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Best Practice 3

1. Title of Practice

Quarterly free diabetes screening and checkup camp at rural level.

2. Objectives of the practice

- ➤ To spread awareness about diabetes in the community.
- Screening and detection of diabetes and its complications in general population by examination and checking random blood sugar level by using glucometer.
- Prevention of diabetes in community by organizing awareness lectures on importance of diet, physical activity and weight management, routine screening of high risk population and other lifestyle modification strategies.
- Prevention of secondary Diabetes complications by educating the diabetic population about importance of routine annual screening for complications.

3. Context (Challenging Issues):

- ➤ Infrastructure is required for the organization of free check up for the camp like glucometer, glucometer strips, BP apparatus etc. which are made available by Medicine department itself.
- ➤ Faculty and residents who are attending the camp are spared from their routine duties at the department.
- > Transport facility to the concerned village is made available by the Institute.
- Coordination regarding the organization of the camp is done on prior basis with local village authorities.

4. The Practice:

- ➤ In India, diabetes is prevalent not only in urban areas but also in rural and semi urban areas. In view of this, department of medicine organizes an outreach programme about awareness and prevention of diabetes in rural population.
- We have started these camps since last year on quarterly basis in rural areas in our district.
- Each camp is conducted by one of our faculty members, one resident, interns and supporting staff.
- ➤ We educate the general population through lectures on diabetes and its management and its secondary complications (microvascular and macrovascular).

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- ➤ Our main aim is to prevent diabetes in general population and to prevent or delay the secondary complications of diabetes in diabetic patients. To achieve this aim, our main focus is to inculcate lifestyle modification in people through these lectures.
- ➤ In these lectures, we explain the general population the importance of diet ,physical activity ,weight management ,importance of screening blood sugar levels in high risk population and importance of screening of complications in diabetic patients like BP monitoring ,ECG ,Urine microabumin, lipid profile ,HbA1c, fundoscopy to rule out diabetic retinopathy.
- ➤ Free blood sugar levels by glucometer and blood pressure checkup is provided to the people who are registered for the camp.
- ➤ Patients who are newly detected, have developed complications and who require further evaluation and management are referred to our hospital .

5. Evidence of Success:

- ➤ In these camps, during screening, new Diabetes patients, uncontrolled Diabetes and Hypertensive patients are detected.
- ➤ Patients are happy with our service, which is evident from the positive feedback received about the good quality service provided in the camp.

6. Problems encountered and resources required

- Even now people at rural areas are unaware about the importance of awareness of non communicable diseases like diabetes. Initially, the turnout of people at camps was less so we involved local coordinators to sensitize the local population about our visit to their area. Following which the turnout of people for the camp improved leading to greater impact of our awareness drive.
- Another problem was reluctance of the local population in getting them pricked by needle .Needle apprehension was reduced by proper counseling and reassurance.

7. Summary of Camps in Tabular Form:

Date of	Village	Faculty Present	Resident Present	Number of Patients	
Camp	Name			Screened	
07.05.2019	Mohadi	Dr. Sandip Chaudhari	Dr. Shreeharsh Godbole	40	
06.08.2019	Lakhamapur	Dr. Jitendra Kodilkar	Dr. Gaurav Kulkarni	70	
05.11.2019	Umbrale	Dr. Reshma Tejale	Dr. Arvind Agrawal	77	

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4	4.02.2020	Pahine	Dr. Nahush Chafekar	Dr. Mayur Dongre	82

Diabetes Status	Mohadi	Lakhamapur	Umbrale	Pahine
Newly Detected Diabetes Patients	4	8	10	14
Known Diabetic	10	20	24	28
Patients Referred to Higher Centre for further	8	24	30	20
Evaluation				





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