist National midterm conference of IAOMP, Saveetha Dental College, Chennai on 24-26th January 2013


Dr. Shwetha Nambiar, Dr. Swetha Acharya, Dr. Padmini. S. Squamous cell carcinoma emerging in an odontogenic keratocyst. A case report and a brief review. 1st National midterm IAOMP conference held at Saveetha Dental College, Chennai on 24-26th Jan 2013.
Dr. Spoorthi Shetty, Dr. Swetha Acharya, Dr. Padmini.S. Cervical lymph nodes metastasis in oral squamous cell carcinoma: a correlative study between histopathological malignancy grading and lymph node metastasis. UG Medical Students’ Regional Research Conference held at the N.K.P. Salve Institute, Nagpur on 4-6th Oct 2012.

April 2013- March 2014 (4 presentations)

- Dr. Akshata Okade, Dr. Swetha Acharya, Dr. Kaveri Hallikeri. Oral Pulse Granuloma: a rare presentation. CDE programme “Pathoquest” conducted on 9th January 2014 by the Department of Oral and Maxillofacial Pathology and Microbiology, M.R. Ambedkar Dental College and Hospital, Bangalore.
- Dr. Shraddha K S, Dr. Swetha Acharya, Dr. Kaveri Hallikeri. Adenoid cystic carcinoma of sublingual salivary gland: a rare clinical entity. CDE programme “Pathoquest” conducted on 9th January 2014, by the Department of Oral and Maxillofacial Pathology and Microbiology, M.R. Ambedkar Dental College and Hospital, Bangalore
- Dr. Shwetha Nambiar, Dr. Veda Hegde. A recurrent lesion arising in the maxillary sinus. CDE programme “Pathoquest” conducted on 9th January 2014, by the Department of Oral and Maxillofacial Pathology and Microbiology, M.R. Ambedkar Dental College and Hospital, Bangalore
- Dr. Tahura Khwaja, Dr. Swetha Acharya, Dr. Padmini.S. Cytomorphometric analysis of the keratinocytes in buccal mucosal smears of gutkha chewers. 13th National Post graduate convention of IOAMP Tirupathi, 10 - 11th July 2013.

Percentage of students doing projects in collaboration with other universities / industry / institute:
Every year, at least 25% of postgraduates are undertaking projects in collaboration with other institute/universities

Completed

- Association of Lichen planus and chronic liver disease in Dharwad district population. Dr. Sreekanth, Dr. Kiran Kumar K, Dr. Kaveri Hallikeri 2007-2010
- Comparative analysis of selective oral microorganisms in oral squamous cell carcinoma patients at the time of diagnosis and during radiotherapy. Dr. Sonalika, Dr. Padmini S, 2008-2011
- Comparative analysis of candida species in oral squamous cell carcinoma patients at the time of diagnosis and during radiotherapy. Dr. Arunee Gupta, Dr. Padmini S, 2010-2013
- Study of antifungal susceptibility profile of Candida isolates from oral squamous cell carcinoma patients undergoing radiotherapy. Dr. Rashmi Bangera, Dr. Padmini S, 2011-2014
- The comet assay: a method to measure DNA damage in oral submucous fibrosis patients - a case control study. Dr. RaviChandra Udapa, Dr. Kaveri Hallikeri, 2011-2014

Ongoing Projects

- Molecular screening of oral submucous fibrosis and oral squamous cell carcinoma patients for high risk human papilloma virus genotypes in North Karnataka population, 2013, Department of Biotechnology & Microbiology, PC Jabin Science College, Hubli. Dr. Akshatha Okade, Dr. Kaveri Hallikeri, 2012-2015
- Detection of plasma Homocysteine in OSF & oral squamous cell carcinoma and its plaucibility as a biomarker, 2013- 2014, Prajna Biosciences, Hubli, Dr. Shrayya Dr. Kaveri Hallikeri,2013- 2016

29. Awards / recognitions received at the national and international level by

- Faculty Awards / Recognitions: Two
  - Dr. Sudeendra Prabhu won Best Paper Award in National conference of forensic Odontology held at SDMCDS, Dharwad on 4-5th Oct 2009.
  - Dr. Sudeendra Prabhu won Best Photography In Oral Pathology award in National conference of IAOMP held at Kolkata on 27-29th Dec 2009.

Chairing Scientific Sessions

Dr. Kaveri Hallikeri

- XVIII Indian Academy of Oral and Maxillofacial Pathology, Delhi, 27’30th Nov 2009
- XX National conference of IAOMP, Hyderabad, 18 -20th Nov, 2011
- XII National Post Graduate Convention, at DY Patil Vidyapeeth, Pune 14-15 July 2012
  **Dr. Padmini, S**
- XIX National and Ist International IAOMP Conference, Chennai, 10-12th Dec 2010
- XI National PG Convention, Manipal, 9-10th July, 2011.
- First National midterm conference, Chennai – 24-26th Jan, 2013 (Original papers)
  **Dr. Niranjan KC**
- I National midterm conference, Chennai, 24-26th Jan, 2013 (Review papers)
  **Dr. Swetha Acharya**
- XIII National PG convention, Tirupathi, 10th-11th July, 2013 (Review papers)
- Doctoral / post doctoral fellows: None
- Student Awards: Seven
  **Dr. Sonalika** won Best Poster Award in 9th National PG convention of IAOMP on 26-27 July 2009 held at Vijayawad. Guided by Dr. Sudheendra Prabhu titled “Inflammatory pseudotumor. A Biologic controversial entity”.
  **Dr. Ashitha B Reddy** (Intern) presented “Fibro-osseous lesions of the craniofacial region: an Institutional analysis for 20 years.” On the annual research day celebration in our college. Co-ordinated by Dr. Sudheendra Prabhu. This poster won 1st prize.
  **Dr. Lipika Asnani** presented a paper on “Analysis of clinicopathological features of Oral Squamous Cell Carcinoma in young adults.” On the annual research day celebration in our college. Co-ordinated by Dr.Swetha Acharya. This paper won the best paper prize in that session
  **Dr. Anila.K**, Dr. Kaveri Hallikeri presented a poster “Candida carriage status in Oral Submucous Fibrosis and healthy individuals- A pilot study.”----awarded with Best Poster prize in the XIX National & 1st International Conference held at Chennai (GRT)-10th TO 12th December 2010.
  **Spooorthi Shetty** under the guidance of Dr. Swetha Acharya. Cervical lymph nodes metastasis in oral squamous cell carcinoma: a correlative study between histopathological malignancy grading and lymph node metastasis. Scholarship awarded to the undergraduate student on 21st May 2012 by ICMR-STS-2011
  **Dr. Wajid Hermadi** under the guidance of Dr. Niranjan and Dr. Swetha Acharya ‘Olive oil as a clearing agent’ received the best poster award in the XIIth National PG convention in Pune.
  **Dr. Zulfin** participated in a quiz conducted at a CDE programme “IHC the final seal” at AJ Institute, Mangalore, 28th March 2013. Won second prize in the quiz competition
  Assessing the risk of cervical lymph node metastasis in oral squamous cell carcinoma by a clinicopathologic scoring. Project proposal submitted to ICMR STS 2013, by **Sofia Sunny**, III BDS student, guided by Dr. Swetha Acharya on 25th Jan 2013, report got approved on Feb 27th 2014. The student will be getting a scholarship awarded by ICMR STS 2013

**Rank list**

**M.D.S. RANKS MAY 2009 EXAMINATION**

<table>
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<td>1</td>
<td>Oral Pathology</td>
<td>Dr. Vimi S</td>
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<td>Dr. Gokul S</td>
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**M.D.S. RANKS MAY 2010 EXAMINATION**

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<td>Dr. Smitha R. Shetty</td>
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**M.D.S. RANKS MAY 2011 EXAMINATION**

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**M.D.S. RANKS MAY 2013 EXAMINATION**

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<td>Dr. Arunee Gupta</td>
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<td>Dr. Kemtur Pratibha Prabhakar</td>
<td>10th</td>
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**B.D.S SUBJECTWISE RANKS JUNE 2009 TO JUNE 2012 EXAMINATION (BDS STUDENTS ADMITTED IN 2008)**

**Dental Anatomy and Oral Histology**

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<th>Oral Histology</th>
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<td>Suvidha Rengarajan</td>
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<td>Pooja Mehta</td>
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</tr>
<tr>
<td>Khan Asif Munir</td>
<td>154</td>
<td>77</td>
<td>10th</td>
</tr>
</tbody>
</table>

**Oral Pathology & Microbiology**

<table>
<thead>
<tr>
<th>Name of the Student</th>
<th>Sl. No.</th>
<th>Dental Anatomy</th>
<th>Oral Histology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooja Mehta</td>
<td>169</td>
<td>84.5</td>
<td>1st</td>
</tr>
<tr>
<td>Jaishree Gupta</td>
<td>165</td>
<td>82.5</td>
<td>3rd</td>
</tr>
<tr>
<td>Khan Asif Munir</td>
<td>159</td>
<td>79.5</td>
<td>7th</td>
</tr>
<tr>
<td>Ratika Lihala</td>
<td>159</td>
<td>79.5</td>
<td>7th</td>
</tr>
<tr>
<td>Ashaya M</td>
<td>158</td>
<td>79</td>
<td>8th</td>
</tr>
<tr>
<td>Deepa Gandu</td>
<td>158</td>
<td>79</td>
<td>8th</td>
</tr>
<tr>
<td>Sapna Santosh Kudtarkar</td>
<td>158</td>
<td>79</td>
<td>8th</td>
</tr>
<tr>
<td>Nazam Nuruddin Lakhani</td>
<td>158</td>
<td>79</td>
<td>8th</td>
</tr>
<tr>
<td>Themudo Beverly Mercy</td>
<td>158</td>
<td>79</td>
<td>8th</td>
</tr>
<tr>
<td>Naik Ankita Ananda</td>
<td>157</td>
<td>78.5</td>
<td>9th</td>
</tr>
</tbody>
</table>

30. Seminars/ Conferences/Workshops organized and the source of funding (national / international) with details of outstanding participants, if any.

- **Annual Research day** was held in the SDMCDS auditorium on 16th October 2010. Dr. Padmini S, Research Dean and Dr. Niranjan KC, Assistant Dean were the members of the organizing committee. All the PGs and staff attended the event with two scientific presentations from the department.

- **Dr. Ashitha B Reddy** (Intern) presented “Fibro-osseous lesions of the craniofacial region: an Institutional analysis for 20 years.” On the annual research day celebration in our college. Co-ordinated by Dr. Sudheendra Prabhu. **This poster won 1st prize.**

- **Dr. Lipika Asnani** presented a paper on “Analysis of clinicopato pathological features of Oral Squamous Cell Carcinoma in young adults.” On the annual research day celebration in our college. Co-ordinated by Dr. Swetha Acharya. **This paper won the best paper prize in that session.**

31. Code of ethics for research followed by the departments As per Institutional Review Board

32. Student profile program-wise:

**2009-2013 Subject Results – I BDS Dental/Oral Anatomy**

<table>
<thead>
<tr>
<th>Year</th>
<th>Appeared</th>
<th>Passed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>June</td>
<td>Dec</td>
<td>June</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>


### 2009-2013 Subject Results – III BDS Oral Pathology

<table>
<thead>
<tr>
<th>Year</th>
<th>Appeared</th>
<th>Passed</th>
<th>% age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>June</td>
<td>Dec</td>
<td>June</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>2009</td>
<td>36</td>
<td>58</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>83.3</td>
<td>09</td>
</tr>
<tr>
<td>2010</td>
<td>33</td>
<td>64</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>05</td>
<td>81.8</td>
<td>05</td>
</tr>
<tr>
<td>2011</td>
<td>32</td>
<td>28</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>05</td>
<td>84.3</td>
<td>05</td>
</tr>
<tr>
<td>2012</td>
<td>23</td>
<td>31</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>09</td>
<td>80.5</td>
<td>15</td>
</tr>
<tr>
<td>2013</td>
<td>23</td>
<td>53</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>09</td>
<td>86.9</td>
<td>52</td>
</tr>
</tbody>
</table>

#### 33. Diversity of students

<table>
<thead>
<tr>
<th>Name of the Program</th>
<th>% of students from the same university</th>
<th>% of students from other universities within the State</th>
<th>% of students from universities outside the State</th>
<th>% of students from other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDS</td>
<td>26 students (87%) RGUHS</td>
<td>1 student (3%) Gulbarga University</td>
<td>3 students (10%) Maharashtra University</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Goa University</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>UP University</td>
<td></td>
</tr>
</tbody>
</table>

#### 34. How many students have cleared Civil Services and Defense Services examinations, NET, SET, GATE, USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS and other competitive examinations?

Give details category-wise. **No information available in the Department**

#### 35. Student progression

<table>
<thead>
<tr>
<th>Student progression</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG to PG</td>
<td>Year of admission</td>
</tr>
<tr>
<td></td>
<td>2009 - 1 student (25%)</td>
</tr>
<tr>
<td></td>
<td>2010 - 1 student (25%)</td>
</tr>
<tr>
<td></td>
<td>2011 - 1 student (25%)</td>
</tr>
<tr>
<td></td>
<td>2012 - 1 student (25%)</td>
</tr>
<tr>
<td></td>
<td>2013 - 0</td>
</tr>
<tr>
<td>PG to M.Phil, DM / M Ch / DNB</td>
<td>Dr. Punnya Angadi (completed)</td>
</tr>
<tr>
<td>PG to Ph.D.</td>
<td>Dr. Puspharaj Shetty</td>
</tr>
<tr>
<td></td>
<td>Dr. Punnya Angadi</td>
</tr>
<tr>
<td></td>
<td>Dr. Gokul S</td>
</tr>
<tr>
<td>Ph.D. to Post-Doctoral</td>
<td>None</td>
</tr>
<tr>
<td>Employed</td>
<td></td>
</tr>
<tr>
<td>Campus selection</td>
<td></td>
</tr>
<tr>
<td>Other than campus recruitment</td>
<td>-</td>
</tr>
</tbody>
</table>
### Student progression

<table>
<thead>
<tr>
<th>Entrepreneurs</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### 36. Diversity of staff

<table>
<thead>
<tr>
<th>Percentage of faculty who are graduates:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>of the same university</td>
<td>71% (5 staff) RGUHS</td>
</tr>
<tr>
<td>from other universities within the State</td>
<td>-</td>
</tr>
<tr>
<td>from universities from other States</td>
<td>29% (2 staff) Mumbai University PIMS Deemed University</td>
</tr>
<tr>
<td>from universities outside the country</td>
<td>-</td>
</tr>
</tbody>
</table>

### 37. Number of faculty who were awarded M.Phil., DM, M Ch, Ph.D., D.Sc. and D.Litt. during the assessment period:

None

### 38. Present details of departmental infrastructural facilities with regard to

a) Library: 114 textbooks; seminars: 576; library dissertation: 57; main dissertations: 71
b) Internet facilities for staff and students: Yes available
c) Total number of class rooms: Four
d) Class rooms with ICT facility and ‘smart’ class rooms -
e) Students’ laboratories: Yes. Available and can accommodate 50 students per practical Session
f) Research laboratories: Yes available to conduct research projects towards post graduate dissertation work and UG projects

### 39. List of doctoral, post-doctoral students and Research Associates

a) from the host institution/university:
   - Junior Research Fellows
     Dr. Priyadarshini Sungar [7.09.12-31.07.13]
     Dr. Rishika Habib [7.09.12-31.07.13]
   b) from other institutions/universities: None

### 40. Number of post graduate students getting financial assistance from the university:

None

### 41. Was any need assessment exercise undertaken before the development of new program(s)? If so, highlight the methodology:

None

### 42. Does the department obtain feedback from

p. faculty on curriculum as well as teaching-learning-evaluation? If yes, how does the department utilize the feedback?
q. students on staff, curriculum and teaching-learning-evaluation and how does the department utilize the feedback?
r. alumni and employers on the programs offered and how does the department utilize the feedback?

### 43. List the distinguished alumni of the department (maximum 10)

- Dr. Vimi, achieved first Rank in May 2009 in MDS examination conducted by RGUHs. Presently working as Reader, Malaysia Dental College, Malaysia Dr. Smitha Desai, Professor, Sharjah
- Dr. Anirudha Baratake, achieved first Rank in May 2010 in MDS examination conducted by RGUHs. Presently working as Reader, Sinhgad Dental College and hospital, Pune
- Dr. G. Venkateswara Rao, Dean and Principal, Mamata Dental College, Mamata General Hospital Campus, Khammam
- Dr. Vinod Kumar R B, Principal, Malabar Dental College, Mudur P O, Edappal, Malappuram, Kerala
- Dr. Vandana Raghunath, Professor & Head, Narayana Dental College and Hospital, Nellore
- Dr. Anjan, Professor and Head, Regional Dental College, Guwahati, Assam
- Dr. Sanjaya P.R., Assistant Professor, College Of Dentistry, University Of Ha’il, Kingdom Of Saudi Arabia
- Dr. Sunitha, Doctor of Dental Medicine, Gulf Medical University, UAE
Dr. Shaleen Chandra, Professor and Head, King’s George’s Medical university, Lucknow, UP
Dr. Raviprakash, Professor and Head, Pulla Reddy Dental College and Hospital, Khammam. Presently the Vice President of IAOMP.

44. Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.
   - Annual Research day

45. List the teaching methods adopted by the faculty for different programs including clinical teaching.
   - Use of digital display units to demonstrate steps in tooth carving
   - Display of fixed focus of the histopathology slides
   - Using models, specimens, charts and casts for discussion
   - MCQ based chapter wise test for evaluating the students
   - Pedagogy

46. How does the department ensure that program objectives are constantly met and learning outcomes are monitored?
   - MCQ based chapter wise test
   - Internal assessments

47. Highlight the participation of students and faculty in extension activities. Encouraging UGs to participate and make a scientific presentation in the state and National level conferences

   - Dr. Shilpa Sridhar under the guidance of Dr. Swetha Acharya, Dr. Padmini.S presented a scientific paper “Analysis of clinicopathologic features of oral squamous cell carcinoma in young adults – a retrospective study”, State level UG convention held on 12th & 13th April 2010, Davangere.
   - Dr. Sharanya under the guidance if Dr. Sudeendra Prabhu presented a poster “Fibro-osseous lesions of the jaws: Institutional analysis for 20 years” State level UG convention held on 12th & 13th April 2010, Davangere.
   - Dr. Spoorthi Shetty under the guidance of Dr. Swetha Acharya, Dr. Amsavardani S. Tayaar presented a scientific paper “Cervical lymph nodes metastasis in oral squamous cell carcinoma: a correlative study between histopathological malignancy grading and lymph node metastasis”, UG Medical Students’ Regional Research Conference held at the N.K.P. Salve Institute, Nagpur on 4-6th Oct 2012.

Encouraging UGs and PGs to participate in the state level Quiz competition

   - UGs participated in the quiz conducted by CODS, Manipal
   - Dr. Jyothi and Dr. Soumya post graduates participated in the quiz conducted at the XI National PG Convention, Manipal, 9-10th, 2011
   - Dr. Zulfin participated in a quiz conducted at a CDE programme “IHC the final seal” at AJ Institute, Mangalore, 28th March 2013 and won second prize in the quiz competition

48. Give details of “beyond syllabus scholarly activities” of the department.

   - ICMR STS Projects involving 3rd BDS students
     Guided by Dr. Swetha Acharya, detail of the projects are mentioned under- student projects Q. No.28
   - UG Research
     Guided by Dr. Veda Hegde, Dr. Sudeendra Prabhu and Dr. Swetha Acharya detail of the projects are mentioned under- Student projects Q. No.28
   - Entrance coaching 2009-2012 (Dental Anatomy and Histology, Oral Pathology)
     - Dr. Sudeendra Prabhu
     - Dr. Swetha Acharya

49. State whether the program/ department is accredited/ graded by other agencies? If yes, give details: None

50. Briefly highlight the contributions of the department in generating new knowledge, basic or applied.
The following are the research work done by the post graduates and faculty of the department contributing towards new information:


- Cell cycle aberration in ameloblastoma and adenomatoid odontogenic tumour; as evidenced by the expression of p53 and survivin. Dr. Zulfin Shaikh, Dr. Niranjan K C, 2011-2014 submitted as a thesis to RGUHS.


**Innovative techniques:**

- Dr. Wajid Hermadi under the guidance of Dr. Niranjan and Dr. Swetha Acharya made a scientific presentation ‘Olive oil as a clearing agent’ received the best poster award in the XIIth National PG convention in Pune.

- Efficacy of coconut oil and olive oil over xylene as clearing agent – a comparative morphometric study. Dr. Wajid Sermadi. Dr. Niranjan K C, 2010-2013 submitted as thesis to RGUHS.

51. Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the department.

**Strengths**

- Aid in concluding/confirming the diagnosis by routine histopathology and also assist surgeons by reporting fresh tissue sections (using Cryostat) of the surgical margins and lymph nodes.

- Referral department for various private practitioner & Institutes. Department has a well maintained database. Since its establishment an average 50-60 cases per month are reported and has consistently maintained the number of cases for decades.

- Newer teaching modalities are used train the undergraduate students, to aid in understanding the basics and pathologies of oral and paraoral tissues.

- Faculty members are invited as resource persons for various academic fora.

- Established the collaboration with various Institutes to carry the research activity.

- Extramural funding and undergraduate scholarships were obtained in the past few years to conduct research work.

**Opportunities**

- Department can be a registry for premalignant and malignant lesions associated with tobacco & other various habits in the North Western region of Karnataka, India

- Presence of well preserved archival material as blocks provides postgraduates and faculty to be involved studies.

- Undergraduates are coaxed to attend academic meetings and are guided to make scientific presentations

- Learning facilities are extended to faculty and students from various teaching Institutes.

- Department encourages the entire faculty to attend and participate in the National and International academic events.

**Weakness**

- Lack of access to clinical details and investigation reports delays pathology reporting.

- Inadequate interdepartmental communication about patient data hinders reporting.

- Lack fund for the departmental usage.

- Lack of correlation/feedback from the clinical departments following histopathological diagnosis.

- Lack of adequate training and exposure of the faculty in the reporting of FNAC and exfoliative cytology.
Challenges
- To establish and run Immunohistochemical laboratory.
- Incorporate innovative teaching methodology
- To bring awareness about importance of Oral Pathology in reporting head and neck pathologies among the private practitioners.
- Develop training protocols to meet International standards
- Faculty enrichment by exposure to advanced training.

52. Future plans of the department.
- To establish an immunohistochemistry laboratory
- To set up an excellent Oral Pathology Museum

***
Evaluative Report of the Department of Geriatric Dentistry

- Name of the Department: **Geriatric Dentistry**
- Year of establishment: **02nd June 2011**
- Is the Department part of a college/Faculty of the university? Yes, the department is part of the college.
- Names of programs offered (UG, PG, PharmD, Integrated Masters; M.Phil., Ph.D., Integrated Ph.D., Certificate, Diploma, PG Diploma, D.M./M.Ch., Super specialty fellowship, etc.) - None
- Interdisciplinary programs and departments involved – Geriatric patients require multi-disciplinary approach for diagnosis and treatment planning.
- Courses in collaboration with other universities, industries, foreign institutions, etc. - None
- Participation of the department in the courses offered by other departments - None
- Number of academic support staff (technical) and administrative staff: sanctioned, filled and actual

<table>
<thead>
<tr>
<th></th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Gouri V Anehosur</td>
<td></td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>(parent department is Prosthodontics)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
<td>01</td>
</tr>
</tbody>
</table>
- Research thrust areas as recognized by major funding agencies –
  - Assessment of nutritional status in the geriatric patients visiting the department
  - Assessment of possible barriers they face in receiving dental treatment
  - Presence of *Candida albicans* and non albicans candida (NAC) in geriatric
- Inter-institutional collaborative projects and associated grants received
  - National collaboration b) International collaboration - None
- Departmental projects funded by ICMR; DST-FIST; UGC-SAP/CAS, DPE; DBT, ICSSR, AICTE, etc.; total grants received. - None
- Research facility / centre with - None
  - state recognition
  - national recognition
  - international recognition
- Special research laboratories sponsored by / created by industry or corporate bodies - None
- Student projects
  - percentage of students who have taken up in-house projects including inter-departmental projects – 1 (Panoramic Radiographic Examinations of Hard Tissues Among Elderly Patients Attending SDM Dental College & Hospital, Dharwad - As an undergraduate research done at SDMCDSH, Dharwad by Megha Jha under the guidance of Dr. Renuka Nagarale).
  - percentage of students doing projects in collaboration with other universities / industry / institute - None
- Code of ethics for research followed by the departments
- Present details of departmental infrastructural facilities with regard to
  a) Library – while there is no department library, literature related to Geriatric Dentistry is available in the college’s LRC. Subscribed literature is also accessible in the department using the college’s WiFi internet facility.
  b) Internet facilities for staff and students: Yes available
  c) Total number of class rooms: Four
d) Class rooms with ICT facility and ‘smart’ class rooms

e) Students’ laboratorie: not required

f) Research laboratories

- Does the department obtain feedback from
  a) faculty on curriculum as well as teaching-learning-evaluation? If yes, how does the department utilize the feedback?
  b) students on staff, curriculum and teaching-learning-evaluation and how does the department utilize the feedback?
  c) alumni and employers on the programs offered and how does the department utilize the feedback?

- Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.
  - Annual Research day

- List the teaching methods adopted by the faculty for different programs including clinical teaching.
  - None

- How does the department ensure that program objectives are constantly met and learning outcomes are monitored?
  - Evaluation by competency assessments for diagnosis and treatment planning for interns students.

- Give details of “beyond syllabus scholarly activities” of the department - None

- Briefly highlight the contributions of the department in generating new knowledge, basic or applied.
  - Research in the department has revealed new information on dental students’ awareness of oral health outlook of geriatric individuals. This has been published in an international peer reviewed journal. (Anehosur GV, Nadiger RK. Evaluation of understanding levels of Indian Dental students’ knowledge and perceptions regarding older adults. Gerodontology 2012; 29: e1215–e1221)

- Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the department.

  - Strengths:
    - Awareness of oral health needs and treatment among geriatric patients
    - Infrastructure with equipments
    - Staff coordination

  - Weaknesses:
    - Research Work
    - Lack of fund for the departmental usage.

  - Opportunities:
    - Knowledge enhancement
    - Improving clinical skill
    - Program to work with local dentists and agencies to help families enroll in public assistance programs or to obtain other sources of funding for oral health care
      - To arrange community based programs to create public awareness of oral health issues faced by elderly
    - Challenges
      - Develop a preventive program for an individual patient.

- Future plans of the department.
  - Improving interdisciplinary team approach for medical care
  - Enhancing awareness for total oral rehabilitation of patients
Evaluative Report of the Department of Special Health Care Needs

1. Name of the Department: Special Health Care Needs
2. Year of establishment: 02nd June 2011
3. Is the Department part of a college/Faculty of the university? Yes, the department is part of a college.
4. Names of programs offered (UG, PG, PharmD, Integrated Masters; M.Phil., Ph.D., Integrated Ph.D., Certificate, Diploma, PG Diploma, D.M./M.Ch., Super specialty fellowship, etc.) - None
5. Interdisciplinary programs and departments involved
   - Cases with special health care needs requiring multi-disciplinary approach for consultation, diagnosis and treatment planning.
   - Team approach including departments like
     Department of Oral medicine, diagnosis and radiology
     Department of conservative and endodontics
     Department of Periodontics
     Department of Orthodontics
     Department of Oral Surgery
     Department of Oral Pathology
     Department of Prosthodontics
     Department of General Medicine
6. Courses in collaboration with other universities, industries, foreign institutions, etc. - None
7. Details of programs discontinued, if any, with reasons - None
8. Examination System: Annual/Semester/Trimester/Choice Based Credit System - None
9. Participation of the department in the courses offered by other departments - None
10. Number of teaching posts sanctioned, filled and actual (Professors/Associate Professors/Asst. Professors/others)

<table>
<thead>
<tr>
<th></th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Actual (including CAS &amp; MPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td></td>
<td>01</td>
<td></td>
</tr>
<tr>
<td>Associate Prof./Reader</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Prof.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lecturer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutor/Clinical Instructor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Resident</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Faculty profile with name, qualification, designation, area of specialization, experience and research under guidance

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Designation</th>
<th>Specialization</th>
<th>No. of Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Shruthi B. Patil</td>
<td>M.D.S.</td>
<td>Professor</td>
<td>Pediatric &amp; Preventive dentistry</td>
<td>14 yrs &amp; 7 months</td>
</tr>
<tr>
<td>Dr. Navaratna Bembalagi</td>
<td>B.D.S.</td>
<td>Lecturer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. List of senior Visiting Fellows, adjunct faculty, emeritus professors - None
13. Percentage of classes taken by temporary faculty – program-wise information - None
14. Program-wise Student Teacher Ratio - None
15. Number of academic support staff (technical) and administrative staff: sanctioned, filled and actual
   Administrative staff – 01 DSA
16. Research thrust areas as recognized by major funding agencies- None
17. Number of faculty with ongoing projects from a) national b) international funding agencies and c) Total grants received. Give the names of the funding agencies, project title and grants received project-wise. - None

18. Inter-institutional collaborative projects and associated grants received
   f) National collaboration b) International collaboration
   - None

19. Departmental projects funded by ICMR; DST-FIST; UGC-SAP/CAS, DPE; DBT, ICSSR, AICTE, etc.; total grants received. - None

20. Research facility / centre with
   • state recognition
   • national recognition
   • international recognition
   - None

21. Special research laboratories sponsored by / created by industry or corporate bodies
   - None

22. Publications:
   * Number of papers published in peer reviewed journals (national / international)
   * Monographs
   * Chapters in Books
   * Books edited
   * Books with ISBN with details of publishers
   * Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, Dare Database - International Social Sciences Directory, EBSCO host, Medline, etc.)
   * Citation Index – range / average
   * SNIP
   * SJR
   * Impact Factor – range / average
   * h-index

23. Details of patents and income generated - None

24. Areas of consultancy and income generated - None

25. Faculty selected nationally / internationally to visit other laboratories / institutions / industries in India and abroad - None

26. Faculty serving in
   a) National committees b) International committees c) Editorial Boards d) any other (specify)
   - None

27. Faculty recharging strategies (Refresher / orientation programs, workshops, training programs and similar programs).

Dr. Shruthi B Patil
   - Delivered lecture on “Managing Handicap in a general practice” at KLE Dental College, Belgaum on 7th August 2009.
   - Attended “Basic Life support” Hands on training course conducted by Craniofacial unit at SDMCDHS, Dharwad, April – May 2010.
   - Delivered lecture on “How special are we to treat ISHCN?” at College of Dental sciences Davangere on 19th & 20th February 2011
   - Delivered guest lecture on “Child management – being special for special children” at National CDE program on 31st October 2012 held at JSS Dental College and Hospital, Mysore.
- Hands on Introductory course on Conscious Sedation at SDM Dental College, Dharwad from 19th to 22nd March 2012.
- Workshop on “Basic Resuscitation and Airway Management Skills” and Hands on course “Inhalation Sedation in Dentistry” held at Sri Sai College of Dental Surgery, Vikarabad, Andhra Pradesh from 22nd to 24th December 2011.

28. Student projects
- percentage of students who have taken up in-house projects including inter-departmental projects

**UG Research:**
- percentage of students doing projects in collaboration with other universities / industry / institute

29. Awards / recognitions received at the national and international level by
- Faculty
- Doctoral / post doctoral fellows
- Students
  - None

30. Seminars/ Conferences/Workshops organized and the source of funding (national / international) with details of outstanding participants, if any.
  - None

31. Code of ethics for research followed by the departments

32. Student profile program-wise:

<table>
<thead>
<tr>
<th>Name of the Program (refer to question no. 4)</th>
<th>Applications received</th>
<th>Selected Male</th>
<th>Selected Female</th>
<th>Pass percentage Male</th>
<th>Pass percentage Female</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

33. Diversity of students

<table>
<thead>
<tr>
<th>Name of the Program (refer to question no. 4)</th>
<th>% of students from the same university</th>
<th>% of students from other universities within the State</th>
<th>% of students from universities outside the State</th>
<th>% of students from other countries</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

34. How many students have cleared Civil Services and Defense Services examinations, NET, SET, GATE, USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS and other competitive examinations? Give details category-wise.

35. Student progression

<table>
<thead>
<tr>
<th>Student progression</th>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG to PG</td>
<td></td>
</tr>
<tr>
<td>PG to M.Phil, DM / M Ch / DNB</td>
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<tr>
<td>PG to Ph.D.</td>
<td></td>
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<tr>
<td>Ph.D. to Post-Doctoral</td>
<td></td>
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<tr>
<td>Employed</td>
<td></td>
</tr>
</tbody>
</table>
  - Campus selection
### Student progression

<table>
<thead>
<tr>
<th>Percentage against enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Other than campus recruitment</td>
</tr>
<tr>
<td>Entrepreneurs</td>
</tr>
</tbody>
</table>

#### 36. Diversity of staff

<table>
<thead>
<tr>
<th>Percentage of faculty who are graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the same university</td>
</tr>
<tr>
<td>from other universities within the State</td>
</tr>
<tr>
<td>from universities from other States</td>
</tr>
<tr>
<td>from universities outside the country</td>
</tr>
</tbody>
</table>

#### 37. Number of faculty who were awarded M.Phil., DM, M Ch, Ph.D., D.Sc. and D.Litt. during the assessment period

#### 38. Present details of departmental infrastructural facilities with regard to

- a) Library
- b) Internet facilities for staff and students
- c) Total number of class rooms
- d) Class rooms with ICT facility and ‘smart’ class rooms
- e) Students’ laboratories
- f) Research laboratories
  - Dental chair with movable arms, can be raised or removed to allow pt access.
  - Indoor & outdoor wheel chair - 1100mm long & 675 mm wide.
  - Walking aids --calipers, crutches, walking stick & walking frames.
  - Set of physical restraints.

**SPECIAL EQUIPMENTS**

- Head Cradle – Child
- Neck Pillow – Pediatric
- Board – Infant (2ft)
- Neck Pillow – Adult
- Board – Large Hinged (5 ft)
- Head Pillow
- Toe Guard – One Size
- Safety Belt
- Head Strap
- Conforming pillow
- Knee Pillow – Pediatric
- Airway Positioner (Soft Foam)
- Infant wrap
- Small, Medium & Large Mouth Prop

#### 39. List of doctoral, post-doctoral students and Research Associates

a) from the host institution/university
   - None
b) from other institutions/universities
   - None

#### 40. Number of post graduate students getting financial assistance from the university.

- None

#### 41. Was any need assessment exercise undertaken before the development of new program(s)? If so, highlight the methodology.

- None

#### 42. Does the department obtain feedback from

- s. faculty on curriculum as well as teaching-learning-evaluation? If yes, how does the department utilize the feedback?
- t. students on staff, curriculum and teaching-learning-evaluation and how does the department utilize the feedback?
u. alumni and employers on the programs offered and how does the department utilize the feedback?

43. List the distinguished alumni of the department (maximum 10)
   None

44. Give details of student enrichment programs (special lectures / workshops / seminar) involving external experts.
   None

45. List the teaching methods adopted by the faculty for different programs including clinical teaching.
   None

46. How does the department ensure that program objectives are constantly met and learning outcomes are monitored?
   ▪ Evaluation by competency assessments for diagnosis and treatment planning for interns students.

47. Highlight the participation of students and faculty in extension activities.
   ▪ Blind children from Siddaroodhamatt treated at SDM Dental College and Hospital for on 22.08.2014

48. Give details of “beyond syllabus scholarly activities” of the department. - None

49. State whether the program/ department is accredited/ graded by other agencies? If yes, give details. - None

50. Briefly highlight the contributions of the department in generating new knowledge, basic or applied.
   ▪ Guest lectures
   ▪ Case discussions

51. Detail five major Strengths, Weaknesses, Opportunities and Challenges (SWOC) of the department.

   Strengths:
   ▪ Awareness of patients with special needs requiring treatment
   ▪ Infrastructure with equipments
   ▪ Staff coordination

   Weakness:
   ▪ Research Work
   ▪ Lack of fund for the departmental usage.

   Opportunities:
   ▪ Knowledge enhancement
   ▪ Improving clinical skill
   ▪ Enrichment of advanced techniques
   ▪ Program to work with local dentists and agencies to help families enroll in public assistance programs or to obtain other sources of funding for oral health care
   ▪ To arrange community based programs to create public awareness of oral health issues faced by children and adolescents with special health care needs

   Challenges
   ▪ Develop a preventive program for an individual patient.
   ▪ Proper medical consultation

52. Future plans of the department.
   ▪ Improving interdisciplinary team approach for medical care
   ▪ Enhancing awareness for total oral rehabilitation of patients

***