



# QUALITY ASSURANCE AND ASSESSMENT OF ONLINE TRAINING

---

DURING PANDEMIC

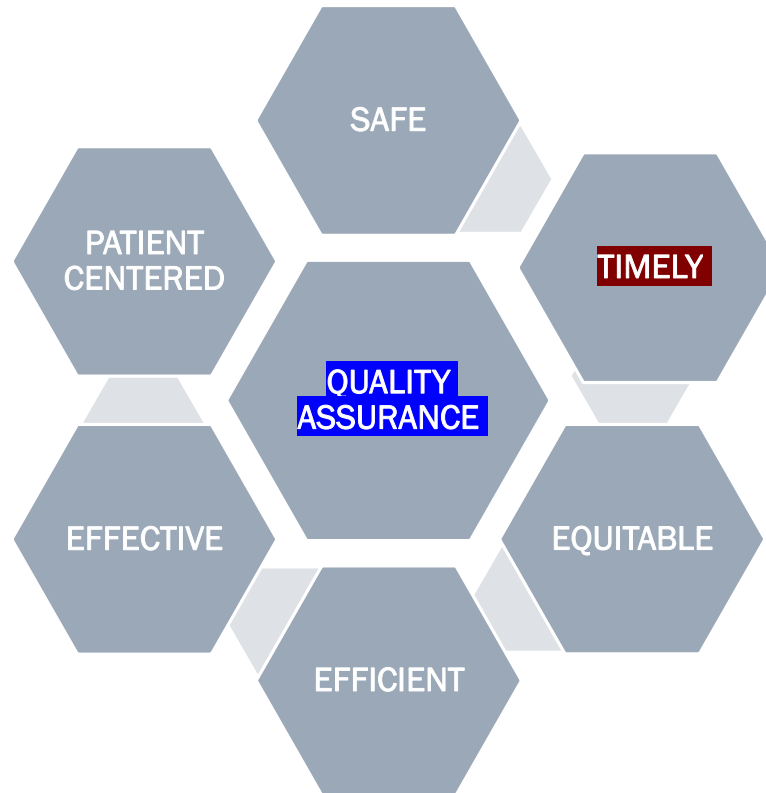
INDIA

*“It’s one small step for man, one giant leap for mankind.”*

- NEIL ARMSTRONG

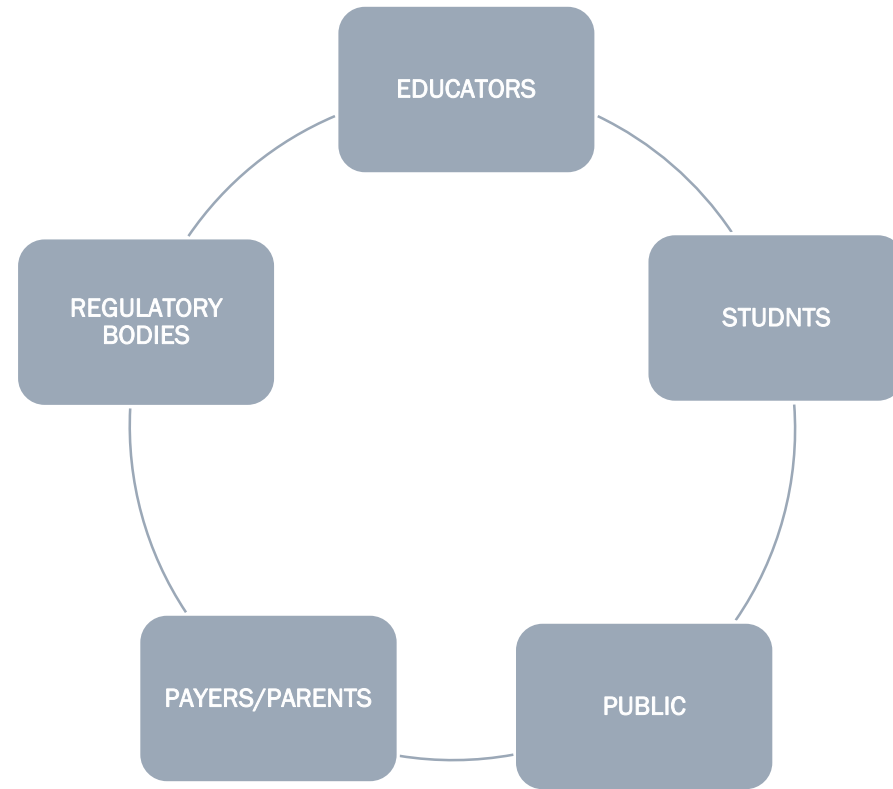
# IN ORAL HEALTH

---



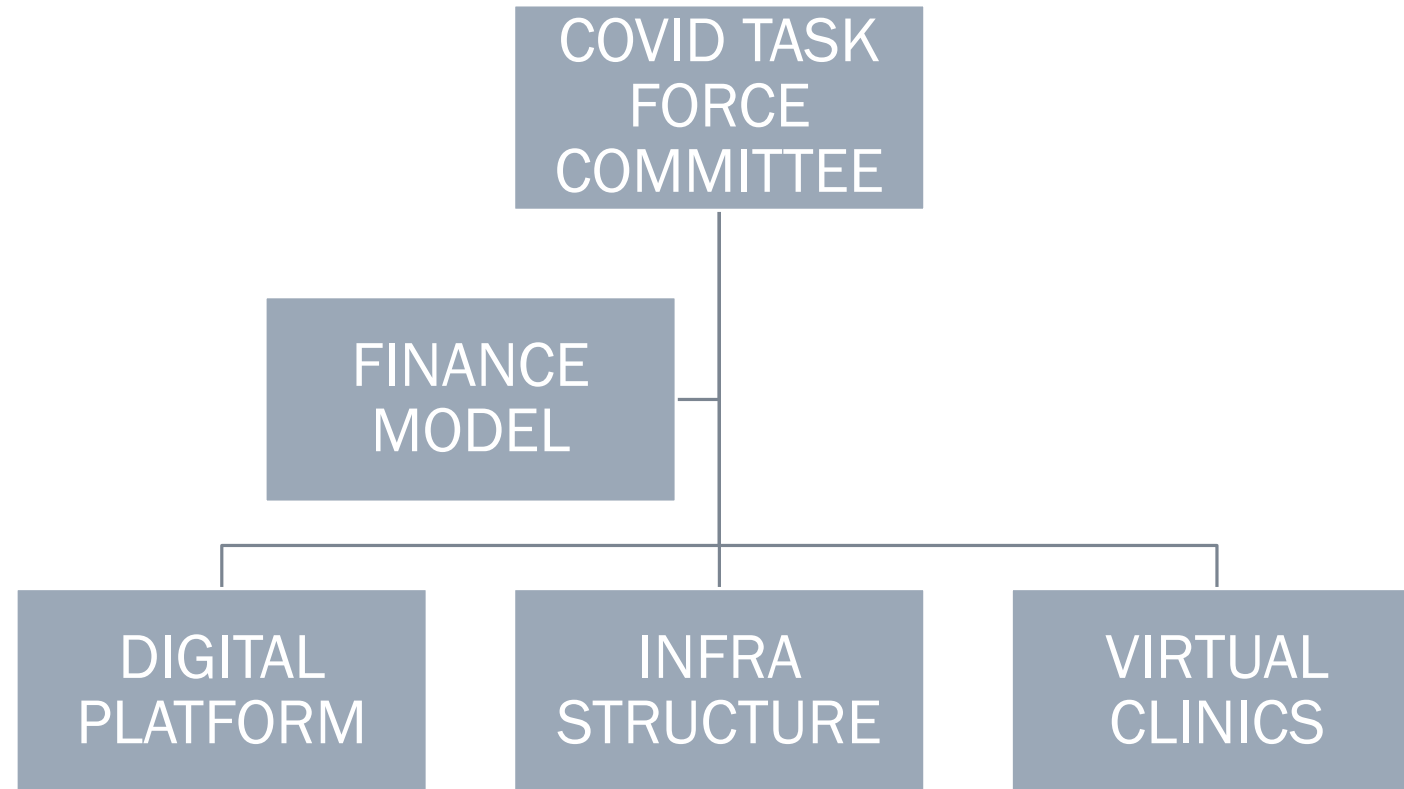
# STAKEHOLDERS

---



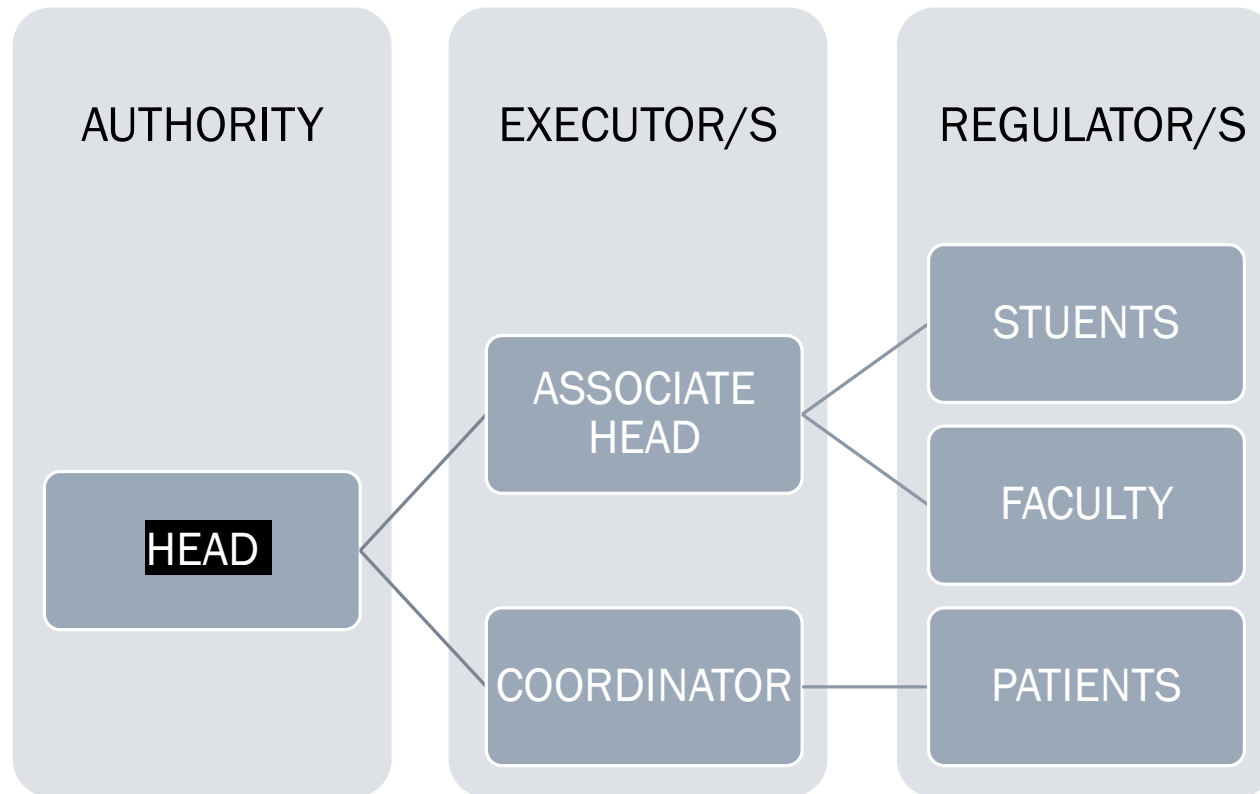
# MODEL FOLLOWED

---



# TASK FORCE COMMITTEE

---



# FINANCE MODEL

---

INDIA BEING DIVERSIFIED IN ITS LOCATION , CULTURE AND LOGISTICS UNIFORM MODEL IS IMPRACTICAL

**MODEL FOLLOWED AT CIDS,**

An advisory team was created for financial mishap management with meetings conducted fortnightly addressing the following -

- Expenditure on maintenance of infrastructure and human resource
- Ways of reducing faulty overheads in lieu of the adoption of work-from-home, taking into consideration transport and electricity costs
- Patient management and treatment charges were modified considering the extra costs incurred for safe practice

# INFRASTRUCTURE

---

CIDS is located in the Western Ghats of south India neighbouring the Indian ocean region, and has been subject to the effects of climate change.

**A Disaster Management Advisory Team was created in 2010 to address issues involving;**

1. landslides and disruption of electric supply.
2. To avoid landslides
3. To promote the use of green energy through solar power.

**Their advise on these measures could aid in saving large sums in the annual budget.**





# DIGITAL AND ARTIFICIAL INTELLIGENCE PLATFORM

---

- Internet and LAN (intranet) infrastructure was strengthened
- E-libraries for ready reference of all stakeholders was developed
- Online advanced learning was started with external faculty from collaborating international universities
- Online submission and assessment of assignments and its evaluation was adopted with datelines
- In association with Medeva, a company dealing with Artificial intelligence (AI) in healthcare, a custom built AI profile has been created for patient management, human resource management and financial caution.

# VIRTUAL CLINICS

---

The use of simulation based learning allows students to keep their skills in practice.

As simulation based learning is a poor replacement for the lack of clinical training

AT CIDS INTEGRATED MODEL OF SIMULATION BASED LEARNING WITH ACTUAL CLINICAL SCENARIOS WAS CREATED, CALLED AS VIRTUAL CLINICS

# VIRTUAL CLINICS COMPRISED...

---

1. Learning objective for each clinical scenario
2. Case write-up (with basic information either in concise or as story narration)
3. Emphasize on specific points of learning
4. Investigation reports provided for students to interpret
5. Students to create treatment plan and discuss with faculty
6. Demonstrate treatment procedure (as applicable)
7. Create a patient exit context (post operative instruction or record keeping)

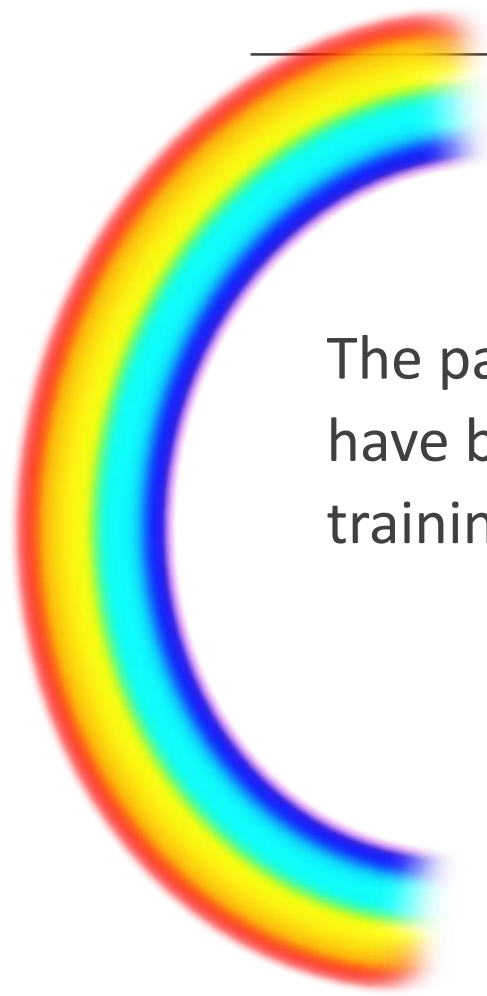
# CONCLUSION

---

1. The pandemic appears to have had a positive influence on education. Stakeholders were forced to accept the challenges and adapt to newer technologies in digital learning and AI.
2. The future of undergraduate dental education will depend on how quickly we adapt to newer technologies. Since the pandemic seems to be revisiting us with new waves, even laggard trainers, students and other stakeholders who were unwilling to make the change now have sufficient time to realign their model of teaching and learning to a digital platform.

# OUR UNDERSTANDING

---



The pandemic has thus enriched the workplace and paradoxically seems to have brought about the much needed change in undergraduate dental training.

# THANK YOU

---



[This Photo](#) by Unknown Author is licensed under [CC BY](#)