

DENTAL COUNCIL OF INDIA

BDS COURSE REGULATIONS 2007



DENTAL COUNCIL OF INDIA

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New Delhi – 110 002

PREFACE

TO

BDS COURSE REGULATIONS 2007

(Modified: 25.07.2007)

Framed by the Dental Council of India and approved by the Central Government under the Dentists Act, 1948 – vide Government of India, Ministry of Health & Family Welfare (Deptt. of Health's) letter No.V.12012/3/2006-DE dated 25.07.2007.

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**DENTAL COUNCIL OF INDIA
NOTIFICATION
New Delhi, the 25th July, 2007**

No.DE-22-2007.-In exercise of the powers conferred by Section 20 of the Dentists Act, 1948, the Dental Council of India with the previous sanction of the Central Government hereby makes the following Revised BDS Course Regulations :-

1. Short title and commencement. – (i) These Regulations may be called the Dental Council of India Revised BDS Course Regulations, 2007.
(ii) They shall come into force on the date of their publication in the Official Gazette.

REGULATIONS FOR THE DEGREE OF BACHELOR OF DENTAL SURGERY

GENERAL: Universities awarding the degrees in Bachelor of Dental Surgery (BDS) and Master of Dental Surgery (MDS) shall establish independent Dental Faculty.

The heading ‘ADMISSION, SELECTION, AND MIGRATION’ shall be read as under, in terms of (8th Amendment) notification published on 12.7.2017 in the Gazette of India.

~~ADMISSION, SELECTION AND MIGRATION:-~~

ADMISSION, SELECTION, COUNSELLING AND MIGRATION:-

I. Admission to the Dental Course – Eligibility Criteria:

No Candidate shall be allowed to be admitted to the Dental Curriculum of first Bachelor of Dental Surgery (BDS) Course until:

1. He/she shall complete the age of 17 years on or before 31st December, of the year of admission to the BDS course;

The following has been inserted, and the existing sub-regulation “2.” is re-numbered as “3”., in terms of (5th Amendment) notification published on 31st May, 2012 in the Gazette of India.

2. He/She has obtained a minimum of marks in National Eligibility-cum-Entrance Test as prescribed in sub-regulation 5 of Regulation II under the heading “**Selection of students:**”

The following has been inserted in terms of (5th Amendment) notification published on 1st June, 2012 in the Gazette of India

3. ~~2.~~ In order to be eligible to take National Eligibility-cum-Entrance Test he/she has passed qualifying examination as under:-
 - a. The higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination after a period of 12 years study, the last two years of study comprising of Physics, Chemistry, Biology and Mathematics or any other elective subjects with English at a level not less than the core course for English as prescribed by the National Council for Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education;
Note: Where the course content is not as prescribed for 10+2 education structure of the National Committee, the candidates will have to undergo a period of one year pre-professional training before admission to the dental colleges;
or
 - b. The intermediate examination in science of an Indian University/Board or other recognised examining body with Physics, Chemistry and Biology which shall include a practical test in these subjects and also English as a compulsory subject;
or
 - c. The pre-professional/pre-medical examination with Physics, Chemistry and Biology, after passing either the higher secondary school examination, or the pre-university or an equivalent examination. The pre-professional/pre-medical examination shall include a practical test in Physics, Chemistry and Biology and also English as a compulsory subject;
or

- d. The first year of the three years degree course of a recognized university, with Physics, Chemistry and Biology including a practical test in three subjects provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course;
- or
- e. B.Sc examination of an Indian University, provided that he/she has passed the B.Sc examination with not less than two of the following subjects Physics, Chemistry, Biology (Botany, Zoology) and further that he/she has passed the earlier qualifying examination with the following subjects-Physics, Chemistry, Biology and English.
- or
- f. Any other examination which, in scope and standard is found to be equivalent to the intermediate science examination of an Indian University/Board, taking Physics, Chemistry and Biology including practical test in each of these subjects and English.

The following have been added under the heading "Admission to the Dental Course- Eligibility Criteria" after sub-clause 2 (f), in terms of (2nd Amendment) notification published on 29th October, 2010 in the Gazette of India.

"3. 3% seats of the annual sanctioned intake capacity shall be filled up by candidates with locomotory disability of lower limbs between 50% to 70%

Provided that in case any seat in this 3% quota remains unfilled on account of unavailability of candidates with locomotory disability of lower limbs between 50% to 70% then any such unfilled seat in this 3% quota shall be filled up by persons with locomotory disability of lower limbs between 40% to 50% before they are included in the annual sanctioned seats for General Category candidates.

Provided further that this entire exercise shall be completed by each Dental College/Institution as per the statutory time schedule for admissions and in no case any admission will be made in the BDS course after 30th of September."

The following has been deleted in terms of (5th Amendment) notification published on 1st June, 2012 in the Gazette of India

Note:

- ~~Marks obtained in Mathematics are not to be considered for admission to BDS Course.~~
- After the 10+2 course is introduced, the integrated courses should be abolished.

II. Selection of Students: The selection of students to dental college shall be based solely on merit of the candidate and for determination of the merit, the following criteria be adopted uniformly throughout the country:

The following has been deleted in terms of (5th Amendment) notification published on 1st June, 2012 in the Gazette of India

- ~~1. In states, having only one Dental College and one university board/examining body conducting the qualifying examination, the marks obtained at such qualifying examination may be taken into consideration;~~
- ~~2. In states, having more than one university/board/examining body conducting the qualifying examination (or where there is more than one dental college under the administrative control of one authority) a competitive entrance examination should be held so as to achieve a uniform evaluation as there may be variation of standards at qualifying examinations conducted by different agencies;~~
- ~~3. Where there are more than one college in a state and only one university/board conducting the qualifying examination, then a joint selection board be constituted for all the colleges;~~
- ~~4. A competitive entrance examination is absolutely necessary in the cases of institutions of All India character;~~

The following has been deleted and substituted in terms of (5th Amendment) notification published on 1st June, 2012 in the Gazette of India

5. Procedure for selection to BDS course shall be as follows:-
- i. ~~in case of admission on the basis of qualifying examination under clause (1) based on merit, candidate for admission to BDS course must have passed in the subjects of Physics, Chemistry, Biology & English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry, and Biology at the qualifying examination. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or Other Backward Classes, the marks obtained in Physics, Chemistry and Biology taken together in qualifying examination be 40% instead of 50% as above and must have qualifying marks in English.~~

~~The following have been added before the clause 5 (ii) under the heading “selection of students”, in terms of (2nd Amendment) notification published on 29th October, 2010 in the Gazette of India.~~

~~“Provided that the eligibility criteria for admission to persons with locomotory disability of lower limbs in terms of Clause 3 above will be a minimum of 45% marks instead of 50% taken together in qualifying examination and competitive entrance examination for admission in BDS Course.”~~

- ii. ~~In case of admission on the basis of competitive entrance examination under clause (2) to (4) of this regulation, a candidate must have passed in the subjects of Physics, Chemistry, Biology and English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry and Biology at the qualifying examination and in addition must have come in the merit list prepared as a result of such competitive entrance examination by securing not less than 50% marks in Physics, Chemistry and Biology taken together in the competitive examination. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or any other categories notified by the Government the marks obtained in Physics, Chemistry and Biology taken together in qualifying examination and competitive entrance examination be 40% instead of 50% as stated above:~~

~~Provided that a candidate who has appeared in the qualifying examination the result of which has not been declared, he may be provisionally permitted to take up the competitive entrance examination and in case of selection for admission to the BDS course, he shall not be admitted to that course until he fulfils the eligibility criteria as per above regulations.~~

- i. ~~There shall be a single eligibility-cum-entrance examination namely “National Eligibility-cum-Entrance Test for admission to BDS course” in each academic year.”~~
- ii. ~~In order to be eligible for admission to BDS Course for a particular academic year, it shall be necessary for a candidate to obtain minimum of marks of 50th percentile in ‘National Eligibility-cum-Entrance Test to BDS course’ held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with locomotory disability of lower limbs, the minimum marks shall be at 45th percentile. The percentile shall be determined on the basis of highest marks secured in the All-India common merit list in “National Eligibility-cum-Entrance Test for admission to BDS course.”~~

~~Provided when sufficient number of candidates in the respective categories fail to secure minimum marks as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to BDS Course, the Central Government in consultation with Dental Council of India may at its discretion lower the minimum marks required for admission to BDS Course for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for the said academic year only.~~

- iii. ~~The reservation of seats in dental colleges for respective categories shall be as per applicable laws prevailing in States/Union Territories. An all India merit list as well as State-wise merit list of the~~

eligible candidates shall be prepared on the basis of the marks obtained in National Eligibility-cum-Entrance Test and candidates shall be admitted to BDS course from the said lists only.

- iv. No Candidate who has failed to obtain the minimum eligibility marks as prescribed in Clause (ii.) above shall be admitted to BDS course in the said academic year.
- v. All admissions to BDS course within the respective categories shall be based solely on marks obtained in the National Eligibility-cum-Entrance Test.
- vi. To be eligible for admission to BDS Course, a candidate must have passed in the subjects of Physics, Chemistry, Biology/Biotechnology and English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry and Biology/Biotechnology at the qualifying examination as mentioned in Sub-regulation 2 of Regulation I and in addition must have come in the merit list of "National Eligibility-cum-Entrance Test" for admission to BDS course. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or other Backward Classes the minimum marks obtained in Physics, Chemistry and Biology/Bio-technology taken together in qualifying examination shall be 40% instead of 50%. In respect of candidates with locomotory disability of lower limbs in terms of sub-regulation 4, after the commencement of these amendments, of Regulation 1 above, the minimum marks in qualifying examination in Physics, Chemistry and Biology/Bio-technology taken together in qualifying examination shall be 45% instead of 50%.
 Provided that a candidate who has appeared in the qualifying examination the result of which has not been declared, he/she may be provisionally permitted to take up the National Eligibility-cum-Entrance Test and in case of selection for admission to the BDS course, he/she shall not be admitted to that course until he fulfills the eligibility criteria under Regulation 1.
- vii. The Central Board of Secondary Education shall be the organization to conduct National Eligibility-cum-Entrance Test for admission to BDS course.

The following has been added under clause II 'Selection of Students', in terms of (8th Amendment) notification published on 27th July, 2017 in the Gazette of India:

II. A Common Counselling.

1. There shall be a common counselling for admission to BDS course in all dental educational institutions on the basis of merit list of the National Eligibility-cum-Entrance Test.
2. The designated authority for counselling for the 15% All India Quota seats of the contributing States and all BDS seats of Dental Education Institutions of the Central Government universities established by an Act of Parliament and the Deemed Universities shall be the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India.
3. The counselling for admission to BDS course in a State/Union Territory, including Dental Education Institutions established by the State Government, University established by an Act of State/Union Territory Legislature, Trust, Society, Minority Institutions shall be conducted by the State/Union Territory Government.
4. In case any dispute arises on such common counselling, the respective State Government shall refer the matter to the Central Government and its decision shall be final, in this regard.

III. Duration of the Course:

The following provision has been substituted to the extent indicated hereunder in terms of (3rd Amendment) notification published on **25th August, 2011** in the Gazette of India and the same is as under:-

~~The undergraduate dental training programme leading to BDS degree shall be of 5 years with 240 teaching days in each academic year. During this period, the student shall be required to have engaged in full-time study at a dental college recognized or approved by the Dental Council of India.~~

The undergraduate dental programme leading to BDS Degree shall be of 4 (four) Academic years with 240 teaching days in each academic year, plus one year paid rotating Internship in a dental college. Every candidate will be required, after passing the final BDS Examination to undergo one year paid rotating internship in a dental college. The detailed curriculum of Dental Internship Programme is annexed as Annexure-A. The internship shall be compulsory and BDS Degree shall be granted after completion of one year paid Internship.

~~NOTE: It is recommended by the DCI that the colleges who have implemented the revised BDS Course Regulation, 2007 itself, has to carry on with the existing five year programme. Regarding internship for this batch it is upto the respective university to decide.~~

Further, the admissions made from the year 2008-09, the students may be included in this amendment provided the concerned University's rules permit.

Provided that the Affiliating University/State Government are free to make applicable these amendment is upto the University to implement this amendment provided it abides by their Act/Rules and Regulations.

The above NOTE has been deleted and the following proviso is inserted below the NOTE in terms of (4th Amendment) notification published on 9.12.2011 in the Gazette of India and the same is as under:-

NOTE: Provided that the students of the batch admitted during the academic session 2007-2008, and consequently they are going to pursue their 5th year BDS Course as per the course curriculum and syllabus prescribed in the principal Revised BDS Course Regulations, 2007, may complete their Theory in 4 (four) subjects with 160 Lecture hours within a period of 6 (six) months as given below:-

Subject	Lecture Hours
Oral & Maxillofacial Surgery	30
Conservative Dentistry & Endodontics	50
Prosthodontics and Crown & Bridge	50
Public Health Dentistry	30
Total	160

On completion of such study, they shall have to appear in the University Examination and only after passing University Examination successfully, they shall be allowed to do six months Paid Rotating Internship Programme in all the Departments for the duration indicated against each Department as under:-

Departments	Period of Postings
1. Oral Medicine & Radiology	20 days
2. Oral && Maxillofacial Surgery	30 days
3. Prosthodontics	30 days
4. Periodontics	15 days
5. Concervative Dentist	10 days
6. Pedodontics	15 days
7. Oral Pathology & Microbiology	10 days
8. Orthodontics	10 days
9. Community Dentist/Rural Service	30 days
10. Elective	10 days
Total	180 days

The following proviso has been inserted in terms of (6th Amendment) notification published on 24.6.2013 in the Gazette of India:-

Provided further that students of 2007-2008 BDS batch who are declared passed with 4 ½ + 6 months Paid Rotatory Internship or 5-year duration course, as the case may be, as per Revised BDS Course (4th Amendment) Regulations, 2011, shall be deemed at par/equivalent with 4+1 year BDS Course, including one year Paid Rotatory Internship programme, for all interns and purposes i.e. for admission in MDS Course, applying for Govt Jobs, registration in State Dental Councils etc.

IV. Migration:

- (1) Migration from one dental college to other is not a right of a student. However, migration of students from one dental college to another dental college in India may be considered by the Dental Council of India. Only in exceptional cases on extreme compassionate ground*, provided following criteria are fulfilled. Routine migrations on other ground shall not be allowed.
- (2) Both the colleges, i.e. one at which the student is studying at present and one to which migration is sought, are recognised by the Dental Council of India.
- (3) The applicant candidate should have passed first professional BDS examination.
- (4) The applicant candidate submits his application for migration, complete in all respects, to all authorities concerned within a period of one month of passing (declaration of results) the first professional Bachelor of Dental Surgery (BDS) examination.
- (5) The applicant candidate must submit an affidavit stating that he/she will pursue 240 days of prescribed study before appearing at IInd professional Bachelor of Dental Surgery (BDS) examination at the transferee dental college, which should be duly certified by the Registrar of the concerned University in which he/she is seeking transfer. The transfer will be applicable only after receipt of the affidavit.

Note 1:

- (i) Migration is permitted only in the beginning of IInd year BDS Course in recognized Institution.
- (ii) All applications for migration shall be referred to Dental Council of India by college authorities. No Institution/University shall allow migrations directly without the prior approval of the Council.
- (iii) Council reserved the right, not to entertain any application which is not under the prescribed compassionate grounds and also to take independent decisions where applicant has been allowed to migrate without referring the same to the Council.

Note 2: *Compassionate ground criteria:

- (i) Death of supporting guardian.
- (ii) Disturbed conditions as declared by Government in the Dental College area.

V. Attendance requirement, Progress and Conduct

- (i) 75% in theory and 75% in practical/clinical in each year.
- (ii) In case of a subject in which there is no examination at the end of the academic year/semester, the percentage of attendance shall not be less than 70%. However, at the time of appearing for the professional examination in the subject, the aggregate percentage of attendance in the subject should satisfy condition (i) above.

VI. Subjects of Study:

First Year

- i) General Human Anatomy including Embryology and Histology
- ii) General Human Physiology and Biochemistry, Nutrition and Dietics
- iii) Dental Anatomy, Embryology and Oral Histology
- iv) Dental Materials
- v) Pre-clinical Prosthodontics and Crown & Bridge

Second Year

- i) General Pathology and Microbiology
- ii) General and Dental Pharmacology and Therapeutics
- iii) Dental Materials
- iv) Pre clinical Conservative Dentistry
- v) Pre clinical Prosthodontics and Crown & Bridge
- vi) Oral Pathology & Oral Microbiology

Third Year

- i) General Medicine

- ii) General Surgery
- iii) Oral Pathology and Oral Microbiology
- iv) Conservative Dentistry and Endodontics
- v) Oral & Maxillofacial Surgery
- vi) Oral Medicine and Radiology
- vii) Orthodontics & Dentofacial Orthopaedics
- viii) Paediatric & Preventive Dentistry
- ix) Periodontology
- x) Prosthodontics and Crown & Bridge

Fourth Year

- i) Orthodontics & dentofacial orthopaedics
- ii) Oral Medicine & Radiology
- iii) Paediatric & Preventive Dentistry
- iv) Periodontology
- v) Oral & Maxillofacial Surgery
- vi) Prosthodontics and Crown & Bridge
- vii) Conservative Dentistry and Endodontics
- viii) Public Health Dentistry

Fifth Year

- ~~i) Oral & Maxillofacial Surgery~~
- ~~ii) Prosthodontics and Crown & Bridge~~
- ~~iii) Conservative Dentistry and Endodontics~~
- ~~iv) Public Health Dentistry~~

The above 5th year subjects have been deleted in terms of (3rd Amendment) notification published on **25th August,2011** in the Gazette of India.

EXAMINATIONS

SCOPE: These regulations shall be applicable for the B.D.S. degree examinations conducted by various universities in the country.

I. PREFACE:

- (A) Evaluation is a continuous process, which is based upon criteria developed by the concerned authorities with certain objectives to assess the performance of the learner. This also indirectly helps in the measurement of effectiveness and quality of the concerned B.D.S. programme.
- (B) Evaluation is achieved by two processes
 1. Formative or internal assessment
 2. Summative or university examinations.

Formative evaluation is done through a series of tests and examinations conducted periodically by the institution.

Summative evaluation is done by the university through examination conducted at the end of the specified course.

II. METHODS OF EVALUATION:

Evaluation may be achieved by the following tested methods:

1. Written test
2. Practicals
3. Clinical examination
4. Viva voce

INTERNAL ASSESSMENT EXAMINATION

The continuing assessment examinations may be held frequently at least **3** times in a particular year and the average marks of these examinations should be considered. 10% of the total marks in each subject for both theory, practical and clinical examination separately should be set aside for the internal assessment examinations.

SCHEME OF EXAMINATION:

The following has been substituted in terms of (3rd Amendment) notification published on **25th August,2011** in the Gazette of India and the same is as under:-

~~The scheme of examination for B.D.S. Course shall be divided into 1st B.D.S. examination at the end of the first academic year, 2nd B.D.S. examination at the end of second year, 3rd B.D.S. examination at the end of third, 4th BDS at the end of 4th and final B.D.S at the end of 5th year. 240 days minimum teaching in each academic year is mandatory.~~

The Scheme of Examination for BDS Course shall be divided into 1st BDS examination at the end of the first academic year, 2nd BDS examination at the end of second year, 3rd BDS examination at the end of third, 4th and final BDS at the end of 4th year. Where semester system exists, there shall be two examinations in the final year, designated as part 1 and part 2 of the respective examinations (regulations 1983) 240 days minimum teaching in each academic year is mandatory.

In terms of (6th Amendment) notification published on 24.6.2013 in the Gazette of India, in 1st line of 2nd paragraph under the heading (III) “Scheme of Examination”, the word “semester” has been substituted by the word “Part I or Part II, whichever is applicable”, as follows:-

For University opting for ~~semester~~ Part I or Part II, whichever is applicable mode, the subjects that are to be covered in each semester proposed below.

Part-I

- Public Health Dentistry
- Periodontology
- Orthodontics and Dentogacial Orthopaetic
- Oral Medicine and Radiology

Part-II

- Oral & Maxillofacial Surgery
- Conservative and Endodontics
- Prosthodontics and Crown & Bridge
- Paediatric and preventive Dentistry

The examination shall be open to a candidate who satisfies the requirements of attendance, progress and other rules laid down by the University.

(1) Universities shall organize admission timings and admission process in such a way that teaching starts from 1st day of August in each academic year.

I B.D.S. Examination:

1. General anatomy including embryology and histology
2. General human physiology and biochemistry
3. Dental Anatomy, Embryology and Oral Histology

~~Any student who does not clear the first BDS University Examination in all subjects within 3 years from the date of admission, shall be discharged from the Course.~~

The above clause has been substituted by the following clause in terms of (7th Amendment) notification published in the Gazette of India and the same is as under:-

Any student who does not clear the BDS Course in all the subjects within a period of 9 years, including one year Compulsory Rotatory paid Internship from the date of admission shall be discharged from the course.

~~Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appear for the subject and complete it successfully before he is permitted to appear for the next higher examination.~~

The above has been substituted in terms of (3rd Amendment) notification published on 25th August,2011 in the Gazette of India and the same is as under:-

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appears for the said failed subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned University follows their examination scheme provided in their statute/regulations.

II B.D.S. Examination:

A candidate who has not successfully completed the 1st B.D.S. examination can not appear in the IInd year Examination.

1. General pathology and Microbiology
2. General and dental pharmacology and therapeutics
3. Dental Materials
4. Pre Clinical Conservative – Only Practical and Viva Voce
5. Pre Clinical Prosthodontics – Only Practical and Viva Voce

The following has been added after Sl. No. 5 of the subject, Pre-clinical Prosthodontics, in terms of (3rd Amendment) notification published on **25th August, 2011** in the Gazette of India and the same is as under:-

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appears for the said failed subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned University follows their examination scheme provided in their statute/regulations.

III B.D.S. Examination:

A candidate who has successfully completed the 2nd B.D.S. examination can appear IIIrd B.D.S. Examination.

1. General Medicine
2. General Surgery
3. Oral Pathology and Oral Microbiology

The following has been added after Sl. No. 3 of the subject Oral Pathology and Oral Microbiology, in terms of (3rd Amendment) notification published on **25th August, 2011** in the Gazette of India and the same is as under:-

Any candidate who fails in one subject in an Examination is permitted to go to the next higher class and appear for the subject and complete it successfully before he is permitted to appear for the next higher examination. However, the Dental Council of India would have no objection, if the concerned follows their examination scheme (2nd year onwards) provided in their statute/regulations.

IV B.D.S. Examination:

- ~~1. Oral Medicine and radiology~~
- ~~2. Paediatric & Preventive Dentistry~~
- ~~3. Orthodontics & dentofacial orthopaedics~~
- ~~4. Periodontology~~

The above has been substituted in terms of (3rd Amendment) notification published on **25th August, 2011** in the Gazette of India and the same is as under:-

Final BDS (Fourth Year):

- Public Health Dentistry
 - Periodontology
 - Orthodontics and Dentofacial Orthopaedic
 - Oral Medicine and Radiology
 - Oral & Maxillofacial Surgery
 - Conservative and Endodontics
 - Prosthodontics and Crown & Bridge
 - Paediatric and Preventive Dentistry
- OR

Part-I

- Public Health Dentistry
- Periodontology
- Orthodontics and Dentofacial Orthopaedic
- Oral Medicine and Radiology

Part-II

- Oral & Maxillofacial Surgery
- Conservative and Endodontics
- Prosthodontics and Crown & Bridge
- Paediatric and preventive Dentistry

Note:-

1. The concerned Universities may opt for any one of the examination pattern mentioned above in 4th BDS final year.
2. If any University opt for the part examination system then any candidate who fails in any subject in 4th (final) year Part-I examination is permitted to go to the Part-II examination and should complete both parts successfully before he/she is permitted to go for Internship programme.
3. Since there are Inadequate teaching staffs in Department of Public Health Dentistry, the same may be clubbed together under the head of periodontics. This arrangement shall be reviewed after three years.

V BDS Examination:

1. ~~Prosthodontics and Crown & Bridge~~
2. ~~Conservative Dentistry and Endodontics~~
3. ~~Oral and Maxillofacial Surgery~~
4. ~~Public Health Dentistry~~

The V BDS examination has been deleted in terms of (3rd Amendment) notification published on 25th August, 2011 in the Gazette of India.

WRITTEN EXAMINATION:

1. The written examination in each subject shall consist of one paper of three hours duration and shall have maximum marks of 70.
2. In the subjects of Physiology & Biochemistry and Pathology & Microbiology each paper will be divided into two parts, A and B of equal marks.
3. The question paper should contain different types of questions like essay, short answer and objective type / M.C.Q's.
4. The nature of questions set, should be aimed to evaluate students of different standards ranging from average to excellent.
5. The questions should cover as broad an area of the content of the course. The essay questions should be properly structured and the marks specifically allotted.
6. The University may set up a question bank

PRACTICAL AND CLINICAL EXAMINATION:

1. **Objective Structured Clinical Evaluation:** The present system of conducting practical and clinical examination at several universities provide chance for unrealistic proportions of luck. Only a particular clinical procedure or experiment is usually given for the examination. The clinical and practical examination should provide a number of chances for the candidate to express one's skills. A number of examination stations with specific instructions to be provided. This can include clinical procedures, laboratory experiments, spotters etc. Evaluation must be made objective and structured. The method of objective structured clinical examinations should be followed. This will avoid examiner bias because both the examiner and the examinee are given specific instructions on what is to be observed at each station.
2. **Records/ Log Books:** The candidate should be given credit for his records based on the scores obtained in the record. The marks obtained for the record in the first appearance can be carried over to the subsequent appearances if necessary.
3. **Scheme of clinical and practical examinations:** The specific scheme of clinical and practical examinations, the type of clinical procedures/ experiments to be performed and marks allotted for each are to be discussed and finalized by the Chairman and other examiners and it is to be published prior to the conduct of the examinations along with the publication of the time table for the practical examinations. This scheme should be brought to the notice of the external examiner as and when the examiner reports. The practical and clinical examinations should be evaluated by two examiners of which one shall be an external examiner appointed from other universities preferably outside the State. Each candidate should be evaluated by each examiner independently and marks computed at the end of the examination.
4. **Viva Voce:** Viva voce is an excellent mode of assessment because it permits a fairly broad coverage and it can assess the problem solving capacity of the student. An assessment related to the affective domain is also possible through viva voce. It is desirable to conduct the viva voce

independently by each examiner. In order to avoid vagueness and to maintain uniformity of standard and coverage, questions can be pre-formulated before administering them to each student. Twenty marks are exclusively allotted for viva voce and that can be divided equally amongst the examiners, i.e., 10 marks per examiner.

MARKS DISTRIBUTION IN EACH SUBJECT :

Each subject shall have a maximum of 200 marks.

Theory	100
Practical/ Clinical	100

Theory – 100

University written exam	70
Viva Voce	20
Internal assessment (Written)	10

Total	100

Practicals/ clinicals – 100

University Exam	90
Internal assessment (Written)	10

Total	100

Practical and Viva Voce Only in University Examination

Pre-clinical Prosthodontics

Pre-clinical Conservative Dentistry.....

Internal Assessment	-	20
Practical	-	60
Viva Voce	-	20

		100

Criteria for a pass:

Fifty percent of the total marks in any subject computed as aggregate for theory, i.e., written, viva voce and internal assessment and practicals including internal assessment, separately is essential for a pass in all years of study.

For declaration of pass in a subject, a candidate shall secure 50% marks in the University examination both in Theory and Practical/ Clinical examinations separately, as stipulated below:

- A candidate shall secure 50% marks in aggregate in University theory including Viva Voce and Internal assessment obtained in University written examination combined together.
- In the University Practical/ clinical examination, a candidate shall secure 50% of University practical marks and Internal Assessment combined together.
- In case of pre clinical Prosthetic Dentistry and Pre clinical conservative dentistry in II BDS, where there is no written examination, minimum for pass is 50% of marks in Practical and Viva voce combined together in University examination including Internal Assessment i.e. 50/100 marks.
- Successful candidates who obtain 65% of the total marks or more shall be declared to have passed the examination in First Class. Other successful candidates will be placed in Second Class. A candidate who obtains 75% and above is eligible for Distinction. Only those candidates who pass the whole examination in the first attempt will be eligible for distinction or class.
- First Class and Distinction etc. to be awarded by the University as per their respective rules.

Grace Marks: Grace marks upto a maximum of 5 marks may be awarded to students who have failed only in one subject but passed in all other subjects.

Re-evaluation: The objective of re-evaluation is to ensure that the student receives a fair evaluation in the university examination and to minimize human error and extenuating circumstances. There shall be two mechanisms for this purpose.

1. **Re-totaling:** The University on application and remittance of a stipulated fee to be prescribed by the university, shall permit a recounting or opportunity to recount the marks received for various questions in an answer paper/ papers for theory of all subjects for which the candidate has appeared in the university examination. Any error in addition of the marks awarded if identified should be suitably rectified.
2. **Re-evaluation:** Re-evaluation of theory papers in all years of study of the BDS course may be permissible by the university on application and remittance of a prescribed fee. Such answer script shall be re-evaluated by not less than two duly qualified examiners and the average obtained shall be awarded to the candidate and the result accordingly reconsidered. However in those universities where double evaluation provision exists, this provision of re-evaluation will not be applicable.

Qualification and experience to be eligible for examinership for BDS examination

1. M.D.S. Degree from a recognized Institution
2. 4 years teaching experience in the subject in a dental college after MDS

3. Should be holding the post of a Reader or above in a Dental Institution approved/recognised by the Dental Council of India for B.D.S.

Note:

1. In case of Public Health Dentistry, as there is acute shortage of teachers one examiner from Public Health Dentistry and the second one could be from Periodontics. To be reviewed after three years.
2. In case of Physiology and Biochemistry if Internal examiner is from Physiology, External examiner should be from Biochemistry or vice versa
3. In case of Pathology and Microbiology if Internal examiner is from Pathology, External examiner should be from Microbiology or vice versa
4. In case of Dental Materials, if internal is from Prosthodontics, external should be from Conservative Dentistry and vice versa

50% of Examiners appointed shall be external from Dental Institutions approved/recognised by the Dental Council of India for B.D.S. Course, from other University, preferably from outside the State.

Reciprocal arrangement of Examiners should be discouraged, in that, the Internal Examiner in a subject should not accept external examinership for a College from which External Examiner is appointed in his subject for the corresponding period.

No person shall be an external Examiner to the same University for more than 3 consecutive years. However, if there is a break of one year the person can be re-appointed.

“Minimum Physical Requirement and Minimum Staffing Pattern (as per DCI Regulations 2006).”

GOALS AND OBJECTIVES

GOALS:

The dental graduates during training in the institutions should acquire adequate knowledge, necessary skills and reasonable attitudes which are required for carrying out all activities appropriate to general dental practice involving the prevention, diagnosis and treatment of anomalies and diseases of the teeth, mouth, jaws and associated tissues. The graduate also should understand the concept of community oral health education and be able to participate in the rural health care delivery programmes existing in the country.

OBJECTIVES:

The objectives are dealt under three headings (a) Knowledge and understanding (b) skills and (c) Attitudes.

(A) KNOWLEDGE AND UNDERSTANDING:

The graduate should acquire the following during the period of training.

1. Adequate knowledge of the scientific foundations on which dentistry is based and good understanding of various relevant scientific methods, principles of biological functions and be able to evaluate and analyse scientifically various established facts and data.
2. Adequate knowledge of the development, structure and function of the teeth, mouth and jaws and associated tissues both in health and disease and their relationship and effect on general state of health and also bearing on physical and social well being of the patient.
3. Adequate knowledge of clinical disciplines and methods which provide a coherent picture of anomalies, lesions and diseases of the teeth, mouth and jaws and preventive diagnostic and therapeutic aspects of dentistry.
4. Adequate clinical experience required for general dental practice.
5. Adequate knowledge of the constitution, biological function and behaviour of persons in health and sickness as well as the influence of the natural and social environment on the state of health in so far as it affect dentistry.

(B) SKILLS:

A graduate should be able to demonstrate the following skills necessary for practice of dentistry.

1. Able to diagnose and manage various common dental problems encountered in general dental practice keeping in mind the expectations and the right of the society to receive the best possible treatment available wherever possible.
2. Acquire the skill to prevent and manage complications if encountered while carrying out various surgical and other procedures.
3. Possess skill to carry out certain investigative procedures and ability to interpret laboratory findings.
4. Promote oral health and help prevent oral diseases where possible.
5. Competent in the control of pain and anxiety among the patients during dental treatment.

(C) ATTITUDES:

A graduate should develop during the training period the following attitudes.

1. Willing to apply the current knowledge of dentistry in the best interest of the patients and the community.
2. Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
3. Seek to improve awareness and provide possible solutions for oral health problems and needs through out the community.
4. Willingness to participate in the CPED Programmes to update the knowledge and professional skill from time to time.
5. To help and participate in the implementation of the national oral health policy.

RECOMMENDATIONS

GENERAL:

1. The undergraduate course involves organisation of teaching programmes year-wise. However, this course, as a whole, should demonstrate integration of the basic sciences, clinical dentistry and practical or the laboratory skills. The course should be designed and integrated in such a way to permit smooth progression from pre-clinical to clinical phase. Collaboration should be encouraged between teachers of basic sciences, dental sciences and clinical subjects.
2. The undergraduate dental course consists of three main components. The first component consists subjects common to medicine and dentistry like anatomy, physiology, biochemistry and behavioural science, leading to pharmacology, pathology, microbiology and then on to general medicine and general surgery. The second component runs concurrently with the first and deals with special aspects of oral and dental tissues, oral biology and oral pathology. Finally, the third component based on the foundations of the first two, deals with the clinical and technical aspects of dentistry as is required for general dental practice.
3. The first component of the course is intended to provide initially, an appreciation of normal human structure, development, function and behaviour, leading to understanding of the diseases, its prevention and treatment. The main objective is to provide the student a broad knowledge of the normal structures and functions of the body, the alterations which take place in disease with particular reference to those conditions in which medical and dental co-operation is essential for proper management. At this stage, the student should also be made aware of the social and psychological aspects of patient care with special reference to the relationship between dentist and patient. The behavioural sciences including both sociology and psychology should be introduced at the initial stages of the training programme, much before the students actually deal with the patients.
4. The second component of dental undergraduate programme consists instruction in the subjects dealing with dental and oral aspects to ensure a detailed knowledge of the structure and function of the dental and oral tissues. This enables the student to diagnose, prevent and treat the dental and oral diseases and disorders which were not included in the first component. The subject of oral biology is to be introduced at this level to provide the students a comprehensive knowledge and application of oral physiology, microbiology, biochemistry and oral immunology. Students should be exposed to the basic aspects of forensic odontology at this stage of the course along with oral biology/oral pathology.
5. The third component of the course comprising the clinical and technical aspects of dentistry actually prepares the student to undertake total oral and dental health care of the patients of all ages. The emphasis at this stage should be on the prevention of the various dental diseases and how to preserve natural teeth with their supporting structures. The importance of the various preventive methods need to be stressed. The significance of diagnosis of various dental and oral problems needs to be emphasized along with treatment planning before actual treatment procedures are undertaken.

In addition to acquiring the knowledge, the students need to gain adequate clinical hands-on-experience in extractions and other minor oral surgical procedures, all aspects of conservative dentistry, endodontics, crown and bridge, provision of partial and complete dentures, various periodontal therapeutic procedures and use of removable orthodontic appliances. Familiarity with various radiological techniques, particularly intra-oral methods and proper interpretation of the radiographs, is an essential part of this component of training and has application in clinical diagnosis, forensic identification and age estimation.

Towards the final stage of the clinical training, each student should be involved in comprehensive oral health care or holistic approach to enable them to plan and treat patients as a whole, instead of piece-meal treatment provided in each speciality. The Dental Council of India strongly recommends that all the dental colleges should provide facilities and required infrastructure for this purpose.

The aim of the undergraduate programme should undoubtedly be to produce a graduate, competent in general dental practice.

6. The commitment towards the society as a whole, needs to be stressed along with the knowledge and treatment skills gained. Instruction in public health dentistry should emphasise the sociological aspects of health care particularly, oral health care, including the reasons for the

variation in oral and dental needs of different sections of the society. It is important to know the influence of the social, behavioural, environmental and economic factors on oral and dental health. Students should be made aware of the National oral health Policy and the importance of being a member of the Health care team delivering medical and oral health care particularly among rural population.

7. Scientific advancement of any profession is based largely on continuous research activities. Dentistry is no exception. It is important that in every dental college proper facilities should be provided for research and the faculty members should involve themselves in such activities. Inter-disciplinary research should be encouraged to bring in integration among various specialities. The teaching and training methodology should be such that the students are motivated to think and indulge in self study rather than playing a passive role. Provision should be made in the daily schedules for adequate time for reading. Proper library facilities with adequate timings and seating capacity should be made available in all dental colleges. Adequate audio visual aids, like video tapes, computer assisted learning aids, Medline and internet facilities should be provided in all dental colleges to encourage self-study. Students should be encouraged to participate in simple research project work and the system of electives, spending some stipulated amount of time in another dental college within the country or outside should be given a serious consideration by all the dental institutions.
8. The society has a right to expect high standards and quality of treatment. Hence, it is mandatory and a social obligation for each dental surgeon to upgrade his or her knowledge and professional skills from time to time. The Dental Council of India strongly recommends that facilities and proper infrastructure should be developed to conduct the continuous professional education programmes in dentistry to enable the practitioners to update their knowledge and skills. The Council is of the opinion that the dental colleges by virtue of their infrastructural facilities will be ideal to conduct such courses and recommends establishment of a Department of continuing dental education in each of the dental colleges. In addition, the practitioners should be encouraged to attend conferences of state and national level, workshops, seminars and any other such activity which the Council feels is suitable to upgrade the knowledge and skills.
9. The undergraduate curriculum should stress the significance of infection and cross- infection control in dental practice. Aspects like sources of infection, measures to be adopted both general and specific for control particularly the HIV and hepatitis should be properly incorporated into the curriculum so that the graduates are aware of its significance and follow it in their practice.
10. The information technology has touched every aspect of an individual's personal and professional life. The Council hence recommends that all undergraduates acquire minimum computer proficiency which will enable them to enhance their professional knowledge and skills.

RECOMMENDATIONS

SPECIFIC:

1. The undergraduate dental training programme leading to B.D.S. degree shall be a minimum of five years duration. During this period, the students shall be required to engage in full time study at a dental college recognized or approved by the Dental Council of India.

During the five years undergraduate course, the instruction in clinical subjects should be at least for three years

2. Basic Medical & Dental Subjects:

The basic medical and dental sciences comprise anatomy gross and microscopic, physiology, biochemistry, pharmacology, oral biology and science of dental materials. Subjects like behavioural sciences, which is useful to develop communication skills, should also be introduced in the first year itself and spread over the undergraduate course. An introduction to Public Health Dentistry & Preventive Dentistry also will be useful to develop the concept of commitment to community. The laboratory skills to be developed by the students like pre-clinical Prosthodontics, Crown Bridge, Aesthetic Dentistry and Oral Implantology exercises and studying dental morphology also is a part of initial training. The instruction in the above medical and dental sciences shall be for two years duration. At the end of this period the student should be in a position to understand and comprehend in general the development, structure and function of the human body in both health and disease.

3. The instruction in basic dental sciences should include theoretical and practical aspects of oral anatomy and physiology, to provide a detailed knowledge of the form and structure of teeth associated tissues and occlusal relationships.

The study should also aim at development of a concept regarding physiological and biochemical processes relevant to oral cavity for better understanding of the changes which occur with the onset of disease in the oral cavity.

The student should be made aware of the importance of various dental tissues in forensic investigation.

4. Clinical, Medical and Dental subjects:

The students should be introduced to clinics in the initial stage, preferably in the first year, as an observer to familiarise with clinical set-up and working. The period of instruction in the clinical subjects shall be not less than three years full time. During this, the student shall attend a dental hospital, general hospital, community camps and satellite clinics, in order to obtain instruction and experience in the practice of dentistry. The main objective of training in clinical dental subjects is to produce a graduate able and competent to recognize or diagnose various dental and oral diseases, to undertake general dental treatment, advise on the provision of specialized treatment available and finally advise the patient on prevention. The student should also understand the relationship between oral and systemic diseases.

5. The general medicine and surgery training should provide sufficient knowledge on human disease to enable the student to understand its manifestations as relevant to the practice of dentistry. This requires clinical teaching on patients and shall be carried out in in-patient and outpatient medical departments and specialist clinics.

This clinical instruction should enable the student to understand and perhaps diagnose common systemic diseases which have relevance to dental practice, by adopting a systematic approach of history taking and clinical examination. The student should also realize the significance of various general and special investigations in the diagnosis of diseases. The ability to recognize physical and mental illness, dealing with emergencies, effective communication with patients, interaction with various professional colleges also become important aspects of this training.

6. The Dental Council of India considers it important for all dental students to receive instruction in first-aid and principles of cardio-pulmonary resuscitation. It is also desirable that the student spend time in an accident and emergency department of a general hospital.

7. The purpose of the clinical training is to provide sufficient practical skill in all aspects of clinical dentistry. The instruction should also include patient management skills, treatment of patients of all ages with special reference to children (paediatric), very elderly (geriatric), medically compromised and disabled patients.

8. During the three years clinical course, the students should receive thorough instruction which involves history taking, diagnosis and treatment planning in all aspects of dentistry and should be competent on graduation to carry out all routine general procedures.

In Oral & Maxillofacial Surgery and Oral Implantology, instruction should include the knowledge of various maxillofacial problems like injuries, infections and deformities of the jaws and associated structures. The clinical experience should include those procedures commonly undertaken in general practice like extraction of teeth, minor oral surgical procedure etc.

In Conservative, Endodontics & Aesthetic Dentistry, Prosthodontics, Crown Bridge, Aesthetic Dentistry and Oral Implantology and Periodontology and Oral Implantology students should be competent on graduation to carry out routine treatment like restorations of various kinds, endodontic procedures, removable and fixed prosthodontics, concept of osseointegration and finally various kinds of periodontal therapy. In addition, students should be aware of their limitations on graduation, need to refer patients for consultant opinion and/or treatment and also the need for postgraduate and continuous education programmes.

In Orthodontics & Dento Facial Orthopedics, students should carry out simple appliance therapy for patients. Students should also be able to appreciate the role of dentofacial growth in the development and treatment of malocclusion.

In Paediatric dentistry, the students should concentrate on clinical management, efficacy of preventive measures, treatment needs particularly for children with disabilities. In oral medicine and oral diagnosis, the student should receive instruction in various lesions, occurring in the oral cavity with particular reference to oral cancer.

9. The successful control and management of pain is an integral part of dental practice. Upon graduation the students should be competent to administer all forms of local anaesthesia. The value of behavioural methods of anxiety management should be emphasised. The students should also have the practical experience in the administration of intra-muscular and intravenous injections. Knowledge of pain mechanisms and strategies to control post-operative pain is essential for practice of dentistry.

10. All students should receive instructions and gain practical experience in taking processing and interpretation of various types of intra and extra oral radiographs. They should be aware of the hazards of radiation and proper protective measures from radiation for the patient, operator and other staff.

11. Instruction should be given in dental jurisprudence, legal and ethical obligations of dental practitioners and the constitution and functions of Dental Council of India.
12. Infection and cross infection control assume significance in dental practice. The students should be made aware of the potential risk of transmission in the dental surgery, various infectious diseases particularly HIV and hepatitis. The students should be aware of their professional responsibility for the protection of the patients, themselves and their staff and the requirements of the health and safety regulations.
13. In the recent times, the subjects of esthetic dentistry, oral implantology, behavioural sciences and forensic odontology have assumed great significance. Hence, the Council recommends that these four specialities should be incorporated into the undergraduate curriculum. The instruction and clinical training in aesthetic dentistry shall be carried out by the departments of Conservative, Endodontics & Aesthetic Dentistry and prosthodontics, Crown Bridge, Aesthetic Dentistry and Oral Implantology. Similarly, the instruction and clinical training in oral implantology shall be done by the departments of Oral & Maxillofacial Surgery, Prosthodontics, Crown Bridge, Aesthetic Dentistry and Oral Implantology and Periodontology and Oral Implantology. The instruction in behavioural sciences should ideally commence before the students come in contact with the patients and shall be carried out by the departments of Public Health Dentistry & Preventive Dentistry and Pedodontics & Preventive Dentistry. Forensic Odontology will be a part of Oral Pathology & Oral Microbiology and Oral Medicine and Radiology.

COMPETENCIES

At the completion of the undergraduate training programme the graduates shall be competent in the following.-

General Skills

- Apply knowledge & skills in day to day practice
- Apply principles of ethics
- Analyze the outcome of treatment
- Evaluate the scientific literature and information to decide the treatment
- Participate and involve in professional bodies
- Self assessment & willingness to update the knowledge & skills from time to time
- Involvement in simple research projects
- Minimum computer proficiency to enhance knowledge and skills
- Refer patients for consultation and specialized treatment
- Basic study of forensic odontology and geriatric dental problems

Practice Management

- Evaluate practice location, population dynamics & reimbursement mechanism
- Co-ordinate & supervise the activities of allied dental health personnel
- Maintain all records
- Implement & monitor infection control and environmental safety programs
- Practice within the scope of one's competence

Communication & Community Resources

- Assess patients goals, values and concerns to establish rapport and guide patient care
- Able to communicate freely, orally and in writing with all concerned
- Participate in improving the oral health of the individuals through community activities.

Patient Care – Diagnosis

- Obtaining patient's history in a methodical way
- Performing thorough clinical examination
- Selection and interpretation of clinical, radiological and other diagnostic information
- Obtaining appropriate consultation
- Arriving at provisional, differential and final diagnosis

Patient Care – Treatment Planning

- Integrate multiple disciplines into an individual comprehensive sequence treatment plan using diagnostic and prognostic information
- Able to order appropriate investigations

Patient Care – Treatment

- Recognition and initial management of medical emergencies that may occur during Dental treatment
- Perform basic cardiac life support
- Management of pain including post operative
- Administration of all forms of local anaesthesia
- Administration of intra muscular and venous injections
- Prescription of drugs, pre operative, prophylactic and therapeutic requirements

Uncomplicated extraction of teeth
 Transalveolar extractions and removal of simple impacted teeth
 Minor oral surgical procedures
 Management of Oro-facial infections
 Simple orthodontic appliance therapy
 Taking, processing and interpretation of various types of intra oral radiographs
 Various kinds of restorative procedures using different materials available
 Simple endodontic procedures
 Removable and fixed prosthodontics
 Various kinds of periodontal therapy

ORAL MEDICINE & RADIOLOGY

- Able to identify precancerous and cancerous lesions of the oral cavity and refer to the concerned speciality for their management
- Should have an adequate knowledge about common laboratory investigations and interpretation of their results.
- Should have adequate knowledge about medical complications that can arise while treating systemically compromised patients and take prior precautions/ consent from the concerned medical specialist.
- Have adequate knowledge about radiation health hazards, radiations safety and protection.
- Competent to take intra-oral radiographs and interpret the radiographic findings
- Gain adequate knowledge of various extra-oral radiographic procedures, TMJ radiography and sialography.
- Be aware of the importance of intra- and extra-oral radiographs in forensic identification and age estimation
- Should be familiar with jurisprudence, ethics and understand the significance of dental records with respect to law

PAEDIATRIC & PREVENTIVE DENTISTRY

- Able to instill a positive attitude and behaviour in children towards oral health and understand the principles of prevention and preventive dentistry right from birth to adolescence.
- Able to guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry.
- Able to treat dental diseases occurring in child patient.
- Able to manage the physically and mentally challenged disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.

ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

- Understand about normal growth and development of facial skeleton and dentition.
- Pinpoint aberrations in growth process both dental and skeletal and plan necessary treatment
- Diagnose the various malocclusion categories
- Able to motivate and explain to the patient (and parent) about the necessity of treatment
- Plan and execute preventive orthodontics (space maintainers or space regainers)
- Plan and execute interceptive orthodontics (habit breaking appliances)
- Manage treatment of simple malocclusion such as anterior spacing using removable appliances
- Handle delivery and activation of removable orthodontic appliances
- Diagnose and appropriately refer patients with complex malocclusion to the specialist

PERIODONTOLOGY

- Diagnose the patients periodontal problem, plan and perform appropriate periodontal treatment
- Competent to educate and motivate the patient
- Competent to perform thorough oral prophylaxis, subgingival scaling, root planning and minor periodontal surgical procedures
- Give proper post treatment instructions and do periodic recall and evaluation
- Familiar with concepts of osseointegration and basic surgical aspects of implantology

PROSTHODONTICS AND CROWN & BRIDGE

- Able to understand and use various dental materials
- Competent to carry out treatment of conventional complete and partial removable dentures and fabricate fixed partial dentures
- Able to carry out treatment of routine prosthodontic procedures.
- Familiar with the concept of osseointegration and the value of implant-supported Prosthodontic procedures

CONSERVATIVE DENTISTRY AND ENDODONTICS

- Competent to diagnose all carious lesions
- Competent to perform Class I and Class II cavities and their restoration with amalgam
- Restore class V and Class III cavities with glass ionomer cement
- Able to diagnose and appropriately treat pulpally involved teeth (pulp capping procedures)
- Able to perform RCT for anterior teeth
- Competent to carry out small composite restorations
- Understand the principles of aesthetic dental procedures

ORAL & MAXILLOFACIAL SURGERY

- Able to apply the knowledge gained in the basic medical and clinical subjects in the management of patients with surgical problems
- Able to diagnose, manage and treat patients with basic oral surgical problems
- Have a broad knowledge of maxillofacial surgery and oral implantology
- Should be familiar with legal, ethical and moral issues pertaining to the patient care and communication skills
- Should have acquired the skill to examine any patient with an oral surgical problem in an orderly manner
- Understand and practice the basic principles of asepsis and sterilisation
- Should be competent in the extraction of the teeth under both local and general anaesthesia
- Competent to carry out certain minor oral surgical procedure under LA liketrans-alveolar extraction, frenectomy, dento alveolar procedures, simple impaction, biopsy, etc.
- Competent to assess, prevent and manage common complications that arise during and after minor oral surgery
- Able to provide primary care and manage medical emergencies in the dental office
- Familiar with the management of major oral surgical problems and principles involved in the in-patient management

PUBLIC HEALTH DENTISTRY

- Apply the principles of health promotion and disease prevention
- Have knowledge of the organization and provision of health care in community and in the hospital service
- Have knowledge of the prevalence of common dental conditions in India.
- Have knowledge of community based preventive measures
- Have knowledge of the social, cultural and env. Factors which contribute to health or illness.
- Administer and hygiene instructions, topical fluoride therapy and fissure sealing.
- Educate patients concerning the aetiology and prevention of oral disease and encourage them to assure responsibility for their oral health.

MINIMUM WORKING HOURS FOR EACH SUBJECT OF STUDY
(B.D.S COURSE)

The following has been substituted in terms of (3rd Amendment) notification published on **25th August, 2011** in the Gazette of India and the same is as under:-

Subjects	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
General Human Anatomy Including Embryology, Osteology and Histology.	100	175		275
General Human Physiology	120	60		180
Biochemistry	70	60		130
Dental Materials	80	240		320
Dental Anatomy Embryology, and Oral Histology	105	250		355
Dental Pharmacology & Therapeutics	70	20		90
General Pathology	55	55		110
Microbiology	65	50		115
General Medicine	60		9	150
General Surgery	60		90	150
Oral Pathology & Microbiology	145	130		275
Oral Medicine & Radiology	65		200	265
Paediatric & Preventive Dentistry	65		200	265
Orthodontics & dental orthopaedics	50		200	250
Periodontology	80		200	280
Oral & Maxillofacial Surgery	70		360	430
Conservative Dentistry & Endodontics	135	200	460	795
Prosthodontics & Crown & Bridge	135	300	460	895
Public Health Dentistry	60		290	350
Total	1590	1540	2550	5680

Note:

There should be a minimum of 240 teaching days every year consisting of 8 working hours including one hour of lunch break.

Subjects	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
General Human Anatomy Including Embryology, Osteology and Histology.	100	175		275
General Human Physiology	120	60		180
Biochemistry	70	60		130
Dental Materials	80	240		320
Dental Anatomy Embryology, and Oral Histology	105	250		355
Dental Pharmacology & Therapeutics	70	20		90
General Pathology Microbiology	55	55		110
	65	50		115
General Medicine	60		9	150
General Surgery	60		90	150
Oral Pathology & Microbiology	145	130		275
Oral Medicine & Radiology	65		170	235
Paediatric & Preventive Dentistry	65		170	235
Orthodontics & dental orthopaedics	50		170	220
Periodontology	80		170	250
Oral & Maxillofacial Surgery	70		270	340
Conservative Dentistry & Endodontics	135	200	370	705
Prosthodontics & Crown & Bridge	135	300	370	805
Public Health Dentistry including Lectures on Tobacco Control & Habit Cessation	60		200	260
Total	1590	1540	1989	5200

Note:

There should be a minimum of 240 teaching days each academic year consisting of 8 working hours, including one hour of lunch break.

Internship – 240x8 hours-1920 clinical hours

MINIMUM WORKING HOURS FOR EACH SUBJECT OF STUDY
(B.D.S COURSE)

I B.D.S

Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
General Human Anatomy Including Embryology, Osteology and Histology	100	175		275
General Human Physiology	120	60		180
Biochemistry.	70	60		130
Dental Anatomy Embryology, and Oral Histology	105	250		355
Dental Materials	20	40		60
Pre clinical Prosthodontics & Crown & Bridge	-	100		100
Total	415	685		1100

II B.D.S

Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
General & Dental Pharmacology and therapeutics	70	20		90
General Pathology	55	55		110
Microbiolog	65	50		115
Dental Materials	60	200		260
Oral Pathology and Oral Microbiology	25	50		75
Pre Clinical Prosthodontics & Crown & Bridge	25	200		225
Pre Clinical Conservative Dentistry	25	200		225
Total	325	775		1100

III B.D.S

Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
General Medicine	60		90	150
General Surgery	60		90	150
Oral Pathology and Oral Microbiology	120	80		200
Oral Medicine and Radiology	20		70	90
Paediatric and Preventive Dentistry	20		70	90
Orthodontics & Dentofacial Orthopaedics	20		70	90
Periodontology	30		70	100
Oral & Maxillofacial Surgery.	20		70	90
Conservative Dentistry & Endodontics.	30		70	100
Prosthodontics and Crown & Bridge	30		70	100
Total	410		750	1160

IV B.D.S

The following has been substituted in terms of (3rd Amendment) notification published on **25th August,2011** in the Gazette of India and the same is as under:-

Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
Oral Medicine and Radiology	45		130	175
Paediatric and Preventive Dentistry	45		130	175
Orthodontics & Dentofacial Orthopaedics	30		130	160
Periodontology	50		130	180
Oral & Maxillofacial Surgery.	20		90	110
Conservative Dentistry & Endodontics.	30		90	120
Prostodontics and Crown & Bridge	30		90	120
Public Health Dentistry	30		90	120
Total	280		880	1160

Subjects	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
Prosthodontics	80		300	380
Oral Medicine	45		100	145
Periodontics	50		100	150
Public Health	60		200	260
Conservative Dentistry	80		300	380
Oral Surgery	50		200	250
Orthodontics	30		100	130
Pedodontics	45		100	145
Total	440		1400	1840

Provided that nothing contained in the provision of this regulations or statue or rules, regulations or guidance or notifications of the concerned university, or any other law for the time being in force shall prevent any student pursuing his/her 4th year BDS Course who fails in any one or more subjects of 1st semester will carry over those subjects to the 2nd Semester and will appear in those subjects together with the subjects of the 2nd semester. A pass in all the eight subjects is mandatory for completion of the 4th BDS Course before undergoing internship programme.

The following teaching Hours as prescribed for "V BDS" Course has been deleted in terms of (3rd Amendment) notification published on **25th August,2011** in the Gazette of India.

V B.D.S

Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
Oral & Maxillofacial Surgery.	30		200	230

Conservative Dentistry & Endodontics.	50		300	350
Prostodontics and Crown & Bridge	50		300	350
Public Health Dentistry	30		200	230
Total	160		1000	1160

The following has been substituted only for Punjab and Andhra Pradesh in terms of (3rd Amendment) notification published on **25th August,2011** in the Gazette of India

Only 2007 batch (Punjab & Andhra Pradesh) will have to follow the existing 5th year only programme.

Thereafter this 3rd amendment will be applicable.

Provided the concerned University follows the proposed amendment.

Note:

The following footnote has been modified/deleted as under in terms of (3rd Amendment) notification published on **25th August,2011** in the Gazette of India:-

- * Behavioral Sciences Classes shall commence in 1st Year.
- * Forensic odontology shall be covered in the department of Oral pathology and Oral Medicine during 3rd Year.
- * Esthetic Dentistry shall be covered in the Departments of Conservative Dentistry and Prosthodontics during 4th & 5th Year.
- * Oral Implantology shall be covered in the Department of Maxillofacial Surgery, Prosthodontics & Crown & Bridge and Periodontology during 4th & 5th Years.
- * Ethics and dental jurisprudence shall be covered in Public Health Dentistry in 4th and 5th years.
- * Electives / Research work should be encouraged during the 5th Year lasting for a period of atleast one month to be spent in a different dental institution in India / overseas.
- * ~~All the institutions shall compulsorily make arrangements for Comprehensive oral health care training for atleast 3 months during 5th Year. The department of Public Health Dentistry may be utilised in case, the institution does not have separate department for this purpose. Qualified faculty members from the departments of Prosthodontics, Conservative and periodontics should guide the students along with faculty of Public Health Dentistry Department.~~
- * The minimum working hours indicated each year of study does not include one month mid year vacation and one month of university examination.

It is the prerogative of the Dental Council of India to conduct inspections, at any of the colleges, at any time during the calendar year for inspecting whether the colleges are following the internship norms as laid down by DCI.

RECOMMENDED BOOKS

1. **Human Anatomy, Embryology, Histology & Medical Genetics**
 1. SNELL (Richard S.) Clinical Anatomy for Medical Students, Ed. 5, Little Brown & company, Boston.
 2. RJ LAST'S Anatomy – McMinn, 9th edition.
 3. ROMANES(G.J.) Cunningham Manual of Practical Anatomy : Head & Neck & Brain Ed.15.Vol.III, Oxford Medical publication.
 4. WHEATER,BURKITT & DANIELS, Functional Histology, Ed. 2, Churchill Livingstone.
 5. SADLER , LANGMAN'S, Medical Embryology, Ed. 6.
 6. JAMES E ANDERSON, Grant's Atlas of Anatomy. Williams & Wilkins.
 7. WILLIAMS, Gray's Anatomy, Ed.38. ,Churchill Livingstone.
 8. EMERY,Medical Genetics.
2. **Physiology**
 1. Guyton; Text book of Physiology, 9th edition.
 2. Ganong; Review of Medical Physiology, 19th edition
 3. Vander; Human physiology, 5th edition
 4. Choudhari; Concise Medical Physiology, 2nd edition
 5. Chatterjee; Human Physiology, 10th edition
 6. A.K. Jain; Human Physiology for BDS students, 1st edition
 7. Berne & Levey; Physiology, 2nd edition
 8. West-Best & Taylor's, Physiological basis of Medical Practise, 11th edition

EXPERIMENTAL PHYSIOLOGY:

1. Rannade; Practical Physiology, 4th edition
2. Ghai; a text book of practical physiology
3. Hutchison's; Clinical Methods, 20th edition

3. Biochemistry

1. Concise text book of Biochemistry (3rd edition) 2001, T.N. Pattabiraman
2. Nutritional Biochemistry 1995, S. Ramakrishnan and S.V. Rao
3. Lecture notes in Biochemistry 1984, J.K. Kandlish

REFERENCE BOOKS:

1. Text book of Biochemistry with clinical correlations 1997, T.N. Devlin
2. Harper's Biochemistry, 1996., R.K. Murray et.al
Basic and applied Dental Biochemistry, 1979, R.A.D. Williams & J.C.Elliot

4. Dental Anatomy, Embryology and Oral Histology

1. Orban's Oral Histology & Embryology - S.N. Bhaskar
2. Oral Development & Histology - James & Avery
3. Wheeler's Dental Anatomy, Physiology & Occlusion - Major M. Ash
4. Dental Anatomy - its relevance to dentistry - Woelfel & Scheid
5. Applied Physiology of the mouth - Lavelle
6. Physiology & Biochemistry of the mouth - Jenkins

5. General Pathology

1. Robbins – Pathologic Basis of Disease Cotran, Kumar, Robbins
2. Anderson's Pathology Vol 1 & 2 Editors – Ivan Damjanov & James Linder
3. Wintrobe's clinical Haematolog Lee, Bithell, Foerster, Athens, Lukens

6. Microbiology

1. Text book of Microbiology – R.Ananthanarayan & C.K.Jayaram Paniker.
2. Medical Microbiology – David Greenwood et al.
3. Microbiology – Prescott, et al.
4. Microbiology – Bernard D. Davis , et al.
5. Clinical & Pathogenic Microbiology – Barbara J Howard, et al.
6. Mechanisms of Microbial diseases – Moselio Schaechter, et al.
7. Immunology an Introduction – Tizard
8. Immunology 3rd edition – Evan Roitt , et al.

7. Dental Materials

1. Phillips Science of Dental Materials – 10th edn.- Kenneth J. Anusavice
2. Restorative Dental Materials - 10 edn. Robert G.Craig
3. Notes on Dental Materials - E.C. Combe
4. Prep. Manual for undergraduates – Dental Materials – Dr. M.S. Koudi & Dr. SanjayGouda B. Patil

8. General and dental pharmacology and therapeutics

1. R.S.Satoskar, Kale Bhandarkar's Pharmacology and Pharmacolherapeutics, 10th Edition, Bombay Popular Prakashan 1991.
2. Bertam G Katzung, Basic and Clinical pharmacology 6th ed. Appleton & Lange 1997
3. Lauerence D.R. Clinical Pharmacology 8th ed. Churchill Livingstone 1997
4. Satoskar R.S. & Bhandarkar S.D., Pharmacology and Pharmaco Therapeutics part I & part ii, 13th Popular Prakashan Bombay 1993
5. Tripathi K.D., Essentials of Medical Pharmacology 4th ed Jaypee Brothers 1999.

9. General Medicine

Textbook of Medicine Davidson
Textbook of Medicine Hutchinson

10. General Surgery

Short practice of Surgery Baily & Love

11. Oral Pathology & Oral Microbiology

1. A Text Book of Oral Pathology Shafer, Hine & Levy
2. Oral Pathology - Clinical Pathologic correlations Regezi & Sciubba.
3. Oral Pathology Soames & Southam.
4. Oral Pathology in the Tropics Prabhu, Wilson, Johnson & Daftary

12. Public Health Dentistry

1. Dentistry Dental Practice and Community by David F. Striffler and Brain A. Burt, Edn. – 1983, W. B. Saunders Company
2. Principles of Dental Public Health by James Morse Dunning, IVth Edition, 1986, Harward University Press.

3. Dental Public Health and Community Dentistry Ed by Anthony Jong Publication by The C. V. Mosby Company 1981
4. Community Oral Health-A system approach by Patricia P. Cormier and Joyce I. Levy published by Appleton-Century-Crofts/ New York, 1981
5. Community Dentistry-A problem oriented approach by P. C. Dental Hand book series Vol.8 by Stephen L. Silverman and Ames F. Tryon, Series editor-Alvin F. Gardner, PSG Publishing company Inc. Littleton Massachuseltts, 1980.
6. Dental Public Health- An Introduction to Community Dentistry. Edition by Geoffrey L. Slack and Brain Burt, Published by John Wriqth and sons Bristol, 1980
7. Oral Health Surveys- Basic Methods, 4th edition, 1997, published by W. H. O. Geneva available at the regional office New Delhi.
8. Preventive Medicine and Hygiene-By Maxcy and Rosenau, published by Appleton Century Crofts, 1986.
9. Preventive Dentistry-by J. O. Forrest published by John Wright and sons Bristol, 1980.
10. Preventive Dentistry by Murray, 1997.
11. Text Book of Preventive and Social Medicine by Park and park, 14th edition.
12. Community Dentistry by Dr. Soben Peter.
13. Introduction to Bio-statistics by B. K. Mahajan
14. Introduction to Statistical Methods by Grewal

13. Paediatric and Preventive Dentistry

1. Pediatric Dentistry (Infancy through Adolescences) – Pinkham.
2. Clinical Use of Fluorides – Stephen H. Wei.
3. Understanding of Dental Caries – Niki Foruk.
4. Handbook of Clinical Pedodontics – Kenneth. D.
5. Dentistry for the Child and Adolescence – Mc. Donald.
6. Pediatric Dentistry – Damle S. G.
7. Behaviour Management – Wright
8. Traumatic Injuries – Andreason.
9. Textbook of Pedodontics – Dr. Shobha Tandon

14. Oral Medicine and Radiology

- a) Oral Diagnosis, Oral Medicine & Oral Pathology
 1. Burkit – Oral Medicine – J.B. Lippincott Company
 2. Coleman – Principles of Oral Diagnosis – Mosby Year Book
 3. Jones – Oral Manifestations of Systemic Diseases – W.B. Saunders company
 4. Mitchell – Oral Diagnosis & Oral Medicine
 5. Kerr – Oral Diagnosis
 6. Miller – Oral Diagnosis & Treatment
 7. Hutchinson – clinical Methods
 8. Oral Pathology – Shafers
 9. Sonis.S.T., Fazio.R.C. and Fang.L - Principles and practice of Oral Medicine
- b) Oral Radiology
 1. White & Goaz – Oral Radiology – Mosby year Book
 2. Weahrman – Dental Radiology – C.V. Mosby Company
 3. Stafne – Oral Roentgenographic Diagnosis – W.B.Saunders Co.,
- c) Forensic Odontology
 1. Derek H.Clark – Practical Forensic Odontology - Butterworth-Heinemann (1992)
 2. C Michael Bowers, Gary Bell – Manual of Forensic Odontology - Forensic Pr (1995)

15. Orthodontics and Dentofacial Orthopedics

1. Contemporary Orthodontics William R. Proffit
2. Orthodontics For Dental Students White And Gardiner
3. Handbook Of Orthodontics Moyers
4. Orthodontics - Principles And Practice Graber
5. Design, Construction And Use Of Removable Orthodontic Appliances C. Philip Adams
6. Clinical Orthodontics: Vol1 & 2 Salzman

16. Oral and Maxillofacial Surgery

1. Impacted teeth; Alling John F & etal.
2. Principles of oral and maxillofacial surgery; Vol.1,2 & 3 Peterson LJ & etal.
3. Handbook of medical emergencies in the dental office, Malamed SF.
4. Killeys Fractures of the mandible; Banks P.
5. Killeys fractures of the middle 3rd of the facial skeleton; Banks P.
6. Killey and Kays outline of oral surgery – Part-1; Seward GR & etal
7. Essentials of safe dentistry for the medically compromised patients; Mc Carthy FM
8. Extraction of teeth;Howe, GL
9. Minor Oral Surgery; Howe.GL

17. Prosthodontics, Crown & Bridge

1. Syllabus of Complete denture by – Charles M. Heartwell Jr. and Arthur O. Rahn.

2. Boucher's "Prosthodontic treatment for edentulous patients"
3. Essentials of complete denture prosthodontics by – Sheldon Winkler.
4. Maxillofacial prosthetics by – Willam R.Laney.
5. McCracken's Removable partial prosthodontics
6. Removable partial prosthodontics by – Ernest L. Miller and Joseph E. Grasso.

18. Periodontology

1. Glickman's Clinical Periodontology – Carranza

REFERENCE BOOKS :

1. Essentials of Periodontology and Periodontics – Torquil MacPhee
2. Contemporary Periodontics – Cohen
3. Periodontal therapy – Goldman
4. Orbans' Periodontics – Orban
5. Oral Health Survey – W.H.O.
6. Preventive Periodontics – Young and Stiffler
7. Public Health Dentistry – Slack
8. Advanced Periodontal Disease – John Prichard
9. Preventive Dentistry – Forrest
10. Clinical Periodontology – Jan Lindhe
11. Periodontics – Baer & Morris.

19. Conservative Dentistry and Endodontics

1. Esthetic guidelines for restorative dentistry; Scharer & others
2. Esthetics of anterior fixed prosthodontics; Chiche (GJ) & Pinault (Alain)
3. Esthetic & the treatment of facial form, Vol 28; Mc Namara (JA)

20. Aesthetic Dentistry

1. Aesthetic guidelines for restorative dentistry; Scharer & others
2. Esthetics of anterior fixed prosthodontics; Chiche (GJ) & Pinault (Alain)
3. Aesthetic & the treatment of facial form, Vol 28; Mc Namara (JA)

21. Forensic Odontology

1. Practical Forensic odontology – Derek Clark

22. Oral Implantology

1. Contemporary Implant Dentistry - Carl .E. Misch Mosby 1993 First Edition.
2. Osseointegration and Occlusal Rehabilitation Hobo S., Ichida .E. and Garcia L.T. Quintessence Publishing Company, 1989 First Edition.

23. Behaviourial Science

1. General psychology -- Hans Raj, Bhatia
2. Behavioural Sciences in Medical practice -- Manju Mehta

24. Ethics

1. Medical Ethics, Francis C.M., I Ed. 1993, Jaypee Brothers, New Delhi p. 189.

- Note: 1. Books titles will keep on adding in view of the latest advances in the Dental Sciences.
2. Standard Books from Indian Authors are also recommended.

LIST OF JOURNALS:

1. Journal of Dentistry
2. British Dental Journal
3. International Dental Journal
4. Dental Abstracts
5. Journal of American Dental Association
6. British Journal of Oral and Maxillofacial Surgery
7. Oral Surgery, Oral Pathology and Oral Medicine
8. Journal of Periodontology
9. Journal of Endodontics
10. American journal of Orthodontics and Dentofacial Orthopedics
11. Journal of Prosthetic Dentistry
12. Journal of Public Health Dentistry
13. Endodontics and Dental Traumatology
14. Journal of Dental Education
15. Dental Update
16. Journal of Dental Material

- Note : This is the minimum requirement. More journals both Indian and Foreign are recommended for imparting research oriented education.

INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS

50 ADMISSIONS

General Facilities:

1. **Administrative block:** 2000 sq.ft.
consisting of –
 - (a) Dean's room,
 - (b) Administrative officer's room
 - (c) Meeting room
 - (d) Office
 - (e) Office stores
 - (f) Pantry etc.
2. **Library:** 4500 sq.ft.
consisting of –
 - (a) Reception & waiting
 - (b) Property counter
 - (c) Issue counter
 - (d) Photocopying area
 - (e) Reading room to accommodate 50% of total students strength.
 - (f) Postgraduates & staff reading room
 - (g) Journal room
 - (h) Audio-visual room
 - (i) Chief librarian room
 - (j) Stores and stocking area.
3. **Lecture halls – 4 :** 3200 sq.ft.
Each hall to accommodate 10% more of admission strength with proper seating arrangement, blackboard, microphone and facilities for slide, overhead and multi-media projection.
4. **Central stores:** 400 sq.ft.
With proper storing facilities like racks, refrigerator, preferably compact storage systems.
5. **Maintenance room:** 600 sq.ft.
Equipped with proper facilities to maintain and repair dental chairs and units and various other equipments in the college and hospital.
6. **Photography and artist room:** 250 sq.ft.
With proper studio facilities for clinical photography, developing, preparation of slides, charts, models etc.
7. **Medical stores:** 200 sq.ft.
Stocked with all the necessary drugs usually prescribed in a dental hospital.
8. **Aminities area:** 2000 sq.ft.
 - (a) Boys' and Girls' locker rooms
 - (b) Boys' and Girls' common rooms
 - (c) Common room for non-teaching staff
 - (d) Common room for teaching staff
 - (e) Change room for men
 - (f) Change room for women
9. **Compressor and room for gas plant:** 200 sq.ft.
Adequate to accommodate required capacity compressors, gas cylinders etc.
10. **Pollution control measures:**
All the dental institutions shall take adequate pollution control measures by providing incineration plant, sewage water treatment plant, landscaping of the campus etc.
11. **Cafeteria:** 800 sq.ft.
With accommodation for 100 people with kitchen, stores, washing area etc.
12. **Examination hall:** 1800 sq.ft.
A separate hall for university and other examination furnished with chairs and individual tables to accommodate 125 students at a time.
13. **Hostels:**
The hostel accommodation shall be provided based on number of admissions for all the boys and girls in the Dental College campus itself. The accommodation may be increased in a phased manner over a period of 4 years.
14. **Staff quarters:**
All the staff members, teaching and non-teaching working in the institution shall be provided adequate accommodation in the 5 acres land earmarked for the college. The staff quarters may be built in a phased manner over a period of 4 years.

15. Play ground:

There shall be facilities for both indoor and out-door games in the premises.

Against Serial No. 17. Auditorium, the word serial No. 17 has been deleted and substituted by 16, in terms of (1st Amendment) notification published on 7th January,2008 in the Gazette of India.

16.17. Auditorium:

To accommodate at least 400 people consisting of –

Proper seating arrangements, reception counter, green rooms, lobby, fitted with sound system, slide and multimedia presentation facility.

Against Serial No. 18. Laboratories, the word serial No. 18 has been deleted and substituted by 17, in terms of (1st Amendment) notification published on 7th January,2008 in the Gazette of India.

17.18. Laboratories :**I. Dental subjects:**

- (a) Pre-clinical Prosthodontics and dental material lab – 1500 sq.ft.
- (b) Pre-clinical conservative lab – 1300 sq.ft.
- (c) Oral biology and oral pathology lab – 1300 sq.ft.
- (d) Laboratory for orthodontics and pedodontics – 800 sq.ft.

II. Medical subjects: (only for independent dental colleges): 4500 sq.ft.

- (a) Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc. Area– 1500 sq.ft.

The following have been added in terms of (1st Amendment) notification published on 7th January,2008 in the Gazette of India.

- (b) One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it. Area–1500 sq.ft. **for each subject**
- (c) Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects. Area–1500 sq.ft. **for each subject**

III. Clinical:

- (a) Prosthodontics-Plaster room
Polymers room
Wax room
Casting laboratory
Ceramic lab 1300 sq.ft.
- (b) Conservative Dentistry – Plaster room
Casting & ceramic laboratories ... 300 sq.ft.
- (c) Oral pathology for histopathology ... 400 sq.ft.
- (d) Haematology and clinical biochemistry: a laboratory for routine blood and biochemical investigation and urine analysis ... 200 sq.ft.

Against Serial No. 16. Distilled Water Plant, the word serial No. 16 has been deleted and substituted by 18, in terms of (1st Amendment) notification published on 7th January,2008 in the Gazette of India.

18. 16-Distilled Water Plant

The following have been added after the substituted Serial No. 18 Distilled Water Plant, in terms of (1st Amendment) notification published on 7th January,2008 in the Gazette of India.

“Note: Minimum built up area of the dental college building other than Hostel and Staff Quarters should not be less than 30,000 sq. ft. in 3rd Year as per DCI Regulations, 2006.”

100 ADMISSIONS**General:**

1. **Administrative block:** 3000 sq.ft.
consisting of –
 - (e) Dean’s room,
 - (f) Administrative officer’s room
 - (g) Meeting room
 - (h) Office

- (i) Office stores
 - (j) Pantry etc.
2. **Library:** 8000 sq.ft.
consisting of –
 - (a) Reception & waitingProperty counter
 - (b) Issue counter
 - (c) Photocopying area
 - (d) Reading room to accommodate 50% of total students strength.
 - (e) Postgraduates & staff reading room
 - (f) Journal room
 - (g) Audio-visual room
 - (h) Chief librarian room
 - (i) Stores and stocking area.
 - (j) E-Consortium provision to be provided in the College Library connected with the National Medical Library.
 3. **Lecture halls – 4 :** 6400 sq.ft.
Each hall to accommodate 10% more of admission strength with proper seating arrangement, blackboard, microphone and facilities for slide, overhead and multi-media projection.
 4. **Central stores:** 800 sq.ft.
With proper storing facilities like racks, refrigerator, preferably compact storage systems.
 5. **Maintenance room:** 1000 sq.ft.
Equipped with proper facilities to maintain and repair dental chairs and units and various other equipments in the college and hospital.
 6. **Photography and artist room:** 400 sq.ft.
With proper studio facilities for clinical photography, developing, preparation of slides, charts, models etc.
 7. **Medical stores:** 300 sq.ft.
Stocked with all the necessary drugs usually prescribed in a dental hospital.
 8. **Aminities area:** 3200 sq.ft.
 - (a) Boys' and Girls' locker rooms
 - (b) Boys' and Girls' common rooms
 - (c) Common room for non-teaching staff
 - (d) Common room for teaching staff
 - (e) Change room for men
 - (f) Change room for women
 9. **Compressor and room for gas plant:** 300 sq.ft.
Adequate to accommodate required capacity compressors, gas cylinders etc.
 10. **Pollution control measures:**
All the dental institutions shall take adequate pollution control measures by providing incernation plant, sewage water treatment plant, landscaping of the campus etc.
 11. **Cafeteria:** 1500 sq.ft.
With accommodation for 100 people with kitchen, stores, washing area etc.
 12. **Examination hall:** 3600 sq.ft.
A separate hall for university and other examination furnished with chairs and individual tables to accommodate 250 students at a time.
 13. **Hostels:**
The hostel accommodation shall be provided based on number of admissions for all the boys and girls in the Dental College campus itself. The accommodation may be increased in a phased manner over a period of 4 years.
 14. **Staff quarters:**
All the staff members, teaching and non-teaching working in the institution shall be provided adequate accommodation in the 5 acres land earmarked for the college. The staff quarters may be built in a phased manner over a period of 4 years.
 15. **Play ground:**
There shall be facilities for both indoor and out-door games in the premises.
 16. **Auditorium:**
To accommodate at least 500 people consisting of –
Proper seating arrangements, reception counter, green rooms, lobby, fitted with sound system, slide and multimedia presentation facility.
 17. **Laboratories:**

I. Dental subjects:

- (a) Pre-clinical Prosthodontics and dental material lab – 3000 sq.ft.
- (b) Pre-clinical conservative lab – 2500 sq.ft.
- (c) Oral biology and oral pathology lab – 2500 sq.ft.
- (d) Laboratory for orthodontics and pedodontics – 1500 sq.ft.

II. Medical subjects: (only for independent dental colleges):7500 sq.ft.

- (a) Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc. Area – 2500 sq.ft.

The following have been added in terms of (1st Amendment) notification published on 7th January,2008 in the Gazette of India.

- (b) One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it. Area – 2500 sq.ft. **for each subject**
- (c) Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects – 2500 sq.ft. **for each subject**

III. Clinical:

- (a) Prosthodontics - Plaster room
Polymers room
Wax room
Casting laboratory
Ceramic lab 2500 sq.ft.
- (b) Conservative Dentistry – Plaster room
Casting & ceramic laboratories ... 600 sq.ft.
- (c) Oral pathology for histopathology ... 600 sq.ft.
- (d) Haematology and clinical biochemistry: a laboratory for routine blood and biochemical investigation and urine analysis ... 300 sq.ft.

18. **Distilled Water Plant**

The following have been added after the Serial No. 18. Distilled Water Plant, in terms of (1st Amendment) notification published on 7th January,2008 in the Gazette of India.

“Note: Minimum built up are of the dental college building other than Hostels and Staff Quarters should not be less than 60,000 sq. ft. in 1st Year and 1,00,000 sq. ft. in 3rd Year as per DCI Regulations, 2006.”

TEACHING AIDS:

Audiovisual – Adequate number of overhead projectors, slide projectors shall be provided in the lecture halls and seminar rooms attached to various departments. It is also desirable to have an LCD or DLP projector for multimedia presentations.

Computers – The administrative area, clinics, stores and library shall be provided with computers & printers preferably interconnected for better co-ordination.

General Hospital:

The applicant owns and manages a General Hospital of not less than 100 beds as per DCI (Establishment of New Dental Colleges, Opening of New or Higher Course of Study or Training and Increase of Admission Capacity in Dental Colleges) Regulations, 2006 with necessary infrastructure facilities including teaching pre-clinical, para-clinical and allied medical sciences in the campus of the proposed dental college,

or

The proposed dental college is located in the proximity of a Government Medical College or a Medical College recognised by the Medical Council of India and an undertaking of the said Medical College to the effect that it would facilitate training to the students of the proposed dental college in the subjects of Medicine, Surgery and Allied Medical Sciences has been obtained,

or

Where no Medical College is available in the proximity of the proposed dental college, the proposed dental college gets itself tied up at least for 5 years with a Government General Hospital having a provision of at least 100 beds and located within a radius of 10 K.M. of the proposed dental college and the tie-up is extendable till it has its own 100 bedded hospital in the same premises. In such cases, the applicant shall produce evidence that necessary infrastructure facilities including teaching pre-clinical, para-clinical and allied medical sciences are owned by the proposed dental college itself.

A 100 bedded teaching hospital should have a definite out patient departments, in-patient services and 24 hours emergency and critical care services. It should have a medical programme as under:-

I. MEDICAL PROGRAMME

A) Medical & Allied Disciplines

- General Medicine
- General Surgery
- Obstetrics and Gynaecology
- Orthopaedics
- Critical Medicine
- Emergency Medicine
- Otorhino Laryngology
- Paediatrics
- Pathology
- Anaesthesiology
- Blood Bank & Transfusion
- Community Medicine
- Hospital Administration

B) Nursing, Paramedical, Technical and Allied Services

- Dielities and Therapeutics
- Drugs & Pharmacy
- ECG Technology
- Imaging Technology
- Central Sterile Supply department
- Physiotherapy
- Medical Record Sections

C) Engineering & Allied Services

- Fire protection
- Electrical
- Air conditioning/Central heating
- Medical Gases
- Refrigeration
- Central Workshop
- Ambulance Service
- Water Supply
- Sewage Treatment/Disposal and waste disposal cell

D) Administration and Ancillary Services

- General Administration
- Material Management
- Medical Social Worker
- PRO
- Library
- Security

II. FUNCTIONAL PROGRAMME

A) Site

Site should be within 10 k.m. radius of the teaching block of Dental College – a site with high degree of sensitivity to outside noise should not be present. It should be accessible by transport and building should be well ventilated.

B) Category wise Bed Distribution

(i)	General Ward – Medical including allied specialities	30 beds
(ii)	General Ward – Surgical including allied specialities.	30 beds
(iii)	Private Ward (A/C & Non A/C)	9 beds
(iv)	Maternity Ward	15 beds
(v)	Pediatric Ward	6 beds

The intensive care services for medical/surgical intensive care with bed complement of 4 beds (4% of bed strength).

The critical care services for medical/surgical emergencies with bed complement of 6 beds (6% of bed strength).

III. AREA REQUIREMENTS (AS PER BUREAU OF INDIAN STANDARDS)

- Covered area requirement is 20 sq. m. / bed
- Out of the total covered area
- 40% inpatient services
- 35% outpatient services

- 25% department and supportive services

IV. MAN POWER REQUIREMENTS

The consultants in the various departments should have atleast 8 years teaching experience after post graduation.

MEDICAL STAFF

- General Surgery	-	2
- General Medicine	-	2
- Obstetrics & Gynaecology	-	2
- ENT	-	2
- Paediatrics	-	2
- Anaesthesia	-	2
- Orthopaedics	-	2
- Pharmacologist	-	1
- Radiologist	-	1
- G. DMO	-	1
- Community Medicine	-	1
- Hospital Administration	-	1

NURSING STAFF

- Matron	-	1
- Sister in-charge	-	6
- O. T. Nurses	-	6
- General Nurses	-	20
- Labour Room Nurses	-	4

HEALTH STAFF

- Female Health Assistant	-	1
- Extension Educator	-	1
- Paramedical Staff		
- Lab Technician/Blood Bank Tech.-	-	4
- ECG Technician	-	1
- Pharmacist	-	4
- Sr. Radiographer	-	1
- CSSD	-	2
- Medical Records	-	1

ENGINEERING STAFF

- Civil	-	2
- Mechanical	-	2
- Electrical	-	2
- Engineering aid	-	4

OTHER STAFF

- Drivers	-	2
- Carpenter	-	1
- Cooks	-	2
- Barber	-	1
- Class IV including chowkidars	-	55

ADMINISTRATIVE STAFF

- Office Superintendent	-	1
- Head Clerk	-	1
- Cashier	-	1
- Stenographer	-	1
- U.D.C.	-	2
- L.D.C.	-	4

Satellite Dental Clinics:

All the dental colleges are encouraged to establish atleast one or two satellite centers with all the infrastructural facilities with in 50 kms distance to train and expose students in community oral health care programmes.

Dental Hospital:

The following are the clinical departments in a Dental College.

1. Oral Medicine and Radiology
2. Oral Pathology and Oral Microbiology
3. Public Health Dentistry.
4. Paediatric and Preventive Dentistry
5. Orthodontics & Dental orthopaedics
6. Periodontology
7. Conservative Dentistry and Endodontics.

8. Oral & Maxillofacial Surgery.
9. Prosthodontics and Crown & Bridge

Out patients:

Since dentistry being more clinical oriented speciality, the Council desires that all the institutions make efforts to have adequate clinical material for satisfactory training of undergraduate students. There shall be atleast 75 to 100 new patients on an average each day in colleges with 50 admissions and 100 – 150 new patients in colleges with 100 admissions.

Each of the clinical departments should have the following functional areas –

50 ADMISSIONS:

- (a) Reception and waiting room – 200 sq.ft.
- (b) Undergraduate clinic adequate to accommodate the prescribed number of dental chairs and units.
- (c) Sterilization room where central sterilization facilities are not provided – 150 sq.ft.
- (d) Small department stores – 100 sq.ft.
- (e) Seminar room – 200 sq.ft.

Staff rooms :

1. H.O.Ds room - 180 sq.ft.
2. Readers' room - 150 sq.ft.
3. Lecturers' room - 250 sq.ft.

Note: Departments having postgraduate training should provide additional functional requirements as per MDS regulations.

Main reception and dental records section: 800 sq.ft.

100 ADMISSIONS:

- (a) Reception and waiting room – 300 sq.ft.
- (b) Undergraduate clinic adequate to accommodate the prescribed number of dental chairs and units.
- (c) Sterilization room where central sterilization facilities are not provided – 200 sq.ft.
- (d) Small department stores – 100 sq.ft.
- (e) Seminar room – 400 sq.ft.

Staff rooms:

1. H.O.Ds room - 180 sq.ft.
2. Readers' room - 150 sq.ft.
3. Lecturers' room - 300 sq.ft.

Note: Departments having postgraduate training should provide additional functional requirements as per MDS regulations.

Main reception and dental records section: 1500 sq.ft.

There should be adequate area for patients reception, waiting, registration, storage of patients records etc.

Requirement of dental chairs and units:

For 50 admissions - 100
For 100 admissions - 200

Note: Requirement of Dental Chairs for 1st and 2nd BDS will be as per DCI (Establishment of New Dental Colleges, Opening of New or Higher Course of Study or Training and Increase of Admission Capacity in Dental Colleges) Regulations, 2006.

Distribution of dental chairs and units in various departments (Specification is mentioned in the DCI Regulations 2006):

Department	50 admissions	100 admissions
Oral Medicine & Radiology	06	12
Oral Pathology & Oral Microbiology	01	02
Public Health Dentistry	08	16
Paediatrics and Preventive Dentistry	10	20
Orthodontics	09	18
Periodontology	17	34
Conservative Dentistry and Endodontics	17	34
Oral & Maxillofacial Surgery	15	30
Prosthodontics and Crown & Bridge	17	34
	-----	-----
	100	200
Total approximate area for U.G. clinics (50 admissions) -		12,500 sq.ft.
Total approximate area for U.G. clinics (100 admissions) -		25,000 sq.ft.

EQUIPMENT REQUIREMENTS**Department : ORAL MEDICINE AND RADIOLOGY**

NAME	SPECIFICATION	QUANTITY	
		50 Admns.	100 Admns.
	(Space allocation for each Dental chair 100 Sq Ft in all the Departments)		
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, Air Ventury Suction, X-Ray viewer, 3 way syringe, instrument tray, Dental Operator's Stool with height adjustment.	6	12
Panoramic X-Ray with Cephalometric	Preferably digital	1	1
Intra Oral X-ray Unit	70 KV , 8mA, high frequency preferably Digital timer	2	3
Pulp testers	Digital	2	3
Automatic periapical X-ray Developer		1	1
Automatic Panoramic with Cephalometric X-ray Developer		1	1
X-ray viewer	For Panoramic and Cephalometric films	2	2
Radiovisiography	Digital Intra X-ray System with one Sensor and Software	1	1
General X-ray Unit		1	1
Ortho Pantmograph	preferably digital	1	1
Automatic Developers/ <i>Dark Room</i>		1	2
Lead aprons		2	2
Lead Gloves		1	1
X-ray Hangers		6	6
X-ray viewers		2	2
Diagnostic Kits	Mouth mirror, dental probe, college tweezers	20	40
<i>Lead Screen</i>		1	1
<i>Biopsy Kit</i>		1	1
Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	1	2
Computers	Minimum Pentium -IV	1	1
Intra Oral Camera	With High resolution	1	1
Needle Burner with Syringe Cutter		2	2

Department : ORAL PATHOLOGY AND ORAL MICROBIOLOGY

NAME	SPECIFICATION	QUANTITY	
		50 Admns.	100 Admns.
Dental Chairs and Units	With shadowless lamp, spittoon, 3 way syringe, instrument tray and suction	1	2
Microscopes		20	40
Microtome		1	1
Wax bath		1	1
Water bath		1	1
Knife sharpner		1	1
Hot plate		1	1
Spencer knife		1	1

Department : PUBLIC HEALTH DENTISTRY

NAME	SPECIFICATION	QUANTITY	
		50 Admns.	100 Admns.
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, Air ventury suction, micromotor control light cure 3 way syringe, X-ray viewer, instrument tray Dental Operators stool with height adjustment With shadowless lamp, spittoon, 3 way	8	16

	syringe, instrument tray and suction, micromotor, airtor, light cure		
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters.	1	2
Ultrasonic cleaner	Minimum capacity 13 liters with mesh bucket with digital timer	1	2
Needle burner with syringe cutter		2	4
MOBILE CLINIC			
Mobile dental van	Mobile dental van with two dental chairs with all the attachments and adequate sitting space for 15 to 20 people		
Dental chair with unit	Hydraulically operated with spittoon attachment, halogen light with 2 intensity, air ventury suction, airtor, micromotor, 3 way-scaler and light cure, x-ray viewer, instrument tray, operating stool.	2	
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters.	1	1
Intraoral x-ray	Portable, 70 KV, 8mA	1	1
Glass bead sterilizers		1	1
Compressor	1.25HP	1	1
Metal Cabinet	With wash basin	1	1
Portable dental chair	Suitcase unit with airtor, micromotor, scaler and compressor 0.25HP	2	2
Stabilizer	4KV	1	1
Generator	4KV	1	1
Water tank	400ltrs	1	1
Oxygen cylinder		1	1
Public address system		1	1
TV and video cassette player		1	1
Demonstration models			

Department : PAEDIATRIC AND PREVENTIVE DENTISTRY

NAME	SPECIFICATION	QUANTITY	
		50 Admns.	100 Admns.
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, high power motorized evacuation system, Air rotor with miniature, Airtor HPS, Micro motor with miniature contrangle Hand piece, 3 way syringe, ultrasonic sealer with 3 tips, Light cure unit LED based heat free, X-ray viewer, instrument tray Dental Operator's stool with height adjustment (Pedo chair preferred)	10	20
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters.	1	2
Ultrasonic cleaner	Minimum capacity 13 liters with mesh bucket with digital timer	1	2
Needle Burner with syringe cutter		2	3
Amalgamator		1	1
Pulp Tester-Digital		1	1
Rubber dam kit for pedo		3	5
Apex locator		1	1
Endo motor	With torque control HPs	1	1
Injectable gutta percha with condensation		1	1
Radiovisiography	Digital intra X-ray system with pedo sensor and software	1	1
Intra Oral Camera	With high resolution	1	1
Scaling instruments		5	10
Restorative instruments		5	10
Extraction forceps		5	10
Intra-oral X-ray		1	1
Automatic Developer		1	1
Computer	Minimum Pentium IV	1	1
PEDO LAB			

Plaster dispenser	One each for plaster and stone plaster	2	2
Model Trimmer	With diamond disc	1	1
Model Trimer	Double disc one diamond and one carborandum disc	1	1
Welder with soldering attachments		1	1
Vibrator		2	2
Lab micro motor	Heavy duty with Hps	2	3
Dental Lathe		1	1
Model Trimmer		1	1
Steam cleaner		1	1
Pressure moulding machine		1	1
Carborandum Disc		1	1
Diamond disc		1	1

Department : ORTHODONTICS

NAME	SPECIFICATION	QUANTITY	
		50 Admns.	100 Admns.
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, Air ventury suction, micromotor control light cure 3 way syringe, X-ray viewer, instrument tray Dental Operators stool with height adjustment	9	18
Unit mount scaler		3	5
Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	1	2
Ultrasonic Cleaner	Minimum capacity 13 liters with mesh bucket with digital timer	1	2
ORTHO LAB			
Plaster dispenser	One each for plaster and stone plaster	2	2
Vibrator		2	2
Model Trimmer		1	2
Micromotor -	heavy duty	2	4
Lathe		1	2
X-ray viewers		2	2
OPG with cephalostat	If available in radiology its is adequate.	1	1
Welders		2	4
Blue Torch		1	1
Base Formers		2	4
Typodont		2	4
Set of Pliers		5	10
Welder with soldering attachments		1	1
Hydro solder		1	1
Typhodont articulator	With metal teeth wax rim of Class I, II, III	3	4
Pressure moulding machine		1	1

Department : PERIODONTOLOGY

NAME	SPECIFICATION	QUANTITY	
		50 Admns.	100 Admns.
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, high power evacuation system, Air ventury suction, X-ray viewer, Airrotor, Micromotor with straight and contrangle Handpiece, With shadowless lamp, spittoon, 3 way syringe, ultrasonic sealer with 3 tips, X-ray viewer, instrument tray dental operator's stool with height adjustment	17	34
	Note: Atleast 25% of the units should have the Airpolisher.		
Scaling instrument sets		5	10
Surgical instrument sets		3	6
Autoclave	Having wet and dry cycle, which can achieve	2	3

	135°C with minimum capacity of 20 liters		
Ultrasonic scaler	Minimum capacity 13 liters with mesh bucket	1	2
Electro surgical cautery		1	1
Needle burner with syringe cutter		4	6
LASER	Soft tissue laser	1	1
Surgical motor with physio dispenser		1	1

Department : CONSERVATIVE DENTISTRY AND ENDODONTICS

NAME	SPECIFICATION	QUANTITY	
		50 Adms.	100 Adms.
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, high power evacuation system, Air ventury suction, X-ray viewer, Airrotor, Micromotor with straight and contrangle Handpiece, With shadowless lamp, spittoon, 3 way syringe, ultrasonic sealer with 3 tips, X-ray viewer, instrument tray dental operator's stool with height adjustment	17	34
Rubber dam kits		4	6
Restorative instruments kits		5	10
R.C.T. instrument kits		5	10
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	2	3
Ultrasonic cleaner	Minimum capacity 13 liters with mesh bucket	1	2
Needle burner with syringe cutter		3	4
Amalgamator	With auto proportion, auto dispenser	2	3
Rubber dam kits		4	6
Pulp Tester-Digital		2	4
Apex Locator		1	2
Glass bead sterilizers		4	6
Plaster dispensers		2	2
Vibrator		1	2
Ceramic Unit		1	1
Casting machine		1	1
Intra-oral X-ray Unit	Proper radiation safety	1	1
Automatic Developer		1	1
Radiovisiography	RVG with Computer	1	1
Endo motor	With torque control Hps	1	1
Bleaching unit		1	1
Magnification loops		1	2
Injectable gutta percha		1	2
PHANTOM LAB UNIT	Phantom Table fitted with Halogen Operating Light Phantom Head body type neck joint for all the movement, TMJ movement. Modular with Air rotor, Micro motor with contra angle Hps, 3-way syringe, jaw with ivorine teeth, preferably soft gingival, dental operator's stool (not to use extracted or cadaver teeth).	30	60

CHEMICAL LABORATORY

Plaster Dispenser	One each for plaster and stone plaster	2	2
Model Trimmer	Carborandum disc	1	1
	Diamond disc	1	1
Lathe	Heavy Duty	1	2
Lab Micromotor	With heavy duty handpiece	2	3
Ultrasonic cleaner	Minimum capacity 5 liters	1	1
Spindle Grinder		1	1
Vibrator		1	2
Burnout furnace		1	1
Porcelain furnace		1	1

Sandblasting Machine		1	1
Lab Airrotor		1	1
Pindex System		1	1
Circular saw		1	1
Vacuum mixer		1	1
Pneumatic chisel		1	1
Casting machine	Motor cast/induction casting preferred	1	1

Department : ORAL & MAXILLOFACIAL SURGERY**A) EXODONTIA**

NAME	SPECIFICATION	QUANTITY	
		50 Adms.	100 Adms.
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, Air ventury suction, X-ray viewer, 3 way syringe, instrument tray Dental Operator's stool and height adjustment and suction, Micromotor/ Airotor	15	30
Autoclaves	Front loading Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	2	2
Ultrasonic Cleaner	Minimum capacity 13 liters with mesh bucket	1	2
Needle burner with syringe cutter		4	6
Extraction forceps sets	Complete set	10	20
Dental elevators	Complete set	5	10
Minor Oral surgery kits		3	6
Emergency drugs tray		1	1
Oxygen cylinder with mask		1	1
X-ray viewers		2	2
Computer	Minimum Pentium IV	1	1

B) MINOR SURGERY

Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, high power evacuation system, Air ventury suction, X-ray viewer, Airrotor, Micromotor with straight and contrangle Handpiece, 3 way syringe, instrument tray Dental Operator's stool and height adjustment and suction,	3	5
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Department : PROSTHODONTICS AND CROWN & BRIDGE

NAME	SPECIFICATION	QUANTITY	
		50 Adms.	100 Adms.
Dental Chairs and Units	Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, high power evacuation system, Air ventury suction, X-ray viewer, Airrotor, Micromotor with straight and contrangle Handpiece, 3 way syringe, ultrasonic sealer with 3 tips, Light cure unit, instrument tray and suction, Dental operator stool with height adjustment Electrically operated, Spittoon attachment, Halogen Light with 2 intensity , Air ventury suction, instrument tray, Dental operator stool with height adjustment	17	34
Semi adjustable articulator	With face bow	2	2
Extra oral/intra oral tracer		2	2
Dewaxing unit		1	2
Curing unit		1	2
Dental casting machine		1	1
Wax burnout furnace		1	1
Pre heating furnace		1	1
Surveying unit		1	2
Heavy duty hand piece	Lab micromotors	3	4

Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	1	2
Needle burner with syringe cutter		1	2
Plaster Dispenser	One each for plaster and stone plaster	2	2
Model Trimmer with Carborandum Disc		1	1
Model Trimmer with Diamond Disc		1	2
Acrylizer		2	3
Lathe		1	2
Flask press		4	4
Deflasking unit		4	4
Dewaxing unit		2	3
Hydraulic Press		2	3
Mechanical Press		1	2
Vacuum mixing machine		1	1
Lab Micro motor	With heavy duty handpiece	3	4
Curing pressure pot		1	1
Porcelain furnace		1	2
Vibrator		1	2
Sand blasting unit		2	2
Ultrasonic cleaner		1	2
Model Trimmer		2	4
Hot water sterilizer		1	2
Geyser	Compound bath	1	2
H.P. grinder with suction		2	3
Heavy duty lathe		2	2
Phantom heads		50	50
Pre-clinical working tables	Gas connection & bunsen burner	50	100

CERAMIC AND CAST PARTIAL LABORATORY

NAME	SPECIFICATIONS	50 ADMN	100 ADMN
Plaster Dispensor	One each for plaster and stone plaster	2	2
Duplicator		1	1
Pindex System		1	1
Circular saw		1	1
Burn out furnace		1	1
Sandblasting machine	With two containers	1	1
Electro-polisher		1	1
Model Trimmer with Carborandum disc		1	1
Model Trimmer with Diamond disc		1	1
Induction casting machine		1	1
Programmable porcelain furnace with vacuum pump with instrument kit and material kit		1	1
Spot welder with soldering, attachment of cable		1	1
Vacuum mixing machine		1	1
Steam Cleaner		1	1
Spindle Grinder 24,000 RPM with vacuum suction		1	1
Wax heater		1	1
Wax carver		1	1
Curing pressure pot		1	1
Milling machine		1	1
Heavy duty lathe with suction		1	1
Preheating furnace		1	1
Palatal trimmer		1	1
Ultrasonic cleaner	5 liters capacity	1	1
Composite curing unit		1	1
Micro surveyor		1	1
PRE-CLINICAL PROSTHETICS LABORATORY	Work table preferably complete stainless steel fitted with light, Bunsen burner, air	30	60

	blower, working stool. Adequate number of lab micro motor with attached hand piece	10	20
PLASTER ROOM FOR PRE-CLINICAL WORK			
Plaster dispenser	One each for plaster and stone plaster	2	2
Vibrator		2	2
Lathe		2	2
Model Trimmer		1	1
Carborandum Disc		1	1
Diamond disc		1	1

MINIMUM BASIC QUALIFICATION AND TEACHING EXPERIENCE REQUIRED FOR TEACHERS FOR UNDER-GRADUATE DENTAL STUDIES.

(A) Dental Staff

Principal/Dean: Same qualifications as prescribed for a Professor. Experience as Professor for not less than 5 years in a Dental Institution.

Professors: A BDS Degree of an Indian University or an equivalent qualification with Post-graduate qualification /Diplomate of National Board in the subject and with 5 years teaching experience as Reader.

Readers: A BDS Degree of an Indian University or an equivalent qualification with Post-graduate qualification /Diplomate of National Board in the subject and with 4 year's teaching experience after post-graduation.

Lecturers: A recognised MDS Degree of an Indian University/Diplomate of National Board or an equivalent qualification.

Tutors A recognised BDS Degree of Indian University or an equivalent qualification with at least one year experience.

Note:

In case of individuals with discrepancy between teaching experience and the post-graduate qualification, a reference may be made to the Dental Council of India through competent authority for consideration. This is not applicable for future entrants.

(B) Medical Staff

The requirement of medical teaching staff is to be as per DCI Regulations 2006

Qualification and Teaching Experience of the medical teaching staff will be as per MCI Regulations.

MINIMUM STAFFING PATTERN FOR UNDER GRADUATE DENTAL STUDIES FOR 50 ADMISSIONS
(As per DCI Regulations 2006)

Principal/Dean: - 1 (One post of Professor can be deleted in the under mentioned tabulation according to the subject of specialisation)

Each Dental Department should be headed by a Professor.

	I Year			II Year			III Year			Total Posts in position from the beginning of 3 rd year onwards		
	Prof.	Reader	Lecturer/ Tutor	Prof.	Reader	Lecturer/ Tutor	Prof.	Reader	Lecturer/ Tutor	Prof.	Reader	Lecturer/ Tutor
	2*	2	10	3*	4	20	6*	11	30	6	11	30#
Prosthodontics and Crown & Bridge	1	1	-	1	2	-	1	2	-	1	2	-
Oral Pathology and Oral Microbiology	-	-	-	-	1	-	1	1	-	1	1	-
Conservative Dentistry and Endodontics	-	1	-	1	1	-	1	2	-	1	2	-
Oral & Maxillofacial Surgery	-	-	-	-	-	-	1	1	-	1	1	-
Periodontology	-	-	-	-	-	-	1	1	-	1	1	-
Orthodontics	-	-	-	-	-	-	1	1	-	1	1	-
Paediatric & Preventive Dentistry	-	-	-	-	-	-	-	1	-	-	1	-
Oral Medicine & Radiology	-	-	-	-	-	-	-	1	-	-	1	-
Public Health Dentistry	-	-	-	-	-	-	-	1	-	-	1	-
Dental Materials	-	-	-	-	-	-	-	-	-	-	-	-
Dental Anatomy, Embryology & Oral Histology	-	-	-	-	-	-	-	-	-	-	-	-

* Includes the Principal who can head any one of the six specialities.

25% MDS and 75% BDS.

MINIMUM STAFFING PATTERN FOR UNDER GRADUATE DENTAL STUDIES FOR 100 ADMISSIONS
(As per DCI Regulations 2006)

Each Dental Department should be headed by a Professor

	I Year			II Year			III Year			Total Posts in position from the beginning of 3 rd year onwards		
	Prof.	Reader	Lecturer/ Tutor	Prof.	Reader	Lecturer/ Tutor	Prof.	Reader	Lecturer/ Tutor	Prof.	Reader	Lecturer/ Tutor
	2*	3	16	4*	5	30	6*	13	40	6*	13	40#
Prosthodontics and Crown & Bridge	1	2	-	1	2	-	1	2	-	1	2	-
Oral Pathology and Oral Microbiology	-	-	-	1	1	-	1	1	-	1	1	-
Conservative Dentistry and Endodontics	-	1	-	1	2	-	1	2	-	1	2	-
Oral & Maxillofacial Surgery	-	-	-	-	-	-	1	2	-	1	2	-

Periodontology	-	-	-	-	-	-	1	2	-	1	2	-
Orthodontics	-	-	-	-	-	-	1	1	-	1	1	-
Paediatric & Preventive Dentistry	-	-	-	-	-	-	-	1	-	-	1	-
Oral Medicine & Radiology	-	-	-	-	-	-	-	1	-	-	1	-
Public Health Dentistry	-	-	-	-	-	-	-	1	-	-	1	-
Dental Materials	-	-	-	-	-	-	-	-	-	-	-	-
Dental Anatomy, Embryology & Oral Histology	-	-	-	-	-	-	-	-	-	-	-	-

* Includes the Principal who can head any one of the six specialities.

25% MDS and 75% BDS.

**Medical Teaching Staff in a Dental College
(As per DCI Regulations 2006)**

Year	Subjects	Intake and Designation					
		50 Admissions			100 Admissions		
		Prof	Reader	Lecturer	Prof	Reader	Lecturer
I	Anatomy	-	1	2	-	1	4
I	Physiology	-	1	2	-	1	2
I	Biochemistry	-	1	2	-	1	2
II	Pharmacology	-	1	2	-	1	3
II	General Pathology	-	1	2	-	1	2
II	Microbiology	-	1	2	-	1	2
III	General Medicine	-	1	2	-	1	3
III	General Surgery	-	1	2	-	1	3
III	Anaesthesia	-	1	1	-	1	1

OTHER STAFF PATTERN FOR 50 ADMISSIONS

Administrative Officer 1
Secretary to Dean 1
Public Relation officer 1

Designation	Receptionist	Establishment	Accounts	Admissions	Exams	Stores	Library	Maintenance	Security	Illustration	Clinical Depts.	Computer	Laboratories	Sports	Total
Managers/ Office Suptd.		1	1						1			1			4
Assistants		1	1	1	1	1	2	1							8
Receptionist	8														8
Librarian							1								1
D.S.A.(Chair side Attendant)											10				10
Dent. Tech. (Dental Mechanic)											6				6
Dent. Hygst.											3				3
Radiographer											2				2
Photographer										1					1
Artist										1					1
Programmer												1			1
Data Entry Operators												1			1
Physical Director														1	1
Engineer								1							1
Electricians								2							2
Plumber								1							1
Carpenter								1							1
Mason								1							1
A.C. Tech.								1							1
Helpers Electrical								1							1
Sweepers & Scavengers							2	2			3		3		10
Attenders	2	1	1		1	1	1	2			4	1	4		18
Security Personal									5						5
Dept. Secretaries											4				4
Driver									4						4
Nurses											3				3
Lab. Technicians													3		3

Note:

The above staff pattern indicates minimum requirements for the stipulated admissions. However, the actual staff requirements may marginally vary depending upon the patients' flow, work culture and design of the building.

OTHER STAFF PATTERN FOR 100 ADMISSIONS

Administrative Officer 1
Secretary to Dean 1
Public Relation officer 1

Designation	Receptionist	Establishment	Accounts	Admissions	Exams	Stores	Library	Maintenance	Security	Illustration	Clinical Depts.	Computer	Laboratories	Sports	Total
Managers / Office Supdt.	1	1	1		1	1			1			1			7
Assistants		2	2	2	1	1	4	1							13
Receptionist	14														14
Librarian							1								1
D.S.A.(Chair side Attendant)											20				20
Dent. Tech.(Dental											10				10

Mechanic)															
Dent. Hygst.										5					5
Radiographer										3					3
Photographer									1						1
Artist									1						1
Programmer											1				1
Data Entry Operators											2				2
Physical Director													1		1
Engineer							1								1
Electricians							4								4
Plumber							2								2
Carpenter							1								1
Mason							1								1
A.C. Tech.							1								1
Helpers Electrical							3								3
Sweepers & Scavangers						2	4			5		6			17
Attenders	3	1	1		1	2	2	3		5	1	6			25
Security Personal									6						6
Dept. Secretaries										8					8
Driver									5						5
Nurses										9					9
Lab. Technicians												5			5

Note:

The above staff pattern indicates minimum requirements for the stipulated admissions. However, the actual staff requirements may marginally vary depending upon the patients' flow, work culture and design of the building.

SYLLABUS OF STUDY**1. HUMAN ANATOMY, EMBRYOLOGY, HISTOLOGY & MEDICAL GENETICS****A) GOAL**

The students should gain the knowledge and insight into, the functional anatomy of the normal human head and neck, functional histology and an appreciation of the genetic basis of inheritance and disease, and the embryological development of clinically important structures. So that relevant anatomical & scientific foundations are laid down for the clinical years of the BDS course.

B) OBJECTIVES :

a) KNOWLEDGE & UNDERSTANDING:

At the end of the 1st year BDS course in Anatomical Sciences the undergraduate student is Expected to:

1. Know the normal disposition of the structures in the body while clinically examining a patient and while conducting clinical procedures.
2. Know the anatomical basis of disease and injury.
3. Know the microscopic structure of the various tissues, a pre-requisite for understanding of the disease processes.
4. Know the nervous system to locate the site of lesions according to the sensory and or motor deficits encountered.
5. Have an idea about the basis of abnormal development, critical stages of development, effects of teratogens, genetic mutations and environmental hazards.
6. Know the sectional anatomy of head neck and brain to read the features in radiographs and pictures taken by modern imaging techniques.
7. Know the anatomy of cardio-pulmonary resuscitation.

b) SKILLS

1. To locate various structures of the body and to mark the topography of the living anatomy.
2. To identify various tissues under microscope.
3. To identify the features in radiographs and modern imaging techniques.
4. To detect various congenital abnormalities.

C) INTEGRATION

By emphasising on the relevant information and avoiding unwanted details, the anatomy taught integrally with other basic sciences & clinical subjects not only keeps the curiosity alive in the learner but also lays down the scientific foundation for making a better doctor, a benefit to the society.

This insight is gained in a variety of ways:

- 1) Lectures & small group teaching
- 2) Demonstrations
- 3) Dissection of the human cadaver
- 4) Study of dissected specimens

- 5) Osteology
- 6) Surface anatomy on living individual
- 7) Study of radiographs & other modern imaging techniques.
- 8) Study of Histology slides.
- 9) Study of embryology models
- 10) Audio-visual aids

Throughout the course, particular emphasis is placed on the functional correlation, clinical application & on integration with teaching in other bio dental disciplines.

D) AN OUTLINE OF THE COURSE CONTENT:

1. General anatomy: Introduction of anatomical terms and brief outline of various systems of the body.
2. Regional anatomy of head & neck with osteology of bones of head & neck, with emphasis on topics of dental importance.
3. General disposition of thoracic, abdominal & pelvic organs.
4. The regional anatomy of the sites of intramuscular & intra vascular injections, & lumbar puncture.
5. General embryology & systemic embryology with respect to development of head & neck.
6. Histology of basic tissues and of the organs of gastrointestinal, respiratory, Endocrine, excretory systems & gonads.
7. Medical genetics.

E) FURTHER DETAILS OF THE COURSE.

I. INTRODUCTION TO :

1. Anatomical terms.
2. Skin, superficial fascia & deep fascia
3. Cardiovascular system, portal system collateral circulation and arteries.
4. Lymphatic system, regional lymph nodes
5. Osteology - Including ossification & growth of bones
6. Myology - Including types of muscle tissue & innervation.
7. Syndesmology - Including classification of Joints.
8. Nervous system

II. HEAD & NECK:

01. Scalp, face & temple, lacrimal apparatus 02. Neck - Deep fascia of neck, posterior triangle, suboccipital triangle, anterior triangle, anterior median region of the neck, deep structures in the neck. 03. Cranial cavity - Meninges, parts of brain, ventricles of brain, dural venous sinuses, cranial nerves attached to the brain, pituitary gland. 04. Cranial nerves - III, IV, V, VI, VII, IX, XII in detail. 05. Orbital cavity - Muscles of the eye ball, supports of the eye ball, nerves and vessels in the orbit. 06. Parotid gland. 07. Temporo mandibular joint, muscles of mastication, infratemporal fossa, pterygo - palatine fossa. 08. Submandibular region 09. Walls of the nasal cavity, paranasal air sinuses 10. Palate 11. Oral cavity, Tongue 12. Pharynx (palatine tonsil and the auditory tube) Larynx. OSTEOLOGY - Foetal skull, adult skull, individual bones of the skull, hyoid bone and cervical vertebrae

III. THORAX : Demonstration on a dissected specimen of

1. Thoracic wall
2. Heart chambers
3. Coronary arteries
4. Pericardium
5. Lungs - surfaces ; pleural cavity
6. Diaphragm

IV. ABDOMEN : Demonstration on a dissected specimen of

1. Peritoneal cavity
2. Organs in the abdominal & pelvic cavity.

V. CLINICAL PROCEDURES :

- a) Intramuscular injections: Demonstration on a dissected specimen and on a living person of the following sites of injection.
 1. Deltoid muscle and its relation to the axillary nerve and radial nerve.
 2. Gluteal region and the relation of the sciatic nerve.
 3. Vastus lateralis muscle.
- b) Intravenous injections & venesection: Demonstration of veins in the dissected specimen and on a living person.
 1. Median cubital vein 2. Cephalic vein 3. Basilic vein 4. Long saphenous vein
- c) Arterial pulsations: Demonstration of arteries on a dissected specimen and feeling of pulsation of the following arteries on a living person.
 1. Superficial temporal 2. Facial 3. Carotid 4. Axillary 5. Brachial 6. Radial 7. Ulnar 8. Femoral 9. Popliteal 10. Dorsalispedis

- d) Lumbar puncture: Demonstration on a dissected specimen of the spinal cord, cauda equina & epidural space and the inter vertebral space between L4 & L5 .

VI. EMBRYOLOGY :

Oogenesis, Spermatogenesis, Fertilisation, Placenta, Primitive streak, Neural crest, Bilaminar and trilaminar embryonic disc, Intra embryonic mesoderm - formation and fate, notochord formation & fate, Pharyngeal arches, pouches & clefts, Development of face, tongue, palate, thyroid gland, pituitary gland, salivary glands, and anomalies in their development, Tooth development in brief.

VII. HISTOLOGY :

The Cell :

Basic tissues - Epithelium, Connective tissue including cartilage and bone, Muscle Tissue, Nervous tissue : Peripheral nerve, optic nerve, sensory ganglion, motor ganglion, Skin

Classification of Glands

Salivary glands (serous, mucous and mixed gland), Blood vessels, Lymphoid tissue Tooth, lip, tongue, hard palate, oesophagus, stomach, duodenum, ileum, colon, vermiform appendix Liver, Pancreas, Lung, Trachea, Epiglottis, Thyroid gland, para thyroid gland, supra renal gland and pituitary gland, Kidney, Ureter, Urinary bladder, Ovary and testis.

VIII. MEDICAL GENETICS :

Mitosis, meiosis, Chromosomes, gene structure, Mendelism, modes of inheritance

RECOMMENDED BOOKS:

1. SNELL (Richard S.) Clinical Anatomy for Medical Students, Ed. 5, Little Brown & company, Boston.
2. RJ LAST'S Anatomy – McMinn, 9th edition.
3. ROMANES(G.J.) Cunningham Manual of Practical Anatomy : Head & Neck & Brain Ed.15.Vol.III, Oxford Medical publication.
4. WHEATER,BURKITT & DANIELS, Functional Histology, Ed. 2, Churchill Livingstone.
5. SADLER, LANGMAN'S, Medical Embryology, Ed. 6.
6. JAMES E ANDERSON, Grant's Atlas of Anatomy. Williams & Wilkins.
7. WILLIAMS, Gray's Anatomy, Ed.38. ,Churchill Livingstone.
8. EMERY,Medical Genetics.

2. HUMAN PHYSIOLOGY

A) GOAL

The broad goal of the teaching undergraduate students in Human Physiology aims at providing the student comprehensive knowledge of the normal functions of the organ systems of the body to facilitate an understanding of the physiological basis of health and disease.

OBJECTIVES

a) KNOWLEDGE

At the end of the course, the student will be able to:

1. Explain the normal functioning of all the organ systems and their interactions for well co-ordinated total body function.
2. Assess the relative contribution of each organ system towards the maintenance of the milieu interior.
3. List the physiological principles underlying the pathogenesis and treatment of disease.

b) SKILLS

At the end of the course, the student shall be able to :

1. Conduct experiments designed for the study of physiological phenomena.
2. Interpret experimental and investigative data
3. Distinguish between normal and abnormal data derived as a result of tests which he/she has performed and observed in the laboratory.

c) INTEGRATION

At the end of the integrated teaching the student shall acquire an integrated knowledge of organ structure and function and its regulatory mechanisms.

B) COURSE CONTENTS THEORY

1. GENERAL PHYSIOLOGY

1. Homeostasis: Basic concept, Feed back mechanisms
2. Structure of cell membrane, transport across cell membrane
3. Membrane potentials

2. BLOOD:

Composition & functions of blood.

Specific gravity, Packed cell volume, factors affecting & methods of determination.

Plasma proteins - Types, concentration, functions & variations.

Erythrocyte - Morphology, functions & variations. Erythropoiesis & factors affecting erythropoiesis.

ESR- Methods of estimation, factors affecting, variations & significance.

Haemoglobin - Normal concentration, method of determination & variation in concentration.

Blood Indices - MCV, MCH, MCHC - definition, normal values, variation.

Anaemia - Definition, classification, life span of RBC's destruction of RBC's , formation & fate of bile pigments, Jaundice - types.

Leucocytes : Classification, number, percentage, distribution morphology, properties, functions & variation. Role of lymphocytes in immunity , leucopoiesis life span & fate of leucocytes.

Thrombocytes - Morphology, , number, variations, function & thrombopoiesis.

Haemostasis - Role of vasoconstriction, platelet plug formation in haemostasis, coagulation factors, intrinsic & extrinsic pathways of coagulation, clot retraction.

Tests of haemostatic function, platelet count, clotting time, bleeding time, prothrombin time - normal values, method & variations. Anticoagulants - mechanism of action. Bleeding disorders.

Blood groups: ABO & Rh system, method of determination, importance, indications & dangers of blood transfusion, blood substitutes.

Blood volume: Normal values, variations.

Body fluids : distribution of total body water, intracellular & extracellular compartments, major anions & cations in intra and extra cellular fluid.

Tissue fluids & lymph : Formation of tissue fluid, composition, circulation & functions of lymph. Oedema - causes.

Functions of reticulo endothelial system.

3. MUSCLE AND NERVE

Classification of nerves, structure of skeletal muscle - Molecular mechanism of muscle contraction, neuromuscular transmission. Properties of skeletal muscle. Structure and properties of cardiac muscle & smooth muscle.

4. DIGESTIVE SYSTEM :

Introduction to digestion : General structure of G.I. tract, Innervation.

Salivary glands: Structure of salivary glands, composition , regulation of secretion & functions of saliva.

Stomach: Composition and functions of gastric juice, mechanism and regulation of gastric secretion.

Exocrine Pancreas - Structure, composition of pancreatic juice, functions of each component, regulation of pancreatic secretion.

Liver : structure , composition of bile, functions of bile, regulation of secretion –

Gall bladder : structure, functions.

Small intestine - Composition, functions & regulation of secretion of intestinal juice.

Large intestine - Functions.

Motor functions of GIT: Mastication, deglutition, gastric filling & emptying, movements of small and large intestine, defecation.

5. EXCRETORY SYSTEM :

Structure & functions of kidney, functional unit of kidney & functions of different parts.

Juxta glomerular apparatus, renal blood flow.

Formation of Urine : Glomerular filtration rate - definition, determination , normal values, factors influencing G.F.R. Tubular reabsorption - Reabsorption of sodium, glucose, water & other substances.

Tubular secretion - secretion of urea, hydrogen and other substances.

Mechanism of concentration & dilution of urine.

Role of kidney in the regulation of pH of the blood.

Micturition : anatomy & innervation of Urinary bladder, mechanism of micturition & abnormalities.

6. BODY TEMPERATURE & FUNCTIONS OF SKIN

7. ENDOCRINOLOGY

General endocrinology - Enumeration of endocrine glands & hormones - General functions of endocrine system, chemistry, mechanism of secretion, transport, metabolism, regulation of secretion of hormones.

Hormones of anterior pituitary & their actions, hypothalamic regulation of anterior pituitary function.

Disorders of secretion of anterior pituitary hormones.

Posterior pituitary : Functions, regulation & disorders of secretion.

Thyroid: Histology, synthesis, secretion & transport of hormones, actions of hormones, regulation of secretion & disorders, Thyroid function tests.

Adrenal cortex & Medulla -synthesis, secretion, action, metabolism, regulation of secretion of hormones & disorders.

Other hormones - Angiotensin, A.N.F.

8. REPRODUCTION

Sex differentiation, Physiological anatomy of male and female sex organs,

Female reproductive system : Menstrual cycle, functions of ovary, actions of oestrogen & Progesterone, control of secretion of ovarian hormones, tests for ovulation, fertilisation, implantation, maternal changes during pregnancy, pregnancy tests & parturition.

Lactation, composition of milk, factors controlling lactation, milk ejection, reflex, Male reproductive system :spermatogenesis, semen and contraception.

9. CARDIO VASCULAR SYSTEM

Functional anatomy and innervation of heart Properties of cardiac muscle

Origin & propagation of cardiac impulse and heart block.

Electrocardiogram - Normal electrocardiogram. Two changes in ECG in myocardial infarction.

Cardiac cycle - Phases, Pressure changes in atria, ventricles & aorta.

Volume changes in ventricles. Jugular venous pulse, arterial pulse.

Heart sounds: Mention of murmurs.

Heart rate: Normal value, variation & regulation.

Cardiac output: Definition, normal values, one method of determination, variation, factors affecting heart rate and stroke volume.

Arterial blood pressure: Definition, normal values & variations, determinants, regulation & measurement of blood pressure.

Coronary circulation.

Cardio vascular homeostasis - Exercise & posture.

10. RESPIRATORY SYSTEM

Physiology of Respiration : External & internal respiration.

Functional anatomy of respiratory passage & lungs.

Respiratory movements: Muscles of respiration, Mechanism of inflation & deflation of lungs.

Intra pleural & intra pulmonary pressures & their changes during the phases of respiration.

Mechanics of breathing - surfactant, compliance & work of breathing.

Spirometry: Lung volumes & capacities definition, normal values, significance, factors affecting vital capacity, variations in vital capacity, FEV & its variations.

Pulmonary ventilation - alveolar ventilation & dead space - ventilation.

Composition of inspired air, alveolar air and expired air.

Exchange of gases: Diffusing capacity, factors affecting it.

Transport of Oxygen & carbon dioxide in the blood.

Regulation of respiration - neural & chemical.

Hypoxia, cyanosis, dyspnoea, periodic breathing.

Artificial respiration, pulmonary function tests.

11. CENTRAL NERVOUS SYSTEM

1. Organisation of central nervous system

2. Neuronal organisation at spinal cord level

3. Synapse receptors, reflexes, sensations and tracts

4. Physiology of pain

5. Functions of cerebellum, thalamus, hypothalamus and cerebral cortex.

6. Formation and functions of CSF

7. Autonomic nervous system

12. SPECIAL SENSES

Fundamental knowledge of vision, hearing, taste and smell.

PRACTICALS

The following list of practical is minimum and essential. All the practical have been categorised as procedures and demonstrations. The procedures are to be performed by the students during practical classes to acquire skills. All the procedures are to be included in the University practical examination. Those categorised as demonstrations are to be shown to the students during practical classes. However these demonstrations would not be included in the University examinations but question based on this would be given in the form of charts, graphs and calculations for interpretation by the students.

PROCEDURES

1. Enumeration of Red Blood Cells
2. Enumeration of White Blood Cells
3. Differential leucocyte counts
4. Determination of Haemoglobin
5. Determination of blood group
6. Determination of bleeding time and clotting time
7. Examination of pulse
8. Recording of blood pressure.

DEMONSTRATION:

1. Determination of packed cell volume and erythrocyte sedimentation rate
2. Determination of specific gravity of blood
3. Determination of erythrocyte fragility
4. Determination of vital capacity and timed vital capacity
5. Skeletal muscle experiments.

Study of laboratory appliances in experimental physiology. Frog's gastrocnemius sciatic preparation. Simple muscle curve, effects of two successive stimuli, effects of increasing strength of stimuli, effects of temperature, genesis of fatigue and tetanus. Effect of after load and free load on muscle contraction, calculation of work done.

6. Electrocardiography: Demonstration of recording of normal Electro cardiogram
7. Clinical examination of cardiovascular and respiratory system.

TEXT BOOKS:

Guyton; Text book of Physiology, 9th edition.

Ganong; Review of Medical Physiology, 19th edition
 Vander; Human physiology, 5th edition
 Choudhari; Concise Medical Physiology, 2nd edition
 Chatterjee; Human Physiology, 10th edition
 A.K. Jain; Human Physiology for BDS students, 1st edition

BOOKS FOR REFERENCE:

- i) Berne & Levey; Physiology, 2nd edition
- ii) West-Best & Taylor's, Physiological basis of Medical Practise, 11th edition

EXPERIMENTAL PHYSIOLOGY:

- i) Rannade; Practical Physiology, 4th edition
- ii) Ghai; a text book of practical physiology
- iii) Hutchison's; Clinical Methods, 20th edition

BIOCHEMISTRY

AIMS AND SCOPE OF THE COURSE IN BIOCHEMISTRY

The major aim is to provide a sound but crisp knowledge on the biochemical basis of the life processes relevant to the human system and to dental/medical practice. The contents should be organised to build on the already existing information available to the students in the pre-university stage and reorienting. A mere rehash should be avoided.

The chemistry portion should strive towards providing information on the functional groups, hydrophobic and hydrophilic moieties and weak valence forces that organise macromolecules. Details on structure need not be emphasised.

Discussion on metabolic processes should put emphasis on the overall change, interdependence and molecular turnover. While details of the steps may be given, the student should not be expected to memorise them. An introduction to biochemical genetics and molecular biology is a must but details should be avoided. The exposure to antivitamin, antimetabolites and enzyme inhibitors at this stage, will provide a basis for the future study of medical subjects. An overview of metabolic regulation is to be taught by covering hormonal action, second messengers and regulation of enzyme activities. Medical aspects of biochemistry should avoid describing innumerable functional tests, most of which are not in vogue. Cataloguing genetic disorders under each head of metabolism is unnecessary. A few examples which correlate genotype change to functional changes should be adequate.

At the end of the course the student would be able to acquire a useful core of information, which can be retained for a long time. Typical acid tests can be used to determine what is to be taught or what is to be learnt. A few examples are given below.

1. Need not know the structure of cholesterol. Should know why it cannot be carried free in plasma.
2. Mutarotation should not be taught. Student should know why amylase will not hydrolyse cellulose.
3. Need not know the details of alpha - helix and beta - pleats in proteins.
Should know why haemoglobin is globular and keratin is fibrous.
4. Need not know mechanism of oxidative phosphorylation.
Should know more than 90 % of ATP is formed by this process.
5. Need not know details of the conversion of pepsinogen to pepsin.
Should know hydrochloric acid cannot break a peptide bond at room temperature.
6. Need not remember the steps of glycogenesis.
Should know that excess intake of carbohydrate will not increase glycogen level in liver or muscle.
7. Need not know about urea or creatinine clearance tests.
Should know the basis of increase of urea and creatinine in blood in renal insufficiency.
8. Need not know the structure of insulin.
Should know why insulin level in circulation is normal in most cases of maturity onset diabetes.
9. Need not know the structural details of ATP.
Should know why about 10 g of ATP in the body at any given time meets all the energy needs.
10. Need not know the mechanism of action of polyhydroxylase.
Should know why the gum bleeds in scurvy.
11. Need not know the structure of Vitamin K.
Should know the basis of internal bleeding arising due to its deficiency.
12. Need not remember the structure of HMGCoA.
Should know why it does not lead to increased cholesterol synthesis in starvation.

BIOCHEMISTRY AND NUTRITION

1. CHEMISTRY OF BIOORGANIC MOLECULES

Carbohydrates: Definition, biological importance and classification. Monosaccharides - Isomerism, anomerism. Sugar derivatives, Disaccharides. Polysaccharides. Structures of starch and glycogen.

Lipids : Definition, biological importance and classification. Fats and fatty acids. Introduction to compound lipids. Hydrophobic and hydrophilic groups. Cholesterol. Bile salts. Micelle. Bimolecular leaflet.

Proteins: Biological importance. Aminoacids: Classification. Introduction to peptides. Proteins : Simple and conjugated; globular and fibrous. Charge properties. Buffer action . Introduction to protein conformation . Denaturation.

Nucleic acids: Building units . Nucleotides. Outline structure of DNA and RNA.

High energy compounds: ATP , Phosphorylamidines, Thioesters, Enol phosphates.

2. MACRONUTRIENTS AND DIGESTION

Energy needs: Basal metabolic rate. Dietary carbohydrates, fibres. Dietary lipids, essential fatty acids. Nitrogen balance. Essential amino acids. Protein quality and requirement (methods for evaluation of protein quality to be excluded). Protein calorie malnutrition. Balanced diet.

Enzymatic hydrolysis of dietary carbohydrates. Mechanism of uptake of monosaccharides. Digestion and absorption of triacylglycerols. Enzymatic hydrolysis of dietary proteins and uptake of amino acids.

3. MICRONUTRIENTS

Vitamins: Definition, classification, daily requirement, sources and deficiency symptoms. Brief account of water-soluble vitamins with biochemical functions. Vitamins A functions including visual process. Vitamin D and its role in calcium metabolism. Vitamin E. Vitamin K and gamma carboxylation. Introduction to antivitamins and hypervitaminosis.

Minerals :Classification, daily requirement. Calcium and phosphate: sources, uptake, excretion, function. Serum calcium regulation. Iron: sources, uptake and transport.

Heme and nonheme iron functions; deficiency. Iodine: Brief introduction to thyroxine synthesis. General functions of thyroxine. Fluoride: function, deficiency and excess. Indications of role of other minerals.

4. ENERGY METABOLISM

Overview: Outlines of glycolysis, pyruvate oxidation and citric acid cycle. Beta oxidation of fatty acids. Electron transport chain and oxidative phosphorylation. Ketone body formation and utilisation. Introduction to glycogenesis, glycogenolysis, fatty acid synthesis, lipogenesis and lipolysis. Gluconeogenesis. Lactate metabolism . Protein utilisation for energy. Glucogenic and ketogenic amino acids. Integration of metabolism.

5. SPECIAL ASPECTS OF METABOLISM

Importance of pentose phosphate pathway. Formation of glucuronic acid. Outlines of cholesterol synthesis and breakdown. Ammonia metabolism. Urea formation. Phosphocreatine formation. Transmethylation. Amines. Introduction to other functions of amino acids including one carbon transfer. Detoxication : Typical reactions. Examples of toxic compounds. Oxygen toxicity

6. BIOCHEMICAL GENETICS AND PROTEIN SYNTHESIS

Introduction to nucleotides; formation and degradation. DNA as genetic material. Introduction to replication and transcription. Forms and functions of RNA. Genetic code and mutation. Outline of translation process. Antimetabolites and antibiotics interfering in replication, transcription and translation. Introduction to cancer, viruses and oncogenes.

7. ENZYME AND METABOLIC REGULATION

Enzymes: Definition, classification, specificity and active site. Cofactors. Effect of pH, temperature and substrate concentration. Introduction to enzyme inhibitors, proenzymes and isoenzymes. Introduction to allosteric regulation, covalent modification and regulation by induction/repression.

Overview of hormones. Introduction to second messengers, cyclic AMP, calcium ion, inositol triphosphate. Mechanism of action of steroid hormones, epinephrine, glucagon and insulin in brief. Acid base regulation. Electrolyte balance.

8. STRUCTURAL COMPONENTS AND BLOOD PROTEINS

Connective tissue: Collagen and elastin. Glycosaminoglycans. Bone structure. Structure of membranes. Membrane associated processes in brief. Exocytosis and endocytosis. Introduction to cytoskeleton. Myofibril and muscle contraction in brief.

Haemoglobin: functions. Introduction to heme synthesis and degradation. Plasma proteins: classification and separation. Functions of albumin. A brief account of immunoglobulins. Plasma lipoproteins: Formation, function and turnover.

9. MEDICAL BIOCHEMISTRY

Regulation of blood glucose. Diabetes mellitus and related disorders. Evaluation of glycemic status. Hyperthyroidism and hypothyroidism: Biochemical evaluation. Hyperlipoproteinemias and atherosclerosis, Approaches to treatment. Jaundice: Classification and evaluation. Liver function tests: Plasma protein pattern, serum enzymes levels. Brief introduction to kidney function tests and gastric function tests. Acid base imbalance. Electrolyte imbalance: evaluation. Gout. Examples of genetic disorders including lysosomal storage disorders, glycogen storage disorders, glucose 6- phosphate dehydrogenase deficiency, hemoglobinopathies, inborn errors of amino acid metabolism and muscular dystrophy (one or two examples with biochemical basis will be adequate). Serum enzymes in diagnosis.

PRACTICALS: Contact hours 50

- | | |
|--|---|
| 1. Qualitative analysis of carbohydrates | 4 |
| 2. Color reactions of proteins and amino acids | 4 |

3. Identification of nonprotein nitrogen substance	4
4. Normal constituents of urine	4
5. Abnormal constituents of urine	4
6. Analysis of saliva including amylase	2
7. Analysis of milk Quantitative estimations	2
8. Titrable acidity and ammonia in urine	2
9. Free and total acidity in gastric juice	2
10. Blood glucose estimation	2
11. Serum total protein estimation	2
12. Urine creatinine estimation Demonstration	2
13. Paper electrophoresis charts/clinical data evaluation	2
14. Glucose tolerance test profiles	2
15. Serum lipid profiles	1
16. Profiles of hypothyroidism and hyperthyroidism	1
17. Profiles of hyper and hypoparathyroidism	1
18. Profiles of liver function	1
19. Urea, uric acid creatinine profile in kidney disorders	1
20. Blood gas profile in acidosis/ alkalosis	1

RECOMMENDED BOOKS:

1. Concise text book of Biochemistry (3rd edition) 2001, T.N. Pattabiraman
2. Nutritional Biochemistry 1995, S. Ramakrishnan and S.V. Rao
3. lecture notes in Biochemistry 1984, J.K. Kandlish

Reference books:

1. Text book of Biochemistry with clinical correlations 1997, T.N. Devlin
2. Harper's Biochemistry, 1996., R.K. Murray et.al
3. Basic and applied Dental Biochemistry, 1979, R.A.D. Williams & J.C.Elliot

3. DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY

INTRODUCTION

Dental Anatomy including Embryology and Oral Histology – a composite of basic Dental Sciences & their clinical applications.

SKILLS

The student should acquire basic skills in :

1. Carving of crowns of permanent teeth in wax.
2. Microscopic study of Oral tissues.
3. Identification of Deciduous & Permanent teeth.
4. Age estimation by patterns of teeth eruption from plaster casts of different age groups.

OBJECTIVES

After a course on Dental Anatomy including Embryology and Oral Histology,

1. The student is expected to appreciate the normal development, morphology, structure & functions of oral tissues & variations in different pathological/non-pathological states.
2. The student should understand the histological basis of various dental treatment procedures and physiologic ageing process in the dental tissues.
3. The students must know the basic knowledge of various research methodologies.

I. TOOTH MORPHOLOGY

1. Introduction to tooth morphology:
 - ◆ Human dentition, types of teeth, & functions, Palmer's & Binomial notation systems, tooth surfaces, their junctions - line angles & point angles, definition of terms used in dental morphology, geometric concepts in tooth morphology, contact areas & embrasures - Clinical significance.
2. Morphology of permanent teeth :
 - Description of individual teeth, along with their endodontic anatomy & including a note on their chronology of development, differences between similar class of teeth & identification of individual teeth.
 - Variations & Anomalies commonly seen in individual teeth.
3. Morphology of Deciduous teeth :
 - ◆ Generalized differences between Deciduous & Permanent teeth.
 - ◆ Description of individual deciduous teeth, including their chronology of development, endodontic anatomy, differences between similar class of teeth & identification of individual teeth.
4. Occlusion :
 - ◆ Definition, factors influencing occlusion - basal bone, arch, individual teeth, external & internal forces & sequence of eruption.
 - ◆ Inclination of individual teeth - compensatory curves.
 - ◆ Centric relation & Centric occlusion - protrusive, retrusive & lateral occlusion.
 - ◆ Clinical significance of normal occlusion.
 - ◆ Introduction to & Classification of Malocclusion.

II. ORAL EMBRYOLOGY

1. Brief review of development of face, jaws, lip, palate & tongue, with applied aspects.
2. Development of teeth :
 - ◆ Epithelial mesenchymal interaction, detailed study of different stages of development of crown, root & supporting tissues of tooth & detailed study of formation of calcified tissues.
 - ◆ Applied aspects of disorders in development of teeth.
3. Eruption of deciduous & Permanent teeth :
 - ◆ Mechanisms in tooth eruption, different theories & histology of eruption, formation of dentogingival junction, role of gubernacular cord in eruption of permanent teeth.
 - ◆ Clinical or Applied aspects of disorders of eruption.
4. Shedding of teeth :
 - ◆ Factors & mechanisms of shedding of deciduous teeth.
 - ◆ Complications of shedding.

III. ORAL HISTOLOGY

1. Detailed microscopic study of Enamel, Dentine, Cementum & Pulp tissue. Age changes & Applied aspects (Clinical and forensic significance) of histological considerations - Fluoride applications, transparent dentine, dentine hypersensitivity, reaction of pulp tissue to varying insults to exposed dentine ; Pulp calcifications & Hypercementosis.
2. Detailed microscopic study of Periodontal ligament & alveolar bone, age changes, histological changes in periodontal ligament & bone in normal & orthodontic tooth movement, applied aspects of alveolar bone resorption.
3. Detailed microscopic study of Oral Mucosa, variation in structure in relation to functional requirements, mechanisms of keratinization, clinical parts of gingiva, Dentogingival & Mucocutaneous junctions & lingual papillae. Age changes & clinical considerations.
4. Salivary Glands :
 - ◆ Detailed microscopic study of acini & ductal system.
 - ◆ Age changes & clinical considerations.
5. TM Joint :
 - ◆ Review of basic anatomical aspects & microscopic study & clinical considerations.
6. Maxillary Sinus :
 - ◆ Microscopic study, anatomical variations, functions & clinical relevance of maxillary sinus in dental practice.
7. Processing of Hard & soft tissues for microscopic study :
 - ◆ Ground sections, decalcified sections & routine staining procedures.
8. Basic histochemical staining patterns of oral tissues.

IV. ORAL PHYSIOLOGY

1. Saliva :
 - ◆ Composition of saliva - variations, formation of saliva & mechanisms of secretion, salivary reflexes, brief review of secretomotor pathway, functions, role of saliva in dental caries & applied aspects of hyper & hypo salivation.
2. Mastication :
 - ◆ Masticatory force & its measurement - need for mastication, peculiarities of masticatory muscles, masticatory cycle, masticatory reflexes & neural control of mastication.
3. Deglutition :
 - ◆ Review of the steps in deglutition, swallowing in infants, neural control of deglutition & dysphagia.
4. Calcium, Phosphorous & fluoride metabolism :
 - ◆ Source, requirements, absorption, distribution, functions & excretion, clinical considerations, hypo & hypercalcemia & hyper & hypo phosphatemia & fluorosis.
5. Theories of Mineralization :
 - ◆ Definition, mechanisms, theories & their drawbacks.
 - ◆ Applied aspects of physiology of mineralization, pathological considerations - calculus formation.
6. Physiology of Taste :
 - ◆ Innervation of taste buds & taste pathway, physiologic basis of taste sensation, age changes & applied aspects - taste disorders.
7. Physiology of Speech :
 - ◆ Review of basic anatomy of larynx & vocal cords.
 - ◆ Voice production, resonators, production of vowels & different consonants - Role of palate, teeth & tongue.
 - ◆ Effects of dental prosthesis & appliances on speech & basic speech disorders.

RECOMMENDED TEXT BOOKS

1. Orban's Oral Histology & Embryology - S.N.Bhaskar
2. Oral Development & Histology - James & Avery
3. Wheeler's Dental Anatomy, Physiology & Occlusion - Major.M.Ash
4. Dental Anatomy - its relevance to dentistry - Woelfel & Scheid
5. Applied Physiology of the mouth - Lavelle
6. Physiology & Biochemistry of the mouth - Jenkins

4. GENERAL PATHOLOGY

AIM:

At the end of the course the student should be competent to:

Apply the scientific study of disease processes, which result in morphological and functional alterations in cells, tissues and organs to the study of pathology and the practice of dentistry.

OBJECTIVES:

Enabling the student

1. To demonstrate and apply basic facts, concepts and theories in the field of Pathology.
2. To recognize and analyze pathological changes at macroscopically and microscopical levels and explain their observations in terms of disease processes.
3. To Integrate knowledge from the basic sciences, clinical medicine and dentistry in the study of Pathology.
4. To demonstrate understanding of the capabilities and limitations of morphological Pathology in its contribution to medicine, dentistry and biological research.
5. To demonstrate ability to consult resource materials outside lectures, laboratory and tutorial classes.

COURSE CONTENT

A. General Pathology –

1. Introduction to Pathology
 - Terminologies
 - The cell in health
 - The normal cell structure
 - The cellular functions
2. Etiology and Pathogenesis of Disease
 - Cell Injury
 - Types – congenital
 - Acquired
 - Mainly Acquired causes of disease
(Hypoxic injury, chemical injury, physical injury, immunological injury)
3. Degenerations
 - Amyloidosis
 - Fatty change
 - Cloudy swelling
 - Hyaline change, mucoid degeneration
4. Cell death & Necrosis
 - Apoptosis
 - Def, causes, features and types of necrosis
 - Gangrene - Dry, wet, gas
 - Pathological Calcifications
(Dystrophic and metastatic)
5. Inflammation
 - Definition, causes types, and features
 - Acute inflammation
 - a. The vascular response
 - b. The cellular response
 - c. Chemical mediators
 - d. The inflammatory cells
 - e. Fate
 - Chronic inflammation
 - Granulomatous inflammation
6. Healing
 - Regeneration
 - Repair
 - a. Mechanisms
 - b. Healing by primary intention
 - c. Healing by secondary intention
 - d. Fracture healing
 - e. Factors influencing healing process
 - f. Complications
7. Tuberculosis
 - Epidemiology
 - Pathogenesis (Formation of tubercle)
 - Pathological features of Primary and secondary TB
 - Complications and Fate
8. Syphilis
 - Epidemiology
 - Types and stages of syphilis

- Pathological features
 - Diagnostic criterias
 - Oral lesions
9. Typhoid
 - Epidemiology
 - Pathogenesis
 - Pathological features
 - Diagnostic criterias
 10. Thrombosis
 - Definition, Pathophysiology
 - Formation, complications & Fate of a thrombus
 11. Embolism
 - Definition
 - Types
 - Effects
 12. Ischaemia and Infraction
 - Definition, etiology, types
 - Infraction of various organs
 13. Derangements of body fluids
 - Oedema – pathogenesis
 - Different types
 14. Disorders of circulation
 - Hyperaemia
 - Shock
 15. Nutritional Disorders
 - Common Vitamin Deficiencies
 16. Immunological mechanisms in disease
 - Humoral & cellular immunity
 - Hypersensitivity & autommunity
 17. AIDS and Hepatitis.
 18. Hypertension
 - Definition, classification
 - Pathophysiology
 - Effects in various organs
 19. Diabetes Mellitus
 - Def, Classification, Pathogenesis, Pathology in different organs
 20. Adaptive disorders of growth
 - Atrophy & Hypertrophy, Hyperplasia, Metaplasia and Dysplasia
 21. General Aspects of neoplasia
 - a. Definition, terminology, classification
 - b. Differences between benign and malignant neoplasms
 - c. The neoplastic cell
 - d. Metastasis
 - e. Etiology and pathogenesis of neoplasia, Carcinogenesis
 - f. Tumour biology
 - g. Oncogenes and anti-oncogenes
 - h. Diagnosis
 - i. Precancerous lesions
 - j. Common specific tumours, Sq papilloma & Ca, Basal cell Ca, Adenoma & Adenoca, Fibroma & Fibrosarcoma, Lipoma and liposarcoma
- B. Systemic Pathology –
- 22 Anaemias
 - Iron Deficiency anaemia, Megaloblastic anaemia
 23. Leukaemias
 - Acute and chronic leukaemias, Diagnosis and clinical features
 24. Diseases of Lymph nodes
 - Hodgkin's disease, Non Hodgkins lymphoma, Metastatic carcinoma
 25. Diseases of oral cavity
 - Lichen planus, Stomatitis, Leukoplakia, Sq cell Ca, Dental caries, Dentigerious cyst, Ameloblastoma
 26. Diseases of salivary glands
 - Normal structure, Sialadenitis, Tumours
 27. Common diseases of Bones
 - Osteomyelitis, Metabolic bone diseases, Bone Tumours, Osteosarcoma, Osteocalstoma, Giant cell Tumour, Ewing's sarcoma, Fibrous dysplasia, Aneurysmal bone cyst
 28. Diseases of Cardiovascular system
 - Cardiac failuare
 - Congenital heart disease – ASD, VSD, PDA
 - Fallot's Tetrolgy

- Infective Endocarditis
 - Atherosclerosis
 - Ischaemic heart Disease
29. Haemorrhagic Disorders
 Coagulation cascade
 Coagulation disorders
- Platelet function
 - Platelet disorders

Practicals

1. Urine – Abnormal constituents
 - Sugar, albumin, ketone bodies
2. Urine – Abnormal constituents
 - Blood, bile salts, bile pigments
3. Haemoglobin (Hb) estimation
4. Total WBC count
5. Differential WBC Count
6. Packed cell volume(PCV,) erythrocyte sedimentation Rate (ESR)
7. Bleeding Time & clotting Time
8. Histopathology
 - Tissue Processing
 - Staining
9. Histopathology slides
 - Acute appendicitis, Granulation tissue, fatty liver
10. Histopathology slides
 - CVC lung, CVC liver, Kidney amyloidosis
11. Histopathology slides
 - Tuberculosis, Actinomycosis, Rhinosporidiosis
12. Histopathology slides
 - Papilloma, Basal cell Ca, Sq cell Ca
13. Histopathology slides
 - Osteosarcoma, osteoclastoma, fibrosarcoma
14. Histopathology slides
 - Malignant melanoma, Ameloblastoma, Adenoma
15. Histopathology slides
 - Mixed parotid tumour, metastatic carcinoma in lymph node

List of Textbooks

1. Robbins – Pathologic Basis of Disease Cotran, Kumar, Robbins
2. Anderson's Pathology Vol 1 & 2 Editors – Ivan Damjanov & James Linder
3. Wintrobe's clinical Haematology Lee, Bithell, Foerster, Athens, Lukens

MICROBIOLOGY

AIM:

To introduce the students to the exciting world of microbes. To make the students aware of various branches of microbiology, importance, significance and contribution of each branch to mankind and other fields of medicine. The objectives of teaching microbiology can be achieved by various teaching techniques such as :

- a) Lectures
- b) Lecture Demonstrations
- c) Practical exercises
- d) Audio visual aids
- e) Small group discussions with regular feed back from the students.

OBJECTIVES:

A. KNOWLEDGE AND UNDERSTANDING

At the end of the Microbiology course the student is expected to :

1. Understand the basics of various branches of microbiology and able to apply the knowledge relevantly.
2. Apply the knowledge gained in related medical subjects like General Medicine and General Surgery and Dental subjects like Oral Pathology, Community Dentistry, Periodontics, Oral Surgery, Pedodontics, Conservative Dentistry and Oral medicine in higher classes.
3. Understand and practice various methods of Sterilisation and disinfection in dental clinics.
4. Have a sound understanding of various infectious diseases and lesions in the oral cavity.

A. SKILLS

1. Student should have acquired the skill to diagnose, differentiate various oral lesions.
2. Should be able to select, collect and transport clinical specimens to the laboratory.
3. Should be able to carry out proper aseptic procedures in the dental clinic.

A brief syllabus of Microbiology is given as follows:

A. GENERAL MICROBIOLOGY:

1. History, Introduction, Scope, Aims and Objectives.
2. Morphology and Physiology of bacteria.
3. Detail account of Sterilisation and Disinfection.
4. Brief account of Culture media and Culture techniques.
5. Basic knowledge of selection, collection, transport, processing of clinical Specimens and identification of bacteria.
6. Bacterial Genetics and Drug Resistance in bacteria.

B. IMMUNOLOGY:

1. Infection - Definition, Classification, Source, Mode of transmission and types of Infectious disease.
2. Immunity
3. Structure and functions of Immune system
4. The Complement System
5. Antigen
6. Immunoglobulins - Antibodies - General structure and the role played in defense mechanism of the body.
7. Immune response
8. Antigen - Antibody reactions - with reference to clinical utility.
9. Immuno deficiency disorders - a brief knowledge of various types of immuno deficiency disorders - A sound knowledge of immuno deficiency disorders relevant to dentistry.
10. Hypersensitivity reactions
11. Autoimmune disorders - Basic knowledge of various types - sound knowledge of autoimmune disorders of oral cavity and related structures.
12. Immunology of Transplantation and Malignancy
13. Immunehaematology

C. SYSTEMATIC BACTERIOLOGY:

1. Pyogenic cocci - Staphylococcus, Streptococcus, Pneumococcus, Gonococcus, Meningococcus – brief account of each coccus - detailed account of mode of spread, laboratory diagnosis, Chemo therapy and prevention - Detailed account of Cariogenic Streptococci.
2. Corynebacterium diphtheriae - mode of spread, important clinical feature, Laboratory diagnosis, Chemotherapy and Active immunisation.
3. Mycobacteria - Tuberculosis and Leprosy
4. Clostridium - Gas gangrene, food poisoning and tetanus.
5. Non-sporing Anaerobes - in brief about classification and morphology, in detail about dental pathogens - mechanism of disease production and prevention.
6. Spirochaetes - Treponema pallidum - detailed account of Oral Lesions of syphilis, Borrelia vincentii.
7. Actinomycetes.

D. VIROLOGY:

1. Introduction
2. General properties, cultivation, host - virus interaction with special reference to Interferon.
3. Brief account of Laboratory diagnosis, Chemotherapy and immuno prophylaxis in general.
4. A few viruses of relevance to dentistry.
 - Herpes Virus
 - Hepatitis B Virus - brief about other types
 - Human Immunodeficiency Virus (HIV)
 - Mumps Virus
 - Brief - Measles and Rubella Virus
5. Bacteriophage - structure and Significance

E. MYCOLOGY

1. Brief Introduction
2. Candidosis - in detail
3. Briefly on oral lesions of systemic mycoses.

F. PARASITOLOGY:

1. Brief introduction - protozoans and helminths
2. Brief knowledge about the mode of transmission and prevention of commonly seen parasitic infection in the region.

RECOMMENDED BOOKS FOR REGULAR READING:

1. Text book of Microbiology – R.Ananthanarayan & C.K.Jayaram Paniker.
2. Medical Microbiology – David Greenwood etal.

BOOKS FOR FURTHER READING/REFERENCE.

- i) Microbiology – Prescott, etal.
- ii) Microbiology – Bernard D. Davis , etal.
- iii) Clinical & Pathogenic Microbiology – Barbara J Howard, etal.
- iv) Mechanisms of Microbial diseases – Moselio Schaechter, etal.
- v) Immunology an Introduction – Tizard
- vi) Immunology 3rd edition – Evan Roitt , etal.

5. GENERAL AND DENTAL PHARMACOLOGY AND THERAPEUTICSGOAL:

The broad goal of teaching under graduate students in pharmacology is to inculcate rational and scientific basis of therapeutics keeping in view of dental curriculum and Profession.

OBJECTIVES:

At the end of the course the student shall be able to:

- i) Describe the pharmacokinetics and pharmacodynamics of essential and commonly used drugs in general and in dentistry in particular.
- ii) List the indications, contraindications; interactions, and adverse reactions of commonly used drugs with reason.
- iii) Tailor the use of appropriate drugs in disease with consideration to its cost, efficacy, safety for individual and mass therapy needs.
- iv) Indicate special care in prescribing common and essential drugs in special medical situations such as pregnancy, lactation, old age, renal, hepatic damage and immuno compromised patients.
- v) Integrate the rational drug therapy in clinical pharmacology.
- vi) Indicate the principles underlying the concepts of “Essential drugs”.

SKILLS:

At the end of the course the student shall be able to:

- 1) Prescribe drugs for common dental and medical ailments.
- 2) To appreciate adverse reactions and drug interactions of commonly used drugs.
- 3) Observe experiments designed for study of effects of drugs.
- 4) Critically evaluate drug formulations and be able to interpret the clinical pharmacology of marketed preparations commonly used in dentistry.
- 5) INTEGRATION: Practical knowledge of use of drugs in clinical practice will be acquired through integrated teaching with clinical departments.

LECTURE:

I. GENERAL PHARMACOLOGY:

1. General principles of pharmacology; sources and nature of drugs dosage forms; prescription writing; pharmacokinetics (absorption, distribution, metabolism and excretion of drugs), mode of action of drugs, combined effects of drugs, receptor mechanism of drug action, factors modifying drug response, adverse drug reactions; drug interactions, Implications of General Principles in clinical dentistry.
2. CNS drugs; General anaesthetics, hypnotics, analgesics psychotropic drugs, anti – epileptics, muscle relaxants, local anaesthetics, Implications of these drugs in clinical dentistry.
3. Autonomic drugs; sympathomimetics, antiadrenergic drugs parasymphomimetics and parasympatholytics, Implications of Autonomic drugs in clinical dentistry.
4. Cardiovascular drugs; Cardiac stimulants ; antihypertensive drugs, vasopressor agents, treatment of shock, Antianginal agents and diuretics, Implications of these drugs in clinical dentistry.
5. Autocoids:
Histamine, antihistamines, prostaglandins, leukotriens and bronchodilators, Implications of Autocoids in clinical dentistry.
6. Drugs acting on blood : coagulants and anticoagulants, hematinics, Implications of these drugs in clinical dentistry.
7. G.I.T. Drugs, Purgatives, anti-diarrhoeal, antacids, anti-emetics, Implications of these drugs in clinical dentistry.
8. Endocrines; Emphasis on treatment of diabetes and glucocorticoids, thyroid and antithyroid agents, drugs affecting calcium balance and anabolic steroids, Implications of these drugs in clinical dentistry.
9. Chemotherapy: Antimicrobial agents (against bacteria, anaerobic infections, fungi, virus and broad spectrum). Infection management in dentistry. Phamacotherapy of Tuberculosis, leprosy and chemotherapy of malignancy in general. Implications of Chemotherpy in clinical dentistry.
10. Vitamins : Water soluble vitamins, Vit. D, Vit.K. and Vit. E, Implications of Vitamins in clinical dentistry.
11. Pharmacotherapy of emergencies in dental office and emergency drugs tray Implications of Pharmacotherapy in clinical dentistry.
12. Chealating agents – BAL,EDTA and desferrioxamine,

II. DENTAL PHARMACOLOGY

1. Anti - septics, astrigents, obtundents, mummifying agents, bleaching agents, styptics, disclosing agents, dentifrices, mouth washes, caries and fluorides.
2. Pharmacotherapy of common oral conditions in dentistry.
Practicals and Demonstrations :
To familiarise the student with the methodology: prescription writing and dispensing. Rationale of drug combinations of marketed drugs.

LIST OF BOOKS RECOMMENDED FOR READING AND REFERENCE

1. R.S.Satoskar, Kale Bhandarkar's Pharmacology and Pharmacolherapeutics, 10th Edition, Bombay Popular Prakashan 1991.
2. Bertam G Katzung, Basic and Clinical pharmacology 6th ed. Appleton & Lange 1997.
3. Lauerence D.R. Clinical Pharmacology 8th ed. Churchill Livingstone 1997.
4. Satoskar R.S. & Bhandarkar S.D., Pharmacology and Pharmacotherapeutics part I & part ii, 13th Popular Prakashan Bombay 1993.
5. Tripathi K.D., Essentials of Medical Pharmacology 4th ed Jaypee Brothers 1999.

6. DENTAL MATERIALS

The science of Dental Material has undergone tremendous changes over the years. Continued research has led to new material systems and changing concepts in the dental field. Interlinked with various specialised branches of chemistry, practically all engineering applied sciences and biological characteristics, the science of dental material emerged as a basic sciences in itself with its own values and principles.

INTRODUCTION

AIMS:

Aim of the course is to present basic chemical and physical properties of Dental materials as they are related to its manipulation to give a sound educational background so that the practice of the dentistry emerged from art to empirical status of science as more information through further research becomes available. It is also the aim of the course of Dental materials to provide with certain criteria of selection and which will enable to discriminate between facts and propaganda with regards to claims of manufactures.

OBJECTIVES:

To understand the evolution and development of science of dental material.

To explain purpose of course in dental materials to personnels concerned with the profession of the dentistry. Knowledge of physical and chemical properties. Knowledge of biomechanical requirements of particular restorative procedure. An intelligent compromise of the conflicting as well as co-ordinating factors into the desired Ernest. Laying down standards or specifications of various materials to guide to manufacturers as well as to help professionals.

Search for newer and better materials which may answer our requirements with greater satisfaction. To understand and evaluate the claims made by manufactures of dental materials

NEEDS FOR THE COURSE:

The profession has to rise from an art to a science, , the need for the dentist to possess adequate knowledge of materials to exercises his best through knowledge of properties of different types of materials. The growing concern of health hazards due to mercury toxicity, inhalation of certain vapour or dust materials, irritations and allergic reaction to skin due to contact of materials. Materials causing irritation of oral tissues, pH of restorative materials causing inflammation and necrosis of pulp which is a cause for the dentist to posses wider knowledge of physical, chemical and biological properties of materials being used. For the protection for the patient and his own protection certain criteria of selection are provided that will enable the dentist to discriminate between facts and propaganda, which will make a material biologically accept.

SCOPE:

The dental materials is employed in mechanical procedures including restorative dentistry such as Prosthodontics, endodontics, periodontal, orthodontics and restorative materials. There is scarcely a dental procedure that does not make use of dental materials in one form or another and therefore the application of dental material is not limited to any one branch of dentistry. Branches such as minor surgery and periodontics require less use of materials but the physical and chemical characters of materials are important in these fields.

The toxic and tissue reaction of dental materials and their durability in the oral cavity where the temperature is between 32 & 37 degree centigrade, and the ingestion of hot or cold food ranges from 0-70 degree centigrade. The acid an alkalinity of fluids shown pH varies from 4 to 8.5. The load on 1 sq. mm of tooth or restorative materials can reach to a level as high as many kilograms. Thus the biological properties of dental materials cannot be separated from their physical and chemical properties.

2). STRUCTURE OF MATTER AND PRINCIPLES OF ADHESION.

Change of state, inter atomic primary bonds, inter atomic secondary bonds, inter atomic bond distance and bonding energy, thermal energy, crystalline structure, non crystalline structures, diffusion, adhesion and bonding and adhesion to tooth structures.

3). IMPORTANT PHYSICAL PROPERTIES APPLICABLE TO DENTAL MATERIALS

Physical properties are based on laws of mechanics, acoustics, optics, thermodynamics, electricity, magnetism, radiation, atomic structure or nuclear phenomena. Hue, value, chroma and translucency physical properties based on laws of optics, dealing with phenomena of light, vision and sight. Thermal conductivity & coefficient of thermal expansion are physical properties based on laws of thermodynamics. Stress, strain, proportional limit, elastic limit yield strength, modulus of elasticity, flexibility, resilience, impact, impact strength, permanent deformation, strength, flexure strength fatigue, static fatigue, toughness, brittleness, ductility & malleability, hardness, abrasion resistance, relaxation, rheology, Thixotropic, creep, static creep, dynamic creep, flow, colour, three dimensional colour – hue, values, chroma, Munsell system, metamersim, fluorescence, physical properties of tooth, stress during mastication

4). BIOLOGICAL CONSIDERATIONS IN USE OF DENTAL MATERIALS.

Materials used are with the knowledge of appreciation of certain biological considerations for use in oral cavity. Requirement of materials with biological compatibility. Classification of materials from perspective of biological compatibility. eg. contact with soft tissues, affecting vitality of pulp, used for root canal fillings, affecting hard tissues of teeth, laboratory materials that could be accidentally be inhaled or ingested during handling. Hazards associated with materials: pH-affecting pulp, polymers causing chemical irritation, mercury toxicity, etc. Microleakage, Thermal changes, Galvanism, toxic effect of materials. Biological evaluation for systemic toxicity, skin irritation, mutagenicity and carcinogenicity. Disinfection of dental materials for infection control.

5). GYPSUM & GYPSUM PRODUCTS.

Gypsum – its origin, chemical formula, Products manufactured from gypsum.

Dental plaster, Dental stone, Die stone, high strength, high expansion stone.

Application and manufacturing procedure of each, macroscopic and microscopic structure of each . Supplied as and Commercial names.

Chemistry of setting, setting reaction, theories of setting, gauging water, Microscopic structure of set material.

Setting time: working time and setting time, Measurement of setting time and factors controlling setting time .

Setting expansion, Hygroscopic setting expansion – factors affecting each

Strength :wet strength, dry strength, factors affecting strength, tensile strength

Slurry – need and use.

Care of cast.

ADA classification of gypsum products

Description of impression plaster and dental investment

Manipulation including recent methods or advanced methods.

Disinfection : infection control, liquids, sprays, radiation

Method of use of disinfectants

Storage of material – shelf life

6) IMPRESSION MATERIALS USED IN DENTISTRY

Impression plaster, Impression compound, Zinc oxide eugenol impression paste & bite registration paste incl., non eugenol paste, Hydrocolloids, reversible and irreversible, Elastomeric impression materials. Polysulphide, Condensation silicones, Addition silicones, Polyether, Visible light cure polyether urethane dimethacrylate, Historical background & development of each impression material, Definition of impression , Purpose of making impression, Ideal properties required and application of material, Classification as per ADA specification, general & individual impression material.

Application and their uses in different disciplines, Marketed as and their commercial names, Mode of supply & mode of application bulk/wash impression. Composition, chemistry of setting ,Control of setting time , Type of impression trays required, Adhesion to tray, manipulation, instruments & equipments required. Techniques of impression, storage of impression, (Compatibility with cast and die material). Any recent advancements in material and mixing devices. Study of properties: Working time, setting time, flow, accuracy, strength, flexibility, tear strength, dimensional stability, compatibility with cast & die materials incl., electroplating Biological properties: tissue reaction , Shelf life & storage of material, Infection control – disinfection, Advantages & disadvantages of each material.

7). SYNTHETIC RESINS USED IN DENTISTRY.

Historical background and development of material, Denture base materials and their classification and requirement

Classification of resins

Dental resins – requirements of dental resins, applications, polymerisation, polymerisation mechanism stages in addition polymerisation, inhibition of polymerisation, co polymerization, molecular weight, crosslinking, plastixizers, Physical properties of polymers, polymer structures types of resins.

ACRYLIC RESINS:

Mode of polymerisation: Heat activated, Chemically activated, Light activated, Mode of supply, application, composition, polymerisation reaction of each. Technical considerations: Methods of manipulation for each type of resin. Physical properties of denture base resin. Miscellaneous resins & techniques: Repair resins, Relining and rebasing. Short term and long-term soft-liners, temporary crown

and bridge resins, Resin impression trays, Tray materials, Resin teeth, materials in maxillofacial prosthesis, Denture cleansers, Infection control in detail, Biological properties and allergic reactions.

RESTORATIVE RESINS:

Historical background, Resin based restorative materials, Unfilled & filled, Composite restorative materials, Mode of supply, Composition, Polymerisation mechanisms: Chemically activated, Light activated, Dual cure: Degree of conversion, Polymerisation shrinkage Classification of Composites: Application, composition and properties of each Composites of posterior teeth, Prosthodontics resins for veneering. Biocompatibility – microleakage, pulpal reaction, pulpal protection Manipulation of composites: Techniques of insertion of Chemically activated, light activated, dual cure Polymerisation, Finishing and polishing of restoration, Repair of composites Direct bonding Bonding: Need for bonding, Acid - etch technique, Enamel bonding, Dentin bonding agents. Mode of bonding, Bond strength, Sandwich technique its indication and procedure. Extended application for composites: Resins for restoring eroded teeth, Pit and fissure sealing, Resin inlays system – Indirect & direct, Core build up, Orthodontic applications.

8). METAL AND ALLOYS:

Structure and behaviour of metals, Solidification of metals, mechanism of crystallisation amorphous & crystalline. Classification of alloys, Solid solutions, Constitutes or equilibrium phase diagrams: Electric alloys, Physical properties, Peritectic alloys, Solid state reaction other binary systems: Metallography & Heat treatment. Tarnish and corrosion. Definition: causes of corrosion, protection against corrosion., Corrosion of dental restorations, clinical significance of galvanic current. Dental Amalgam.

History:

Definition of dental amalgam, application, Alloy classification, manufacture of alloy powder composition - available as.

Amalgamation : setting reaction & resulting structure , properties , Microleakage

Dimensional stability, Strength, Creep, Clinical performance

Manipulation: Selection of alloy, proportioning, mechanism of trituration, condensation, carving & finishing. Effect of dimensional changes, Marginal deterioration., Repair of amalgam, mercury toxicity, mercury hygiene.

DIRECT FILLING GOLD:

Properties of pure gold, mode of adhesion of gold for restoration forms of direct filling gold for using as restorative material

Classification : Gold Foil, Electrolytic precipitate, powdered gold.

Manipulation: Removal of surface impurities and compaction of direct filling gold.

Physical properties of compacted gold, Clinical performance.

DENTAL CASTING ALLOYS:

Historical background, desirable properties of casting alloys.

Alternatives to cast metal technology: direct filling gold, amalgam, mercury free condensable intermetallic compound - an alternative to metal casting process. CAD-CAM process for metal & ceramic inlays - without need of impression of teeth or casting procedure, pure titanium, most bio compatible metal which are difficult to cast can be made into crowns with the aid of CAD- CAM technology . Another method of making copings - by copy milling (without casting procedures).

Classification of casting alloys: By function & description.

Recent classification , High noble (HN), Noble (N) and predominantly base metal (PB)

Alloys for crown & bridge, metal ceramic & removable partial denture. Composition, function, constituents and application, each alloy both noble and base metal. Properties of alloys: Melting range, mechanical properties, hardness, elongation, modulus of elasticity, tarnish and corrosion.

Casting shrinkage and compensation of casting shrinkage. Biocompatibility - Handling hazards & precautions of base metal alloys, casting investments used. Heat treatment : Softening & hardening heat treatment. Recycling of metals. Titanium alloys & their application , properties & advantages. Technical considerations In casting . Heat source, furnaces.

9). DENTAL WAXES INCLUDING INLAY CASTING WAX

Introduction and importance of waxes. Sources of natural waxes and their chemical nature.

Classification of Waxes:

Properties: melting range, thermal expansion, mechanical properties, flow & residual stresses, ductility. Dental Wax: Inlay wax: Mode of supply : Classification & composition, Ideal requirements: Properties of inlay wax: Flow, thermal properties Wax distortion & its causes.

Manipulation of inlay wax: Instruments & equipment required, including electrically heated instruments metal tips and thermostatically controlled wax baths.

Other waxes: Applications, mode of supply & properties.

Casting Wax, Base plate wax, Processing wax, Boxing wax, Utility wax, Sticky wax, Impression wax for corrective impressions, Bite registration wax.

10). DENTAL CASTING INVESTMENTS.

Definition, requirements, classification

Gypsum bonded - classification. Phosphate bonded, Silica bonded

Mode of Supply: Composition, application , setting mechanism, setting time & factors controlling.

Expansions :Setting expansion, Hygroscopic Setting expansion, & thermal expansion : factors affecting. Properties : Strength, porosity, and fineness & storage. Technical considerations: For Casting procedure, Preparation of die, Wax pattern, spruing, investing, control of shrinkage compensation, wax burnout, and heating the invested ring, casting. Casting machines, source of heat for melting the alloy. Defects in casting.

11). SOLDERING, BRAZING AND WELDING

Need of joining dental appliances, Terms & Definition

Solders: Definition, ideal requirement, types of solders – Soft & hard and their fusion temperature, application. Mode of supply of solders, Composition and selection, Properties. Tarnish & corrosion resistance mechanical properties, microstructure of soldered joint. Fluxes & Anti fluxes: Definition, Function, Types, commonly used fluxes & their selection Technique of Soldering & Brazing : free hand soldering and investment, steps and procedure. Welding,: Definition, application, requirements, procedure, weld decay - causes and how to avoid it. Laser welding.

WROUGHT BASE METAL ALLOYS

Applications and different alloys used mainly for orthodontics purpose

1. Stainless steel
2. Cobalt chromium nickel
3. Nickel titanium
4. Beta titanium

Properties required for orthodontic wires, working range, springiness, stiffness, resilience, Formability, ductility, ease of joining, corrosion resistance, stability in oral environment, bio compatibility

Stainless steels: Description, type, composition & properties of each type. Sensitisation & stabilisation , Mechanical properties – strength, tensile, yield strength, KHN. Braided & twisted wires their need , Solders for stainless steel, Fluxes, Welding

- 1.Wrought cobalt chromium nickel alloys, composition, allocation, properties, heat treatment, physical properties
- 2.Nickel – Titanium alloys, shape, memory & super elastic
- 3.Titanium alloys, application, composition, properties, welding, Corrosion resistance

12). DENTAL CEMENTS

Definition & Ideal requirements:

Cements: Silicate, Glass ionomer, metal modified glass ionomer, resin modified glass ionomer, zinc oxide eugenol, modified zinc oxide eugenol, zinc phosphate, zinc silico phosphate, zinc poly carboxylate, Cavity liners and cement bases, Varnishes Calcium hydroxide, Gutta percha

Application, classification (general and individual), setting mechanism, mode of supply, Properties, factors affecting setting, special emphasis on critical procedures of manipulation and protection of cement, mode of adhesion, biomechanism of caries inhibition.

Agents for pulpal protection., Modifications and recent advances, Principles of cementation. Special emphasis on cavity liners and cement bases and luting agents.

13). DENTAL CERAMICS

Historical background & General applications.

Dental ceramics : definition, classification, application, mode of supply, manufacturing procedure, methods of strengthening. Properties of fused ceramic: Strength and factors affecting, modulus of elasticity, surface hardness, wear resistance, thermal properties, specific gravity, chemical stability, esthetic properties, biocompatibility, technical considerations.

Metal Ceramics (PFM): Alloys - Types and composition of alloys. Ceramic - Type and Composition.

Metal Ceramic Bond - Nature of bond. Bonding using electro deposition, foil copings, bonded platinum foil, swaged gold alloy foil coping. Technical considerations for porcelain and porcelain fused metal restorations. Recent advances - all porcelain restorations, Manganese core, injection moulded, castable ceramics, glass infiltrated alumina core ceramic (In ceram), ceramic veneers, inlays and onlays, and CAD - CAM ceramic. Chemical attack of ceramic by fluoride. Porcelain furnaces.

14). ABRASION & POLISHING AGENTS

Definition of abrasion and polishing. Need of abrasion and polishing. Types of abrasives: Finishing, polishing & cleaning. Types of abrasives: Diamond, Emery, aluminium oxides garnet, pumice, Kieselgurh, tripoli, rouge, tin oxide, chalk, chromic oxide, sand, carbides, diamond, zirconium silicate Zinc oxide

ABRASIVE ACTION :

Desirable characteristics of an abrasive, Rate of abrasion, Size of particle, pressure and speed.

Grading of abrasive & polishing agents. Binder, Polishing materials & procedures used. Technical consideration - Material and procedure used for abrasion and polishing Electrolytic polishing and burnishing.

15). DIE AND COUNTER DIE MATERIALS INCLUDING ELECTROFORMING AND ELECTROPOLISHING.

Types – Gypsum products, Electroforming, Epoxy resin, Amalgam.

- 16). DENTAL IMPLANTS : Evolution of dental implants, types and materials.
 17). MECHANICS OF CUTTING : Burs and points.

At the end of the course the student should have the knowledge about the composition, properties, manipulative techniques and their various commercial names. The student should also acquire skills to select and use the materials appropriately for laboratory and clinical use.

RECOMMENDED BOOKS:

1. Phillips Science of Dental Materials – 10th edn.- Kenneth J. Anusavice
2. Restorative Dental Materials – 10 edn. Robert G.Craig
3. Notes on Dental Materials – E.C. Combe

7. PRE CLINICAL CONSERVATIVE DENTISTRY LABORATORY EXERCISES

1. Identification and study of handcutting instruments chisels, gingival margin trimmers, excavators and hatchet.
2. Identification and use of rotary cutting instruments in contra angle hand pieces burs (Micromotor)
3. Preparation class I and extended class I and class II and MOD's and class V amounting to 10 exercises in plaster models.
4. 10 exercises in mounted extracted teeth of following class I, 4 in number class I extended cavities 2, class II 4 in number and Class V 2 in number. Cavity preparation base application matrix and wedge placement restoration with amalgam.
5. Exercises on phantom head models which includes cavity preparation base and varnish application matrix and wedge placement followed by amalgam restoration.

Class I	5
Class I with extension	2
Class II	10
Class II Mods	2
Class V and III for glass ionomers	4
Class V for amalgam	2
6. Polishing of above restorations.
7. Demonstration of Class III and Class V cavity preparation. For composites on extracted tooth completing the restoration.
8. Polishing and finishing of the restoration of composites.
9. Identification and manipulation of varnish bases like Zinc Phosphate, Poly carboxylate, Glass Ionomers, Zinc Oxide, Eugenol cements.
10. Identification and manipulation of various matrices, tooth separators and materials like composites and modified glass ionomer cements.
11. Cast Restoration
 1. Preparation of Class II inlay cavity
 2. Fabrication of wax pattern
 3. Sprue for inner attachment investing
 4. Investing of wax pattern
 5. Finishing and cementing of class II inlay in extracted tooth.
12. Endodontics
 1. Identification of basic endodontic instruments
 2. Coronal access cavity preparation on extracted. Upper central incisors
 3. Determination of working length.
 4. Biomechanical preparation of root canal space of central incisor
 5. Obfuration of root canal spaces. Absens of coronal access cavity.
 6. Closure of access cavity

8. ORAL PATHOLOGY & ORAL MICROBIOLOGY

OBJECTIVES:

At the end of Oral Pathology & Oral Microbiology course, the student should be able to comprehend -

1. The different types of pathological processes, that involve the oral cavity.
2. The manifestations of common diseases, their diagnosis & correlation with clinical pathological processes.
3. An understanding of the oral manifestations of systemic diseases should help in correlating with the systemic physical signs & laboratory findings.
4. The student should understand the underlying biological principles governing treatment of oral diseases.
5. The principles of certain basic aspects of Forensic Odontology.

SKILLS:

1. Microscopic study of common lesions affecting oral tissues through microscopic slides & projection slides.
2. Study of the disease process by surgical specimens.
3. Study of teeth anomalies/polymorphisms through tooth specimens & plaster casts.
4. Microscopic study of plaque pathogens.
5. Study of haematological preparations (blood films) of anaemias & leukemias.

6. Basic exercises in Forensic Odontology such as histological methods of age estimation and appearance of teeth in injuries.

1. INTRODUCTION:

◆ A bird's eye view of the different pathological processes involving the oral cavity & oral cavity involvement in systemic diseases to be brought out. Interrelationship between General Medicine & General Surgery & Oral pathology to be emphasized.

2. Developmental disturbances of teeth, jaws and soft tissues of oral & paraoral region :

◆ Introduction to developmental disturbances - Hereditary, Familial mutation, Hormonal etc. causes to be highlighted.

◆ Developmental disturbances of teeth - Etiopathogenesis, clinical features, radiological features & histopathological features as appropriate :-

The size, shape, number, structure & eruption of teeth & clinical significance of the anomalies to be emphasized.

◆ Forensic Odontology.

◆ Developmental disturbances of jaws - size & shape of the jaws.

◆ Developmental disturbances of oral & paraoral soft tissues - lip & palate - clefts, tongue, gingiva, mouth, salivary glands & face.

3. Dental Caries :

◆ Etiopathogenesis, microbiology, clinical features, diagnosis, histopathology, immunology, prevention of dental caries & its sequelae.

4. Pulp & Periapical Pathology & Osteomyelitis.

◆ Etiopathogenesis & interrelationship, clinical features, microbiology, histopathology & radiological features (as appropriate) of pulp & periapical lesions & osteomyelitis.

◆ Sequelae of periapical abscess - summary of space infections, systemic complications & significance.

5. Periodontal Diseases :

◆ Etiopathogenesis, microbiology, clinical features, histopathology & radiological features (as appropriate) of gingivitis, gingival enlargements & periodontitis. Basic immunological mechanisms of periodontal disease to be highlighted.

6. Microbial infections of oral soft tissues :

◆ Microbiology, defence mechanisms including immunological aspects, oral manifestations, histopathology and laboratory diagnosis of common bacterial, viral & fungal infections namely :-

Bacterial : Tuberculosis, Syphilis, ANUG & its complications - Cancrum Oris.

Viral : Herpes Simplex, Varicella zoster, Measles, Mumps & HIV infection.

Fungal : Candidal infection. Aphthous Ulcers.

7. Common non-inflammatory diseases involving the jaws :

◆ Etiopathogenesis, clinical features, radiological & laboratory values in diagnosis of :

Fibrous dysplasia, Cherubism, Osteogenesis Imperfecta, Paget's disease, Cleidocranial dysplasia, Rickets, Achondroplasia, Marfan's syndrome & Down's syndrome.

8. Diseases of TM Joint :

◆ Ankylosis, summary of different types of arthritis & other developmental malformations, traumatic injuries & myofascial pain dysfunction syndrome.

9. Cysts of the Oral & Paraoral region :

◆ Classification, etiopathogenesis, clinical features, histopathology, laboratory & radiological features (as appropriate) of Odontogenic cysts, Non-Odontogenic cysts, Pseudocysts of jaws & soft tissue cysts of oral & paraoral region.

10. Tumours of the Oral Cavity :

◆ Classification of Odontogenic, Non-Odontogenic & Salivary Gland Tumours. Etiopathogenesis, clinical features, histopathology, radiological features & laboratory diagnosis (as appropriate) of the following common tumours :-

a) Odontogenic - all lesions.

b) Non-odontogenic

- Benign Epithelial - Papilloma, Keratoacanthoma & Naevi.

- Benign Mesenchymal - Fibroma, Aggressive fibrous lesions, Lipoma, Haemangioma, Lymphangioma, Neurofibroma, Schwannoma, Chondroma, Osteoma & Tori.

- Malignant Epithelial - Basal Cell Carcinoma, Verrucous Carcinoma, Squamous Cell carcinoma & Malignant Melanoma.

- Malignant Mesenchymal - Fibrosarcoma, Osteosarcoma, Giant cell tumour, Chondrosarcoma, Angiosarcoma, Kaposi's sarcoma, Lymphomas, Ewing's sarcoma & Other Reticuloendothelial tumours.

c) Salivary Gland

- Benign Epithelial neoplasms - Pleomorphic Adenoma, Warthin's tumour, & Oncocytoma.

- Malignant Epithelial neoplasms - Adenoid Cystic Carcinoma, Mucoepidermoid Carcinoma, Acinic Cell Carcinoma & Adenocarcinomas.

- d) Tumours of Disputed Origin - Congenital Epulis & Granular Cell Myoblastoma.
 e) Metastatic tumours - Tumors metastasizing to & from oral cavity & the routes of metastasis.

11. Traumatic, Reactive & Regressive lesions of Oral Cavity :
- ◆ Pyogenic & Giant cell granuloma, exostoses Fibrous Hyperplasia, Traumatic Ulcer & Traumatic Neuroma.
 - ◆ Attrition, Abrasion, Erosion, Bruxism, Hypercementosis, Dentinal changes, Pulp calcifications & Resorption of teeth.
 - ◆ Radiation effects of oral cavity, summary of Physical & Chemical injuries including allergic reactions of the oral cavity.
 - ◆ Healing of Oral wounds & complications - Dry socket.
12. Non neoplastic Salivary Gland Diseases :
- ◆ Sialolithiasis, Sialosis, Sialadenitis, Xerostomia & Ptyalism.
13. Systemic Diseases involving Oral cavity :
- ◆ Brief review & oral manifestations, diagnosis & significance of common Blood, Nutritional, Hormonal & Metabolic diseases of Oral cavity.
14. Mucocutaneous Lesions :
- ◆ Etiopathogenesis, clinical features & histopathology of the following common lesions. Lichen Planus, Lupus Erythematosus, Pemphigus & Pemphigoid lesions, Erythema Multiforme, Psoriasis, Scleroderma, Ectodermal Dysplasia, Epidermolysis bullosa & White sponge nevus..
15. Diseases of the Nerves :
- ◆ Facial neuralgias - Trigeminal & Glossopharyngeal. VII nerve paralysis, Causalgia.
 - ◆ Psychogenic facial pain & Burning mouth syndrome.
16. Pigmentation of Oral & Paraoral region & Discolouration of teeth :
- ◆ causes & clinical manifestations.
17. Diseases of Maxillary Sinus :
- ◆ Traumatic injuries to sinus, Sinusitis, Cysts & Tumours involving antrum.
18. a) ORAL PRECANCER – CANCER; Epidemiology, aetiology, clinical and histopathological features, TNM classification. Recent advances in diagnosis, management and prevention.
 b) Biopsy : Types of biopsy, value of biopsy, cytology, histo chemistry & frozen sections in diagnosis of oral diseases.
19. Principles of Basic Forensic Odontology (Pre-clinical Forensic Odontology):
- ◆ Introduction, definition, aims & scope.
 - ◆ Sex and ethnic (racial) differences in tooth morphology and histological age estimation
 - ◆ Determination of sex & blood groups from buccal mucosa / saliva.
 - ◆ Dental DNA methods
 - ◆ Bite marks, rugae patterns & lip prints.
 - ◆ Dental importance of poisons and corrosives.
 - ◆ Overview of forensic medicine and toxicology

RECOMMENDED BOOKS

- | | |
|--|-------------------------------------|
| 1. A Text Book of Oral Pathology | - Shafer, Hine & Levy. |
| 2. Oral Pathology - Clinical Pathologic correlations | - Regezi & Sciubba. |
| 3. Oral Pathology | - Soames & Southam. |
| 4. Oral Pathology in the Tropics | - Prabhu, Wilson, Johnson & Daftary |

9. GENERAL MEDICINE

GUIDELINES:

Special emphasis should be given throughout on the importance of various diseases as applicable to dentistry.

1. Special precautions/ contraindication of anaesthesia and various dental procedures in different systemic diseases.
2. Oral manifestations of systemic diseases.
3. Medical emergencies in dental practice.

A dental student should be taught in such a manner he/she is able to record the arterial pulse, blood pressure and be capable of suspecting by sight and superficial examination of the body – diseases of the heart, lungs, kidneys, blood etc. He should be capable of handling medical emergencies encountered in dental practice.

THEORY SYLLABUS

CORE TOPICS (Must Know)

1. Aims of medicine Definitions of signs, symptoms, diagnosis, differential diagnosis treatment & prognosis.

2. Infections.

Enteric fever, AIDS, herpes simplex, herpes zoster, syphilis diphtheria.

COLLATERAL TOPICS (Desirable to Know)

Infectious mononucleosis mumps, measles, rubella, malaria.

3. G.I.T.

Stomatitis, gingival hyperplasia, dysphagia, acid peptic disease, jaundice, acute and chronic hepatitis, cirrhosis of liver ascites.

4. CVS

Acute rheumatic fever rheumatic valvular heart disease, hypertension, ischemic heart disease, infective endocarditis, common arrhythmias, congenital heart disease, congestive cardiac failure.

5. RS

Pneumonia, COPD, Pulmonary TB, Bronchial asthma

Diarrhea
Dysentery
Amoebiasis
Malabsorption

Lung Abscess
Pleural effusion
Pneumothorax
Bronchiectasis
Lung cancers.

6. Hematology

Anemias, bleeding & clotting disorders, leukemias, lymphomas, agranulocytosis, splenomegaly, oral manifestations of hematologic disorders, generalized Lymphadenopathy.

7. Renal System

Acute nephritis
Nephrotic syndrome

Renal failure

8. Nutrition

Avitaminosis

Balanced diet
PEM

Avitaminosis
- Meningitis
- Examination of comatose patient
- Examination of cranial nerves.
Addison's disease, Cushing's syndrome.

9. CNS

Facial palsy, facial pain including trigeminal neuralgia, epilepsy, headache including migraine.

10. Endocrines

Diabetes Mellitus Acromegaly, Hypothyroidism, Thyrotoxicosis, Calcium metabolism and parathyroids.

11. Critical care

Syncope, cardiac arrest, CPR, shock

Ac LVF
ARDS

CLINICAL TRAINING:

The student must be able to take history, do general physical examination (including build, nourishment, pulse, BP, respiration, clubbing, cyanosis, jaundice, lymphadenopathy, oral cavity) and be able to examine CVS, RS and abdomen and facial nerve.

10. GENERAL SURGERY

AIMS:

To acquaint the student with various diseases, which may require surgical expertise and to train the student to analyze the history and be able to do a thorough physical examination of the patient. The diseases as related to head and neck region are to be given due importance, at the same time other relevant surgical problems are also to be addressed. At the end of one year of study the student should have a good theoretical knowledge of various ailments, and be practically trained to differentiate benign and malignant diseases and be able to decide which patient requires further evaluation.

1. HISTORY OF SURGERY:

The development of surgery as a speciality over the years, will give the students an opportunity to know the contributions made by various scientists, teachers and investigators. It will also enable the student to understand the relations of various specialities in the practice of modern surgery.

2. GENERAL PRINCIPLES OF SURGERY:

Introduction to various aspects of surgical principles as related to orodental diseases. Classification of diseases in general. This will help the student to understand the various diseases, their relevance to routine dental practice.

3. WOUNDS:

Their classification, wound healing, repair, treatment of wounds, medico-legal aspects of accidental wounds and complications of wounds.

4. INFLAMMATION:

Of soft and hard tissues. Causes of inflammation, varieties, treatment and sequelae.

5. INFECTIONS:

Acute and chronic abscess skin infections, cellulitis, carbuncle, and erysipelas. Specific infections such as tetanus, gangrene, syphilis, gonorrhoea, tuberculosis, Actinomycosis, Vincents angina, cancrum oris. Pyaemia, toxemia and septicaemia.

6. TRANSMISSIBLE VIRAL INFECTIONS:

HIV and Hepatitis B with special reference to their prevention and precautions to be taken in treating patients in a carrier state.

7. **SHOCK AND HAEMORRHAGE:**
Classification, causes, clinical features and management of various types of shock. Syncope, Circulatory collapse. Haemorrhage – different types, causes, clinical features and management. Blood groups, blood transfusion, precautions and complications of blood and their products. Hemophilia's, their transmission, clinical features and management especially in relation to minor dental procedures.
8. **TUMOURS, ULCERS, CYSTS, SINUS AND FISTULAE:**
Classification, clinical examination and treatment principles in various types of benign and malignant tumours, ulcers, cysts, sinus and fistulae.
9. **DISEASES OF LYMPHATIC SYSTEM:**
Especially those occurring in head and neck region. Special emphasis on identifying diseases such as tubercular infection, lymphomas, leukaemias, metastatic lymph node diseases.
10. **DISEASES OF THE ORAL CAVITY:**
Infective and malignant diseases of the oral cavity and oropharynx including salivary glands with special emphasis on preventive aspects of premalignant and malignant diseases of the oral cavity.
11. **DISEASES OF LARYNX, NASOPHARYNX:**
Infections and tumours affecting these sites. Indications, procedure and complications of tracheostomy.
12. **NERVOUS SYSTEM:**
Surgical problems associated with nervous system with special reference to the principles of peripheral nerve injuries, their regeneration and principles of treatment. Detailed description of afflictions of facial nerve and its management. Trigeminal neuralgia, its presentation and treatment.
13. **FRACTURES:**
General principles of fractures, clinical presentation and treatment with additional reference to newer methods of fracture treatment. Special emphasis on fracture healing and rehabilitation.
14. **PRINCIPLES OF OPERATIVE SURGERY:**
Principles as applicable to minor surgical procedures including detailed description of asepsis, antiseptics, sterilisation, principles of anaesthesia and principles of tissue replacement. Knowledge of sutures, drains, diathermy, cryosurgery and use of Laser in surgery.
15. **ANOMOLIES OF DEVELOPMENT OF FACE:**
Surgical anatomy and development of face. Cleft lip and cleft palate—principles of management.
16. **DISEASES OF THYROID AND PARATHYROID:**
Surgical anatomy, pathogenesis, clinical features and management of dysfunction of thyroid and parathyroid glands. Malignant diseases of the thyroid—classification, clinical features and management.
17. **SWELLINGS OF THE JAW:**
Differential diagnosis and management of different types of swellings of the jaw.
18. **BIOPSY:**
Different types of biopsies routinely used in surgical practice.
Skills to be developed by the end of teaching is to examine a routine swelling, ulcer and other related diseases and to perform minor surgical procedures such as draining an abscess, taking a biopsy etc.

11. CONSERVATIVE DENTISTRY AND ENDODONTICS

OBJECTIVES:

- A. Knowledge and understanding
- B. Skills and
- C. Attitudes

A). Knowledge and under standing:

The graduate should acquire the following knowledge during the period of training.

- i. To diagnose and treat simple restorative work for teeth.
- ii. To gain knowledge about aesthetic restorative material and to translate the same to patients needs.
- iii. To gain the knowledge about endodontic treatment on the basis of scientific foundation.
- iv. To carry out simple endodontic treatment.
- v. To carry out simple luxation of tooth and its treatment and to provide emergency endodontic treatment.

SKILLS:

He should attain following skills necessary for practice of dentistry

- i) To use medium and high speed hand pieces to carry out restorative work.
- ii) Possesses the skills to use and familiarise endodontic instruments and materials needed for carrying out simple endodontic treatment.
- iii) To achieve the skills to translate patients esthetic needs along with function.

ATTITUDES:

- i). Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
- ii). Willingness to participate in CDE programme to update the knowledge and professional skill from time to time.
- iii). To help and participate in the implementation of the national oral health policy.
- iv). He should be able to motivate the patient for proper dental treatment at the same time proper maintenance of oral hygiene should be emphasised which will help to maintain the restorative work and prevent future damage.

INTRODUCTION :

Definition aims objectives of Conservative Dentistry scope and future of Conservative Dentistry.

1. Nomenclature Of Dentition:
Tooth numbering systems A.D.A. Zsigmondy Palmer and F.D.I. systems.
2. Principles Of Cavity Preparation :
Steps and nomenclature of cavity preparation classification of cavities, nomenclature of floors angles of cavities.
3. Dental Caries :
Aetiology, classification clinical features, morphological features, microscopic features, clinical diagnosis and sequel of dental caries.
4. Treatment Planning For Operative Dentistry:
Detailed clinical examination , radiographic examination, tooth vitality tests, diagnosis and treatment planning, preparation of the case sheet.
5. Gnathological Concepts Of Restoration:
Physiology of occlusion, normal occlusion, Ideal occlusion, mandibular movements and occlusal analysis. Occlusal rehabilitation and restoration.
6. Armamentarium For Cavity Preparation:
General classification of operative instruments, Hand cutting instruments design formula and sharpening of instruments. Rotary cutting instruments dental bur, mechanism of cutting, evaluation of hand piece and speed current concepts of rotary cutting procedures. Sterilisation and maintenance of instruments. Basic instrument tray set up.
7. Control of Operating Field:
Light source sterilisation field of operation control of moisture, rubber dam in detail, cotton rolls and anti sialogues.
8. Amalgam Restoration :
Indication contraindication, physical and mechanical properties , clinical behaviour. Cavity preparation for Class I , II, V and III. Step wise procedure for cavity preparation and restoration. Failure of amalgam restoration.
9. Pulp Protection :
Liners, varnishes and bases, Zinc phosphate, zinc polycarboxylate, zinc oxide eugenol and glass ionomer cements.
10. Anterior Restorations :
Selection of cases, selection of material, step wise procedures for using restorations , silicate (theory only) glass ionomers, composites, including sandwich restorations and bevels of the same with a note on status of the dentine bonding agents.
11. Direct Filling Gold Restorations :
Types of direct filling gold indications and limitations of cohesive gold. Annealing of gold foil cavity preparation and condensation of gold foils.
12. Preventive Measures In Restorative Practice :
Plaque Control, Pit and fissure sealants dietary measures restorative procedure and periodontal health. Contact and contour of teeth and restorations matrices tooth separation and wedges.
13. Temporisation or Interim Restoration.
14. Pin Amalgam Restoration Indication Contra Indication :
Advantages disadvantages of each types of pin methods of placement use of auto matrix. Failure of pin amalgam restoration.
15. Management Of Deep Carious Lesions Indirect And Direct Pulp Capping.
16. Non Carious Destruction's Tooth Structures Diagnosis and Clinical Management
17. Hyper Sensitive Dentine And Its Management.
18. Cast Restorations
Indications, contra indications, advantages and disadvantages and materials used for same Class II and Class I cavity preparation for inlays fabrication of wax pattern spurring inverting and casting procedures & casting defects.

19. Die Materials And Preparation Of Dies.
20. Gingival Tissue Management For Cast Restoration And Impression Procedures
21. Recent Cavity Modification Amalgam Restoration.
22. Differences between Amalgam And Inlay Cavity preparation with note on all the types of Bewels used for Cast Restoration.
23. Control Of Pain During Operative Procedures.
24. Treatment Planning For Operative Dentistry Detailed Clinical Examination Radiographic Examination
25. Vitality Tests, Diagnosis And Treatment Planning And Preparation Of Case Sheet.
26. Applied Dental Materials.
 1. Biological Considerations.
Evaluation, clinical application and adverse effects of the following materials. Dental cements, Zinc oxide euginol cements zinc phosphate cements, polycarboxylates glass ionomer cements, silicate cement calcium hydroxides varnishes.
 2. Dental amalgam, technical considerations mercury toxicity mercury hygiene.
 3. Composite, Dentine bonding agents, chemical and light curing composites
 4. Rubber base Imp. Materials
 5. Nobel metal alloys & non noble metal alloys
 6. Investment and die materials
 7. Inlay casting waxes
 8. Dental porcelain
 9. Aesthetic Dentistry
27. Endodontics: introduction definition scope and future of endodontics
28. Clinical diagnostic methods
29. Emergency endodontic procedures
30. Pulpal diseases causes, types and treatment .
31. Periapical diseases: acute periapical abscess, acute periodontal abscess phoeix abscess, chronic alveolar abscess granuloma cysts condensing osteits, external resorption.
32. Vital pulp therapy: indirect and direct pulp capping pulpotomy different types and medicaments used.
33. Apexogenesis and apexification or problems of open apex.
34. Rationale of endodontic treatment case selection indication and contraindications for root canal treatments.
35. Principles of root canal treatment mouth preparation root canal instruments, hand instruments, power driven instruments, standardisation color coding principle of using endodontic instruments. Sterilisation of root canal instruments and materials rubber dam application.
36. Anatomy of the pulp cavity: root canals apical foramen. Anomalies of pulp cavities access cavity preparation of anterior and premolar teeth.
37. Preparation of root canal space . Determination of working length, cleaning and shaping of root canals, irrigating solution chemical aids to instrumentation.
38. Disinfection of root canal space intracanal medicaments, poly antibiotic paste ross mans paste, mummifying agents. Out line of root canal treatment, bacteriological examinations, culture methods.
39. Problems during cleaning and shaping of root canal spaces. Perforation and its management. Broken instruments and its management, management of single and double curved root canals.
40. Methods of cleaning and shaping like step back crown down and conventional methods.
41. Obturation of the root canal system. Requirements of an ideal root canal filling material obturation methods using gutta percha healing after endodontic treatment. Failures in endodontics.
42. Root canal sealers. Ideal properties classification. Manipulation of root canal sealers.
43. post endodontic restoration fabrication and components of post core preparation.
44. smear layer and its importance in endodontics and conservative treatment.
45. discoloured teeth and its management. Bleaching agents, vital and non vital bleaching methods.
46. traumatised teeth classification of fractured teeth. Management of fractured tooth and root. Luxated teeth and its management.
47. endodontic surgeries indication contraindications, pre operative preparation. Pre medication surgical instruments and techniques apicectomy, retrograde filling, post operative sequale terphination hemisection, radiscetomy techniques of tooth reimplantation (both intentional and accidental) endodontic implants.
48. root resorption.
49. emergency endodontic procedures.
50. lasers in conservative endodontics (introduction only) practice management
51. professional association dentist act 1948 and its amendment 1993.
52. duties towards the govt. Like payments of professional tax, income tax.
53. financial management of practice
54. dental material and basic equipment management.
55. Ethics

12. ORAL & MAXILLOFACIAL SURGERY

AIMS:

To produce a graduate who is competent in performing extraction of teeth under both local and general anaesthesia, prevent and manage related complications, acquire a reasonable knowledge and understanding of the various diseases, injuries, infections occurring in the Oral & Maxillofacial region and offer solutions to such of those common conditions and has an exposure in to the in-patient management of maxillofacial problems.

OBJECTIVES:

a) Knowledge & Understanding:

At the end of the course and the clinical training the graduate is expected to -

1. Able to apply the knowledge gained in the related medical subjects like pathology, microbiology and general medicine in the management of patients with oral surgical problem.
2. Able to diagnose, manage and treat (understand the principles of treatment of) patients with oral surgical problems.
3. Knowledge of range of surgical treatments.
4. Ability to decide the requirement of a patient to have oral surgical specialist opinion or treatment.
5. Understand the principles of in-patient management.
6. Understanding of the management of major oral surgical procedures and principles involved in patient management.
7. Should know ethical issues and communication ability.

b) Skills:

1. A graduate should have acquired the skill to examine any patient with an oral surgical problem in an orderly manner. Be able to understand requisition of various clinical and laboratory investigations and is capable of formulating differential diagnosis.
2. Should be competent in the extraction of teeth under both local and general anaesthesia.
3. Should be able to carry out certain minor oral surgical procedures under L.A. like frenectomy, alveolar procedures & biopsy etc.
4. Ability to assess, prevent and manage various complications during and after surgery.
5. Able to provide primary care and manage medical emergencies in the dental office.
6. Understanding of the management of major oral surgical problems and principles involved in inpatient management.

DETAILED SYLLABUS

1. Introduction, definition, scope, aims and objectives.
2. Diagnosis in oral surgery:
 - (A) History taking
 - (B) Clinical examination
 - (C) Investigations.
3. Principles of infection control and cross-infection control with particular reference to HIV/AIDS and Hepatitis.
4. Principles of Oral Surgery -
 - a) Asepsis: Definition, measures to prevent introduction of infection during surgery.
 1. Preparation of the patient
 2. Measures to be taken by operator
 3. Sterilisation of instruments - various methods of sterilisation etc.
 4. Surgery set up.
 - b) Painless Surgery:
 1. Pre-anaesthetic considerations. Pre-medication: purpose, drugs used
 2. Anaesthetic considerations -
 - a) Local b) Local with IV sedations
 3. Use of general anaesthetic
 - c) Access:

Intra-oral: Mucoperiosteal flaps, principles, commonly used intra oral incisions.
 Bone Removal: Methods of bone removal.
 Use of Burs: Advantages & precautions
 Bone cutting instruments: Principles of using chisel & osteotome.
 Extra-oral: Skin incisions - principles, various extra-oral incision to expose facial skeleton.

 - a) Submandibular
 - b) Pre auricular
 - c) Incision to expose maxilla & orbit
 - d) Bicoronal incision
 - d) Control of haemorrhage during surgery

Normal Haemostasis
 Local measures available to control bleeding
 Hypotensive anaesthesia etc.
 - e) Drainage & Debridement

Purpose of drainage in surgical wounds

Types of drains used

Debridement: purpose, soft tissue & bone debridement.

- f) Closure of wounds
 - Suturing: Principles, suture material, classification, body response to various materials etc.
- g) Post operative care
 - Post operative instructions
 - Physiology of cold and heat
 - Control of pain - analgesics
 - Control of infection - antibiotics
 - Control of swelling - anti-inflammatory drugs
 - Long term post operative follow up - significance.
5. Exodontia: General considerations
 - Ideal Extraction.
 - Indications for extraction of teeth
 - Extractions in medically compromised patients.
 - Methods of extraction -
 - (a) Forceps or intra-alveolar or closed method.
 - Principles, types of movement, force etc.
 - (b) Trans-alveolar, surgical or open method, Indications, surgical procedure.
 - Dental elevators: uses, classification, principles in the use of elevators, commonly used elevators.
 - Complications of Exodontia -
 - Complications during exodontia
 - Common to both maxilla and mandible.
 - Post-operative complications -
 - Prevention and management of complications.
6. Impacted teeth:
 - Incidence, definition, aetiology.
 - (a) Impacted mandibular third molar.
 - Classification, reasons for removal,
 - Assessment - both clinical & radiological
 - Surgical procedures for removal.
 - Complications during and after removal,
 - Prevention and management.
 - (b) Maxillary third molar,
 - Indications for removal, classification,
 - Surgical procedure for removal.
 - (c) Impacted maxillary canine
 - Reasons for canine impaction,
 - Localization, indications for removal,
 - Methods of management, labial and palatal approach,
 - Surgical exposure, transplantation, removal etc.
7. Pre-prosthetic Surgery:
 - Definition, classification of procedures
 - (a) Corrective procedures: Alveoloplasty,
 - Reduction of maxillary tuberosities,
 - Frenectomies and removal of tori.
 - (b) Ridge extension or Sulcus extension procedures
 - Indications and various surgical procedures
 - (c) Ridge augmentation and reconstruction.
 - Indications, use of bone grafts, Hydroxyapatite
 - Implants - concept of osseointegration
 - Knowledge of various types of implants and
 - surgical procedure to place implants.
8. Diseases of the maxillary sinus
 - Surgical anatomy of the sinus.
 - Sinusitis both acute and chronic
 - Surgical approach of sinus - Caldwell-Luc procedure
 - Removal of root from the sinus.
 - Oro-antral fistula - aetiology, clinical features and various surgical methods for closure.
9. Disorders of T.M. Joint
 - Applied surgical anatomy of the joint.
 - Dislocation - Types, aetiology, clinical features and management.
 - Ankylosis - Definition, aetiology, clinical features and management
 - Myo-facial pain dysfunction syndrome, aetiology, clinical features, management- Non surgical and surgical.

- Internal derangement of the joint.
Arthritis of T.M. Joint.
10. Infections of the Oral cavity
Introduction, factors responsible for infection, course of odontogenic infections, spread of odontogenic infections through various facial spaces.
Dento-alveolar abscess - aetiology, clinical features and management.
Osteomyelitis of the jaws - definition, aetiology, pre-disposing factors, classification, clinical features and management.
Ludwigs angina - definition, aetiology, clinical features, management and complications.
 11. Benign cystic lesions of the jaws -
Definition, classification, pathogenesis.
Diagnosis - Clinical features, radiological, aspiration biopsy, use of contrast media and histopathology.
Management - Types of surgical procedures, Rationale of the techniques, indications, procedures, complications etc.
 12. Tumours of the Oral cavity -
General considerations
Non odontogenetic benign tumours occurring in oral cavity - fibroma, papilloma, lipoma, ossifying fibroma, myxoma etc.
Ameloblastoma - Clinical features, radiological appearance and methods of management.
Carcinoma of the oral cavity -
Biopsy - types
TNM classification.
Outline of management of squamous
Cell carcinoma: surgery, radiation and chemotherapy
Role of dental surgeons in the prevention and early detection of oral cancer.
 13. Fractures of the jaws -
General considerations, types of fractures, aetiology, clinical features and general principles of management.
mandibular fractures - Applied anatomy, classification.
Diagnosis - Clinical and radiological
Management - Reduction closed and open
Fixation and immobilisation methods
Outline of rigid and semi-rigid internal fixation.
Fractures of the condyle - aetiology, classification, clinical features, principles of management.
Fractures of the middle third of the face.
Definition of the mid face, applied surgical anatomy, classification, clinical features and outline of management.
Alveolar fractures - methods of management
Fractures of the Zygomatic complex
Classification, clinical features, indications for treatment, various methods of reduction and fixation.
Complications of fractures - delayed union, non-union and malunion.
 14. Salivary gland diseases -
Diagnosis of salivary gland diseases'
Sialography, contrast media, procedure.
Infections of the salivary glands
Sialolithiasis - Sub mandibular duct and gland and parotid duct.
Clinical features, management.
Salivary fistulae
Common tumours of salivary glands like Pleomorphic adenoma including minor salivary glands.
 15. Jaw deformities -
Basic forms - Prognathism, Retrognathism and open bite.
Reasons for correction.
Outline of surgical methods carried out on mandible and maxilla.
 16. Neurological disorders -
Trigeminal neuralgia - definition, aetiology, clinical features and methods of management including surgical.
Facial paralysis - Aetiology, clinical features.
Nerve injuries - Classification, neurorrhaphy etc.
 17. Cleft Lip and Palate -
Aetiology of the clefts, incidence, classification, role of dental surgeon in the management of cleft patients. Outline of the closure procedures.
 18. Medical Emergencies in dental practice -

Primary care of medical emergencies in dental practice particularly -

- (a) Cardio vascular (b) Respiratory (c) Endocrine
(d) Anaphylactic reaction (e) Epilepsy (f) Epilepsy

19. Emergency drugs & Intra muscular I.V. Injections -
Applied anatomy, Ideal location for giving these injections, techniques etc.
20. Oral Implantology
21. Ethics

LOCAL ANAESTHESIA:

Introduction, concept of L.A., classification of local anaesthetic agents, ideal requirements, mode of action, types of local anaesthesia, complications.

- Use of Vaso constrictors in local anaesthetic solution -
Advantages, contra-indications, various vaso constrictors used.
Anaesthesia of the mandible -
Pterygomandibular space - boundaries, contents etc.
Inferior Dental Nerve Block - various techniques
Complications
Mental foramen nerve block
Anaesthesia of Maxilla -
Intra - orbital nerve block.
Posterior superior alveolar nerve block
Maxillary nerve block - techniques.

GENERAL ANAESTHESIA -

- Concept of general anaesthesia.
Indications of general anaesthesia in dentistry.
Pre-anaesthetic evaluation of the patient.
Pre-anaesthetic medication - advantages, drugs used.
Commonly used anaesthetic agents.
Complication during and after G.A.
I.V. sedation with Diazepam and Medazolam.
Indications, mode of action, technique etc.
Cardiopulmonary resuscitation
Use of oxygen and emergency drugs.
Tracheostomy.

RECOMMENDED BOOKS:

1. Impacted teeth; Alling John F & etal.
2. Principles of oral and maxillofacial surgery; Vol. 1,2 & 3 Peterson LJ & etal.
3. Text book of oral and maxillofacial surgery; Srinivasan B.
4. Handbook of medical emergencies in the dental office, Malamed SF.
5. Killeys Fractures of the mandible; Banks P.
6. Killeys fractures of the middle 3rd of the facial skeleton; Banks P.
7. The maxillary sinus and its dental implications; McGovanda
8. Killey and Kays outline of oral surgery - Part-1; Seward GR & etal
9. Essentials of safe dentistry for the medically compromised patients; Mc Carthy FM
10. Oral & maxillofacial surgery, Vol 2; Laskin DM
11. Extraction of teeth; Howe, GL
12. Minor Oral Surgery; Howe. GL
13. Contemporary oral and maxillofacial surgery; Peterson I.J. & EA
14. Oral and maxillofacial infections; Topazian RG & Goldberg MH

13. ORAL MEDICINE AND RADIOLOGY

AIMS:

- (1) To train the students to diagnose the common disorders of Orofacial region by clinical examination and with the help of such investigations as may be required and medical management of oro-facial disorders with drugs and physical agents.
- (2) To train the students about the importance, role, use and techniques of radiographs/digital radiograph and other imaging methods in diagnosis.
- (3) The principles of the clinical and radiographic aspects of Forensic Odontology.
The syllabus in ORAL MEDICINE & RADIOLOGY is divided into two main parts.
(I) Diagnosis, Diagnostic methods and Oral Medicine (II) Oral Radiology. Again the part ONE is subdivided into three sections. (A) Diagnostic methods (B) Diagnosis and differential diagnosis (C) Oral Medicine & Therapeutics.

COURSE CONTENT

- (1) Emphasis should be laid on oral manifestations of systemic diseases and ill-effects of oral sepsis on general health.
- (2) To avoid confusion regarding which lesion and to what extent the student should learn and know, this elaborate syllabus is prepared. As certain lesions come under more than one group, there is repetition.

Part-I ORAL MEDICINE AND DIAGNOSTIC AIDS

SECTION (A) – DIAGNOSTIC METHODS.

- (1) Definition and importance of Diagnosis and various types of diagnosis
- (2) Method of clinical examinations.
 - (a) General Physical examination by inspection.
 - (b) Oro-facial region by inspection, palpation and other means
 - (c) To train the students about the importance, role, use of saliva and techniques of diagnosis of saliva as part of oral disease
 - (d) Examination of lesions like swellings, ulcers, erosions, sinus, fistula, growths, pigmented lesions, white and red patches
 - (e) Examination of lymph nodes
 - (f) Forensic examination – Procedures for post-mortem dental examination; maintaining dental records and their use in dental practice and post-mortem identification; jurisprudence and ethics.
- (3) Investigations
 - (a) Biopsy and exfoliative cytology
 - (b) Hematological, Microbiological and other tests and investigations necessary for diagnosis and prognosis

SECTION (B) – DIAGNOSIS, DIFFERENTIAL DIAGNOSIS

While learning the following chapters, emphasis shall be given only on diagnostic aspects including differential diagnosis

- (1) Teeth: Developmental abnormalities, causes of destruction of teeth and their sequelae and discoloration of teeth
- (2) Diseases of bone and Osteodystrophies: Development disorders: Anomalies, Exostosis and tori, infantile cortical hyperostosis, osteogenesis imperfecta, Marfans syndrome, osteopetrosis. Inflammation – Injury, infection and spread of infection, fascial space infections, osteoradionecrosis. Metabolic disorders – Histiocytosis
Endocrine – Acro-megaly and hyperparathyroidism
Miscellaneous – Paget's disease, Mono and polyostotic fibrous dysplasia, Cherubism.
- (3) Temporomandibular joint: Developmental abnormalities of the condyle. Rheumatoid arthritis, Osteoarthritis, Sub-luxation and luxation.
- (4) Common cysts and Tumors:
CYSTS: Cysts of soft tissue: Mucocele and Ranula
Cysts of bone: Odontogenic and nonodontogenic.

TUMORS:

Soft Tissue:

Epithelial: Papilloma, Carcinoma, Melanoma

Connective tissue: Fibroma, Lipoma, Fibrosarcoma

Vascular: Haemangioma, Lymphangioma

Nerve Tissue: Neurofibroma, Traumatic Neuroma, Neurofibromatosis

Salivary Glands: Pleomorphic adenoma, Adenocarcinoma, Warthin's Tumor, Adenoid cystic carcinoma.

Hard Tissue:

Non Odontogenic: Osteoma, Osteosarcoma, Osteoclastoma, Chondroma, Chondrosarcoma, Central giant cell tumor, and Central haemangioma

Odontogenic: Enameloma, Ameloblastoma, Calcifying Epithelial Odontogenic tumor, Adenomatoid Odontogenic tumor, Periapical cemental dysplasia and odontomas

- (5) Periodontal diseases: Gingival hyperplasia, gingivitis, periodontitis, pyogenic granuloma
- (6) Granulomatous diseases: Tuberculosis, Sarcoidosis, Midline lethal granuloma, Crohn's Disease and Histiocytosis X
- (7) Miscellaneous Disorders: Burkitt lymphoma, sturge – Weber syndrome, CREST syndrome, Rendu-Osler-Weber disease

SECTION (C): ORAL MEDICINE AND THERAPEUTICS.

The following chapters shall be studied in detail including the etiology, pathogenesis, clinical features, investigations, differential diagnosis, management and prevention

- (1) Infections of oral and paraoral structures:
 - Bacterial: Streptococcal, tuberculosis, syphilis, Vincent's, leprosy, actinomycosis, diphtheria and tetanus
 - Fungal: Candida albicans
 - Virus: Herpes simplex, herpes zoster, Ramsay Hunt syndrome, measles, herpangina, mumps, infectious mononucleosis, AIDS and hepatitis-B
- (2) Important common mucosal lesions:
 - White lesions: Chemical burns, leukoedema, leukoplakia, Fordyce spots, stomatitis nicotina palatinus, white sponge nevus, candidiasis, lichen planus, discoid lupus erythematosus
 - Vesiculo-bullous lesions: Herpes simplex, herpes zoster, herpangina, bullous lichen planus, pemphigus, cicatricial pemphigoid erythema multiforme.
 - Ulcers: Acute and chronic ulcers
 - Pigmented lesions: Exogenous and endogenous

Red lesions: Erythroplakia, stomatitis venenata and medicamentosa, erosive lesions and denture sore mouth.

- (3) Cervico-facial lymphadenopathy
- (4) Facial pain:
 - (i) Organic pain: Pain arising from the diseases of orofacial tissues like teeth, pulp, gingival, periodontal tissue, mucosa, tongue, muscles, blood vessels, lymph tissue, bone, paranasal sinus, salivary glands etc.,
 - (ii) Pain arising due to C.N.S. diseases:
 - (a) Pain due to intracranial and extracranial involvement of cranial nerves. (Multiple sclerosis, cerebrovascular diseases, trojter's syndrome etc.)
 - (b) Neuralgic pain due to unknown causes: Trigeminal neuralgia, glossopharyngeal neuralgia, sphenopalatine ganglion neuralgia, periodic migrainous neuralgia and atypical facial pain
 - (iii) Referred pain: Pain arising from distant tissues like heart, spine etc.,
- (5) Altered sensations: Cacogeusia, halitosis
- (6) Tongue in local and systemic disorders: (Aglossia, ankyloglossia, bifid tongue, fissured tongue, scrotal tongue, macroglossia, microglossia, geographic tongue, median rhomboid glossitis, depapillation of tongue, hairy tongue, atrophic tongue, reactive lymphoid hyperplasia, glossodynia, glossopyrosis, ulcers, white and red patches etc.)
- (7) Oral manifestations of:
 - (i) Metabolic disorders:
 - (a) Porphyria
 - (b) Haemochromatosis
 - (c) Histocytosis X diseases
 - (ii) Endocrine disorders:
 - (a) Pituitary: Gigantism, acromegaly, hypopituitarism
 - (b) Adrenal cortex: Addison's disease (Hypofuntion) Cushing's syndrome (Hyperfunction)
 - (c) Parathyroid glands: Hyperparathyroidism.
 - (d) Thyroid gland: (Hypothyroidism) Cretinism, myxedema
 - (e) Pancreas: Diabetes
 - (iii) Nutritional deficiency: Vitamins: riboflavin, nicotinic acid, folic acid Vitamin B12, Vitamin C (Scurvy)
 - (iv) Blood disorders:
 - (a) Red blood cell diseases
 - Defficiency anemias: (Iron deficiency, plummer – vinson syndrome, pernicious anemia)
 - Haemolytic anemias: (Thalassemia, sickle cell anemia, erythroblastosis fetalis)
 - Aplastic anemia
 - Polycythemia
 - (b) White Blood cell diseases
 - Neutropenia, cyclic neutropenia, agranulocytosis, infectious mononeucleosis and leukemias
 - (c) Haemorrhagic disorders:
 - Thrombocytopenia, purpura, hemophillia, christmas disease and von willebrand's disease
- (8) Disease of salivary glands:
 - (i) Development distrubances: Aplasia, atresia and aberration
 - (ii) Functional disturbances: Xerostomia, ptyalism
 - (iii) Inflammatory conditions: Nonspecific sialadenitis, mumps, sarcoidosis heerdfort's syndrome (Uveoparotid fever), Necrotising sialometaplasia
 - (iv) Cysts and tumors: Mucocele, ranula, pleomorphic adenoma, mucoepidermoid carcinoma
 - (v) Miscellaneous: Sialolithiasis, sjogren's syndrome, mikuliez's disease and sialosis
- (9) Dermatological diseases with oral manifestations:
 - (a) Ectodermal dysplasia (b) Hyperkerotosis palmarplantaris with periodontOopathy (c) Scleroderma (d) Lichen planus including ginspan's syndrome (e) Luplus erythematosus (f) Pemphigus (g) Erythema multiforme (h) Psoriasis
- (10) Immunological diseases with oral manifestations
 - (a) Leukemia (b) Lymphomas (c) Multiple mycloma (d) AIDS clinical manifestations, opportunistic infections, neoplasms (e) Thrombcytopenia (f) Lupus erythematosus (g) Scleroderma (h) dermatomyositis (l) Submucous fibrosis (j) Rhemtoid arthritis (k) Recurrent oral ulcerations including behcet's syndrome and reiter's syndrome
- (11) Allergy: Local allergic reactions, anaphylaxis, serum sickness (local and systemic allergic manifestations to food drugs and chemicals)
- (12) Foci of oral infection and their ill effects on general health
- (13) Management of dental problems in medically comrpomised persons:
 - (i) Physiological changes: Puberty, pregnancy and menopause
 - (ii) The patients suffering with cardiac, respiratory, liver, kidney and bleeding disorders, hypertension, diabetes and AIDS. Post-irradiated patients.
- (14) Precancerous lesions and conditions
- (15) Nerve and muscle diseases:

- (i) Nerves: (a) Neuropraxia (b) Neurotmesis (c) Neuritis (d) Facial nerve paralysis including Bell's palsy, Heerfordt's syndrome, Melkersson Rosenthal syndrome and Ramsay Hunt syndrome (e) Neuroma (f) Neurofibromatosis (g) Frey's syndrome
- (ii) Muscles: (a) Myositis ossificans (b) Myofascial pain dysfunction syndrome (c) Trismus
- (16) Forensic odontology:
- Medicolegal aspects of orofacial injuries
 - Identification of bite marks
 - Determination of age and sex
 - Identification of cadavers by dental appliances, Restorations and tissue remnants
- (17) Therapeutics: General therapeutic measures – drugs commonly used in oral medicine viz., antibiotics, chemotherapeutic agents, anti-inflammatory and analgesic drugs, astringents, mouth washes, styptics, demulcents, local surface anaesthetic, sialogogues, antisialogogues and drugs used in the treatment of malignancy

Part – II BEHAVIOURAL SCIENCES AND ETHICS.

Part – III ORAL RADIOLOGY

- Scope of the subject and history of origin
- Physics of radiation: (a) Nature and types of radiations (b) Source of radiations (c) Production of X-rays (d) Properties of X-rays (e) Compton effect (f) Photoelectric effect (g) Radiation measuring units
- Biological effects of radiation
- Radiation safety and protection measures
- Principles of image production
- Radiographic techniques:
 - Intra-Oral: (a) Periapical radiographs (Bisecting and parallel techniques) (b) Bite wing radiographs (c) Occlusal radiographs
 - Extra-oral: (a) Lateral projections of skull and jaw bones and paranasal sinuses (c) Cephalograms (d) Orthopantomograph (e) Projections of temporomandibular joint and condyle of mandible (f) Projections for Zygomatic arches
 - Specialised techniques: (a) Sialography (b) Xeroradiography (c) Tomography
- Factors in production of good radiographs:
 - K.V.P. and mA. of X-ray machine (b) Filters (c) Collimations (d) Intensifying screens (e) Grids (f) X-ray films (g) Exposure time (h) Techniques (i) Dark room (j) Developer and fixer solutions (k) Film processing
- Radiographic normal anatomical landmarks
- Facility radiographs and artefacts in radiographs
- Interpretation of radiographs in various abnormalities of teeth, bones and other orofacial tissues
- Principles of radiotherapy of oro-facial malignancies and complications of radiotherapy
- Contrast radiography and basic knowledge of radio-active isotopes
- Radiography in Forensic Odontology - Radiographic age estimation and post-mortem radiographic methods

PRACTICALS / CLINICALS:

- Student is trained to arrive at proper diagnosis by following a scientific and systematic procedure of history taking and examination of the orofacial region. Training is also imparted in management wherever possible. Training also shall be imparted on saliva diagnostic procedures. Training also shall be imparted in various radiographic procedures and interpretation of radiographs.
- In view of the above each student shall maintain a record of work done, which shall be evaluated for marks at the time of university examination
- The following is the minimum of prescribed work for recording
 - Recording of detailed case histories of interesting cases 10
 - Intra-oral radiographs (Periapical, bitewing, occlusal) 25
 - Saliva diagnostic check as routine procedure

BOOKS RECOMMENDED:

- Oral Diagnosis, Oral Medicine & Oral Pathology
 - Burkit – Oral Medicine – J.B. Lippincott Company
 - Coleman – Principles of Oral Diagnosis – Mosby Year Book
 - Jones – Oral Manifestations of Systemic Diseases – W.B. Saunders company
 - Mitchell – Oral Diagnosis & Oral Medicine
 - Kerr – Oral Diagnosis
 - Miller – Oral Diagnosis & Treatment
 - Hutchinson – clinical Methods
 - Oral Pathology – Shafers
 - Sonis.S.T., Fazio.R.C. and Fang.L - Principles and practice of Oral Medicine
- Oral Radiology
 - White & Goaz – Oral Radiology – Mosby year Book
 - Wehrman – Dental Radiology – C.V. Mosby Company
 - Stafne – Oral Roentgenographic Diagnosis – W.B.Saunders Co.,

c) Forensic Odontology

1. Derek H. Clark – Practical Forensic Odontology - Butterworth-Heinemann (1992)
2. C Michael Bowers, Gary Bell – Manual of Forensic Odontology - Forensic Pr (1995)

14. ORTHODONTICS & DENTAL ORTHOPAEDICSCOURSE OBJECTIVE:

Undergraduate programme in Orthodontics is designed to enable the qualifying dental surgeon to diagnose, analyse and treat common orthodontic problems by preventive, interceptive and corrective orthodontic procedures. The following basic instructional procedures will be adapted to achieve the above objectives.

1. Introduction, Definition, Historical Background, Aims And Objectives Of Orthodontics And Need For Orthodontics Care.
2. Growth And Development: In General
 - a. Definition
 - b. Growth spurts and Differential growth
 - c. Factors influencing growth and Development
 - d. Methods of measuring growth
 - e. Growth theories (Genetic, Sicher's, Scott's, Moss's, Petrovics, Multifactorial)
 - f. Genetic and epigenetic factors in growth
 - g. Cephalocaudal gradient in growth.
3. Morphologic Development Of Craniofacial Structures
 - a. Methods of bone growth
 - b. Prenatal growth of craniofacial structures
 - c. Postnatal growth and development of: cranial base, maxilla, mandible, dental arches and occlusion.
4. Functional Development Of Dental Arches And Occlusion
 - a. Factors influencing functional development of dental arches and occlusion.
 - b. Forces of occlusion
 - c. Wolfe's law of transformation of bone
 - d. Trajectories of forces
5. Clinical Application Of Growth And Development
6. Malocclusion - In General
 - a. Concept of normal occlusion
 - b. Definition of malocclusion
 - c. Description of different types of dental, skeletal and functional malocclusion.
7. Classification of Malocclusion

Principle, description, advantages and disadvantages of classification of malocclusion by Angle's, Simon's, Lischer's and Ackerman and Proffitt's.
8. Normal And Abnormal Function Of Stomatognathic System
9. Etiology Of Malocclusion
 - a. Definition, importance, classification, local and general etiological factors.
 - b. Etiology of following different types of malocclusion:
 - 1) Midline diastema
 - 2) Spacing
 - 3) Crowding
 - 4) Cross-Bite: Anterior/Posterior
 - 5) Class III Malocclusion
 - 6) Class II Malocclusion
 - 7) Deep Bite
 - 8) Open bite
10. Diagnosis And Diagnostic Aids
 - a. Definition, Importance and classification of diagnostic aids
 - b. Importance of case history and clinical examination in orthodontics
 - c. Study Models: - Importance and uses - Preparation and preservation of study models
 - d. Importance of intraoral X-rays in orthodontics
 - e. Panoramic radiographs: - Principles, Advantages, disadvantages and uses
 - f. Cephalometrics: Its advantages, disadvantages
 1. Definition
 2. Description and use of cephalostat
 3. Description and uses of anatomical landmarks lines and angles used in cephalometric analysis
 4. Analysis- Steiner's, Down's, Tweed's, Ricket's-E- line
 - g. Electromyography and its uses in orthodontics
 - h. Wrist X-rays and its importance in orthodontics
11. General Principles In Orthodontic Treatment Planning Of Dental And Skeletal Malocclusions
12. Anchorage In Orthodontics - Definition, Classification, Types and Stability Of Anchorage
13. Biomechanical Principles In Orthodontic Tooth Movement
 - a. Different types of tooth movements
 - b. Tissue response to orthodontic force application

- c. Age factor in orthodontic tooth movement
- 14. Preventive Orthodontics
 - a. Definition
 - b. Different procedures undertaken in preventive orthodontics and their limitations.
- 15. Interceptive Orthodontics
 - a. Definition
 - b. Different procedures undertaken in interceptive orthodontics
 - c. Serial extractions: Definition, indications, contra-indication, technique, advantages and disadvantages.
 - d. Role of muscle exercises as an interceptive procedure
- 16. Corrective Orthodontics
 - a. Definition, factors to be considered during treatment planning.
 - b. Model analysis: Pont's, Ashley Howe's, Bolton, Careys, Moyer's Mixed Dentition Analysis
 - c. Methods of gaining space in the arch:- Indications, relative merits and demerits of proximal stripping, arch expansion and extractions
 - d. Extractions in Orthodontics - indications and selection of teeth for extraction.
- 17. Orthodontic Appliances: General
 - a. Requisites for orthodontic appliances
 - b. Classification, indications of Removable and Functional Appliances
 - c. Methods of force application
 - d. Materials used in construction of various orthodontic appliances - uses of stainless steel, technical considerations in curing of acrylic, Principles of welding and soldering, fluxes and antfluxes.
 - e. Preliminary knowledge of acid etching and direct bonding.
- 18. Ethics

REMOVABLE ORTHODONTIC APPLIANCES

- 1) Components of removable appliances
- 2) Different types of clasps and their uses
- 3) Different types of labial bows and their uses
- 4) Different types of springs and their uses
- 5) Expansion appliances in orthodontics:
 - i) Principles
 - ii) Indications for arch expansion
 - iii) Description of expansion appliances and different types of expansion devices and their uses.
 - iv) Rapid maxillary expansion

FIXED ORTHODONTIC APPLIANCES

1. Definition, Indications & Contraindications
2. Component parts and their uses
3. Basic principles of different techniques: Edgewise, Begg's, straight wire.

EXTRAORAL APPLIANCES

1. Headgears
2. chin cup
3. reverse pull headgears

MYOFUNCTIONAL APPLIANCES

1. Definition and principles
2. Muscle exercises and their uses in orthodontics
3. Functional appliances:
 - i) Activator, Oral screens, Frankels function regulator, bionator twin blocks, lip bumper
 - ii) Inclined planes - upper and lower
18. Orthodontic Management Of Cleft Lip And Palate
19. Principles Of Surgical Orthodontics

Brief knowledge of correction of:

 - a. Mandibular Prognathism and Retrognathism
 - b. Maxillary Prognathism and Retrognathism
 - c. Anterior open bite and deep bite
 - d. Cross bite
20. Principle, Differential Diagnosis & Methods Of Treatment Of:
 1. Midline diastema
 2. Cross bite
 3. Open bite
 4. Deep bite
 5. Spacing
 6. Crowding
 7. Class II - Division 1, Division 2
 8. Class III Malocclusion - True and Pseudo Class III

21. Retention And Relapse

Definition, Need for retention, Causes of relapse, Methods of retention, Different types of retention devices, Duration of retention, Theories of retention.

CLINICALS AND PRACTICALS IN ORTHODONTICS

PRACTICAL TRAINING DURING II YEAR B.D.S.

- I. Basic wire bending exercises Gauge 22 or 0.7mm
 1. Straightening of wires (4 Nos.)
 2. Bending of a equilateral triangle
 3. Bending of a rectangle
 4. Bending of a square
 5. Bending of a circle
 6. Bending of U.V.
- II. Construction of Clasps (Both sides upper/lower) Gauge 22 or 0.7mm
 1. 3/4 Clasp (C-Clasp)
 2. Full Clasp (Jackson's Crib)
 3. Adam's Clasp
 4. Triangular Clasp
- III. Construction of Springs (on upper both sides) Gauge 24 or 0.5mm
 1. Finger Spring
 2. Single Cantelever Spring
 3. Double Cantelever Spring (Z-Spring)
 4. T-Springs on premolars
- IV. Construction of Canine retractors Gauge 23 or 0.6mm
 1. U - Loop canine retractor
(Both sides on upper & lower)
 2. Helical canine retractor
(Both sides on upper & lower)
 3. Buccal canine retractor:
 - Self supported buccal canine retractor with
 - a) Sleeve - 5mm wire or 24 gauge
 - b) Sleeve - 19 gauge needle on any one side.
 4. Palatal canine retractor on upper both sides
Gauge 23 or 0.6mm
- V. Labial Bow
Gauge 22 or 0.7mm
One on both upper and lower

CLINICAL TRAINING DURING III YEAR B.D.S.

NO. EXERCISE

01. Making upper Alginate impression
02. Making lower Alginate impression
03. Study Model preparation
04. Model Analysis
 - a. Pont's Analysis
 - b. Ashley Howe's Analysis
 - c. Carey's Analysis
 - d. Bolton's Analysis
 - e. Moyer's Mixed Dentition Analysis

CLINICAL TRAINING DURING FINAL YEAR B.D.S.

NO. EXERCISE

01. Case History taking
02. Case discussion
03. Discussion on the given topic
04. Cephalometric tracings
 - a. Down's Analysis
 - b. Steiner's Analysis
 - c. Tweed's Analysis

PRACTICAL TRAINING DURING FINAL YEAR B.D.S.

1. Adam's Clasp on Anterior teeth Gauge 0.7mm
 2. Modified Adam's Clasp on upper arch Gauge 0.7mm
 3. High Labial bow with Apron spring on upper arch
(Gauge of Labial bow - 0.9mm, Apron spring - 0.3mm)
 4. Coffin spring on upper arch Gauge 1mm
- Appliance Construction in Acrylic
1. Upper & Lower Hawley's Appliance
 2. Upper Hawley's with Anterior bite plane
 3. Upper Habit breaking Appliance

4. Upper Hawley's with Posterior bite plane with 'Z' Spring
5. Construction of Activator
6. Lower inclined plane/Catalan's Appliance
7. Upper Expansion plate with Expansion Screw

RECOMMENDED AND REFERENCE BOOKS

- | | |
|--|--------------------|
| 1. CONTEMPORARY ORTHODONTICS | WILLIAM R. PROFFIT |
| 2. ORTHODONTICS FOR DENTAL STUDENTS | WHITE and GARDINER |
| 3. HANDBOOK OF ORTHODONTICS | MOYERS |
| 4. ORTHODONTICS - PRINCIPLES AND PRACTICE | GRABER |
| 5. DESIGN, CONSTRUCTION AND USE OF REMOVABLE | |
| 6. ORTHODONTIC APPLIANCES | C. PHILIP ADAMS |
| 7. CLINICAL ORTHODONTICS: VOL1 & 2 | SALZMANN |

15. PAEDIATRIC & PREVENTIVE DENTISTRY

THEORY:

1. INTRODUCTION TO PEDODONTICS & PREVENTIVE DENTISTRY.
 - Definition, Scope, Objectives and Importance.
2. GROWTH & DEVELOPMENT:
 - Importance of study of growth and development in Pedodontics.
 - Prenatal and Postnatal factors in growth & development.
 - Theories of growth & development.
 - Development of maxilla and mandible and related age changes.
3. DEVELOPMENT OF OCCLUSION FROM BIRTH THROUGH ADOLESCENCE.
 - Study of variations and abnormalities.
4. DENTAL ANATOMY AND HISTOLOGY:
 - Development of teeth and associated structures.
 - Eruption and shedding of teeth.
 - Teething disorders and their management.
 - Chronology of eruption of teeth.
 - Differences between deciduous and permanent teeth.
 - Development of dentition from birth to adolescence.
 - Importance of first permanent molar.
5. DENTAL RADIOLOGY RELATED TO PEDODONTICS.
6. ORAL SURGICAL PROCEDURES IN CHILDREN.
 - Indications and contraindications of extractions of primary and permanent teeth in children.
 - Knowledge of Local and General Anesthesia.
 - Minor surgical procedures in children.
7. DENTAL CARIES:
 - Historical background.
 - Definition, aetiology & pathogenesis.
 - Caries pattern in primary, young permanent and permanent teeth in children.
 - Rampant caries, early childhood caries and extensive caries:
 - * Definition, aetiology, Pathogenesis, Clinical features, Complications & Management
 - Role of diet and nutrition in Dental Caries.
 - Dietary modifications & Diet counseling.
 - Caries activity, tests, caries prediction, caries susceptibility & their clinical application.
8. GINGIVAL & PERIODONTAL DISEASES IN CHILDREN.
 - Normal gingiva & periodontium in children.
 - Definition, aetiology & Pathogenesis.
 - Prevention & Management of gingival & Periodontal diseases.
9. CHILD PSYCHOLOGY:
 - Definition.
 - Theories of child psychology.
 - Psychological development of children with age.
 - Principles of psychological growth & development while managing child patient.
 - Dental fear and its management.
 - Factors affecting child's reaction to dental treatment.
10. BEHAVIOUR MANAGEMENT:
 - Definitions.
 - Types of behaviour encountered in the dental clinic.
 - Non-pharmacological & pharmacological methods of Behaviour Management.
11. PEDIATRIC OPERATIVE DENTISTRY:
 - Principles of Pediatric Operative Dentistry.
 - Modifications required for cavity preparation in primary and young permanent teeth.
 - Various Isolation Techniques.
 - Restorations of decayed primary, young permanent and permanent teeth in children using various restorative materials like Glass Ionomer, Composites & Silver Amalgam. Stainless steel, Polycarbonate & Resin Crowns.

12. PEDIATRIC ENDODONTICS

- Principles & Diagnosis.
- Classification of Pulpal Pathology in primary, young permanent & permanent teeth.
- Management of Pulpally involved primary, young permanent & permanent teeth.
 - Pulp capping – direct & indirect.
 - Pulpotomy
 - Pulpectomy
 - Apexogenesis
 - Apexification
- Obturation Techniques & material used for primary, young permanent & Permanent teeth in children.

13. TRAUMATIC INJURIES IN CHILDREN:

- Classifications & Importance.
- Sequelae & reaction of teeth to trauma.
- Management of Traumatized teeth.

14. PREVENTIVE & INTERCEPTIVE ORTHODONTICS:

- Definitions.
- Problems encountered during primary and mixed dentition phases & their management.
- Serial extractions.
- Space management.

15. ORAL HABITS IN CHILDREN:

- Definition, Aetiology & Classification.
- Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
- Management of oral habits in children.

16. DENTAL CARE OF CHILDREN WITH SPECIAL NEEDS:

- Definition, Aetiology, Classification, Behavioural and Clinical features & Management of children with:
 - Physically handicapping conditions.
 - Mentally compromising conditions.
 - Medically compromising conditions.
 - Genetic disorders.

17. CONGENITAL ABNORMALITIES IN CHILDREN:

- Definition, Classification, Clinical features & Management.

18. DENTAL EMERGENCIES IN CHILDREN & THEIR MANAGEMENT.

19. DENTAL MATERIALS USED IN PEDIATRIC DENTISTRY.

20. PREVENTIVE DENTISTRY:

- Definition.
- Principles & Scope.
- Types of prevention.
- Different preventive measures used in Pediatric Dentistry including pit and fissure sealants and caries vaccine.

21. DENTAL HEALTH EDUCATION & SCHOOL DENTAL HEALTH PROGRAMMES.

22. FLUORIDES:

- Historical background.
- Systemic & Topical fluorides.
- Mechanism of action.
- Toxicity & Management.
- Defluoridation techniques.

23. CASE HISTORY RECORDING:

- Outline of principles of examination, diagnosis & treatment planning.

24. SETTING UP OF PEDODONTIC CLINIC.

25. ETHICS.

B. PRACTICALS:

Following is the recommended clinical quota for under-graduate students in the subject of pediatric & preventive dentistry.

1. Restorations – Class I & II only : 45
2. Preventive measures e.g. Oral Prophylaxis – 20.
3. Fluoride applications – 10
4. Extractions – 25
5. Case History Recording & Treatment Planning – 10
6. Education & motivation of the patients using disclosing agents. Educating patients about oral hygiene measures like tooth brushing, flossing etc.

BOOKS RECOMMENDED & REFERENCE:

1. Pediatric Dentistry (Infancy through Adolescence) – Pinkham.
2. Kennedy's Pediatric Operative Dentistry – Kennedy & Curzon.
3. Occlusal guidance in Pediatric Dentistry – Stephen H. Wei.
4. Clinical Use of Fluorides – Stephen H. Wei.

5. Pediatric Oral & Maxillofacial Surgery – Kaban.
6. Pediatric Medical Emergencies – P. S. Whatt.
7. Understanding of Dental Caries – Niki Foruk.
8. An Atlas of Glass Ionomer cements – G. J. Mount.
9. Clinical Pedodontics – Finn.
10. Textbook of Pediatric Dentistry – Braham Morris.
11. Primary Preventive Dentistry – Norman O. Harris.
12. Handbook of Clinical Pedodontics – Kenneth. D.
13. Preventive Dentistry – Forrester.
14. The Metabolism and Toxicity of Fluoride – Garry M. Whitford.
15. Dentistry for the Child and Adolescence – Mc. Donald.
16. Pediatric Dentistry – Damle S. G.
17. Behaviour Management – Wright
18. Pediatric Dentistry – Mathewson.
19. Traumatic Injuries – andreason.
20. Occlusal guidance in Pediatric Dentistry – Nakata.
21. Pediatric Drug Therapy – Tomare
22. Contemporary Orthodontics – Profitt..
23. Preventive Dentistry – Depaola.
24. Metabolism & Toxicity of Fluoride – whitford. G. M.
25. Endodontic Practice – Grossman.
26. Principles of Endodontics – Munford.
27. Endodontics – Ingle.
28. Pathways of Pulp – Cohen.
29. Management of Traumatized anterior Teeth – Hargreaves.

16. PUBLIC HEALTH DENTISTRY

GOAL:

To prevent and control oral diseases and promote oral health through organized community efforts

OBJECTIVES:

Knowledge:

At the conclusion of the course the student shall have a knowledge of the basis of public health, preventive dentistry, public health problems in India, Nutrition, Environment and their role in health, basics of dental statistics, epidemiological methods, National oral health policy with emphasis on oral health policy.

Skill and Attitude:

At the conclusion of the course the students shall have require at the skill of identifying health problems affecting the society, conducting health surveys, conducting health education classes and deciding health strategies. Students should develop a positive attitude towards the problems of the society and must take responsibilities in providing health.

Communication abilities:

At the conclusions of the course the student should be able to communicate the needs of the community efficiently, inform the society of all the recent methodologies in preventing oral disease

Syllabus:

1. Introduction to Dentistry: Definition of Dentistry, History of dentistry, Scope, aims and objectives of Dentistry.
2. Public Health:
 - i. Health & Disease: - Concepts, Philosophy, Definition and Characteristics
 - ii. Public Health: - Definition & Concepts, History of public health
 - iii. General Epidemiology: - Definition, objectives, methods
 - iv. Environmental Health: - Concepts, principles, protection, sources, purification environmental sanitation of water disposal of waste sanitation, then role in mass disorder
 - v. Health Education: - Definition, concepts, principles, methods, and health education aids
 - vi. Public Health Administration: - Priority, establishment, manpower, private practice management, hospital management.
 - vii. Ethics and Jurisprudence: Professional liabilities, negligence, malpractice, consents, evidence, contracts, and methods of identification in forensic dentistry.
 - viii. Nutrition in oral diseases
 - ix. Behavioral science: Definition of sociology, anthropology and psychology and their in dental practice and community.
 - x. Health care delivery system: Center and state, oral health policy, primary health care, national programmes, health organizations.

Dental Public Health:

1. Definition and difference between community and clinical health.
2. Epidemiology of dental diseases-dental caries, periodontal diseases, malocclusion, dental fluorosis and oral cancer.
3. Survey procedures: Planning, implementation and evaluation, WHO oral health survey methods 1997, indices for dental diseases.

4. Delivery of dental care: Dental auxiliaries, operational and non-operational, incremental and comprehensive health care, school dental health.
5. Payments of dental care: Methods of payments and dental insurance, government plans
6. Preventive Dentistry- definition, Levels, role of individual , community and profession, fluorides in dentistry, plaque control programmes.

Research Methodology and Dental Statistics

1. Health Information: - Basic knowledge of Computers, MS Office, Window 2000, Statistical Programmes
2. Research Methodology: -Definition, types of research, designing a written protocol
3. Bio-Statistics: - Introduction, collection of data, presentation of data, Measures of Central tendency, measures of dispersion, Tests of significance, Sampling and sampling techniques- types, errors, bias, blind trails and calibration.

Practice Management

1. Place and locality
2. Premises & layout
3. Selection of equipments
4. Maintenance of records/accounts/audit.

Dentist Act 1948 with amendment.

Dental Council of India and State Dental Councils

Composition and responsibilities.

Indian Dental Association

Head Office, State, local and branches.

PRACTICALS/CLINICALS/FIELD PROGEAMME IN COMMUNITY DENTISTRY:

These exercises designed to help the student in IV year students:

1. Understand the community aspects of dentistry
2. To take up leadership role in solving community oral health programme

Exercises:

- a) Collection of statistical data (demographic) on population in India, birth rates, morbidity and mortality, literacy, per capita income
- b) Incidence and prevalence of common oral diseases like dental caries, periodontal disease, oral cancer, fluorosis at national and international levels
- c) Preparation of oral health education material posters, models, slides, lectures, play acting skits etc.
- d) Oral health status assessment of the community using indices and WHO basic oral health survey methods
- e) Exploring and planning setting of private dental clinics in rural, semi urban and urban locations, availment of finances for dental practices-preparing project report.
- f) Visit to primary health center-to acquaint with activities and primary health care delivery
- g) Visit to water purification plant/public health laboratory/ center for treatment of western and sewage water
- h) Visit to schools-to assess the oral health status of school children, emergency treatment and health education including possible preventive care at school (tooth brushing technique demonstration and oral rinse programme etc.)
- i) Visit to institution for the care of handicapped, physically, mentally, or medically compromised patients
- j) Preventive dentistry: in the department application of pit and fissure sealants, fluoride gel application procedure, A. R. T., Comprehensive health for 5 pts at least 2 patients

The colleges are encouraged to involve in the N.S.S. programme for college students for carrying out social work in rural areas

SUGGESTED INTERNSHIP PROGRAMME IN COMMUNITY DENTISTRY:

I. AT THE COLLEGE:

Students are posted to the department to get training in dental practice management.

- (a) Total oral health care approach- in order to prepare the new graduates in their approach to diagnosis, treatment planning, cost of treatment, prevention of treatment on schedule, recall maintenance of records etc. at least 10 patients (both children and adults of all types posting for at least one month).
- (b) The practice of chair side preventive dentistry including oral health education

II. AT THE COMMUNITY ORAL HEALTH CARE CENTRE (ADOPTED BY THE DENTAL COLLEGE IN RURAL AREAS)

Graduates posted for at least on month to familiarize in:

- (a) Survey methods, analysis and presentation of oral health assessment of school children and community independently using WHO basic oral health survey methods.
- (b) Participation in rural oral health education programmes
- (c) Stay in the village to understand the problems and life in rural areas

III. DESIRABLE: Learning use of computers-at least basic programme.

Examination Pattern

- I. Index: Case History

Periodontitis:

Adult periodontitis, Rapidly progressive periodontitis A&B,
 Juvenile periodontitis(localized, generalized, and post-juvenile),
 Prepubertal periodontitis,
 Refractory periodontitis

6. Gingival diseases Localized and generalized gingivitis, Papillary, marginal and diffuse gingivitis 6
 Etiology, pathogenesis, clinical signs, symptoms and management of
 i) Plaque associated gingivitis
 ii) Systemically aggravated gingivitis(sex hormones, drugs and systemic diseases)
 iii) ANUG
 iv) Desquamative gingivitis-Gingivitis associated with lichen planus, pemphigoid, pemphigus, and other vesiculobullous lesions
 v) Allergic gingivitis
 vi) Infective gingivitis-Herpetic, bacterial and candidial
 vii) Pericoronitis
 viii) Gingival enlargement (classification and differential diagnosis)
- 7 Epidemiology of periodontal diseases - Definition of index, incidence, prevalence, epidemiology, endemic, epidemic, and pandemic 2
 - Classification of indices(Irreversible and reversible)
 - Deficiencies of earlier indices used in Periodontics
 - Detailed understanding of Silness & Loe Plaque Index, Loe & Silness Gingival Index, CPITN & CPI.
 - Prevalence of periodontal diseases in India and other countries.
 - Public health significance(All these topics are covered at length under community dentistry. Hence, the topics may be discussed briefly. However, questions may be asked from the topics for examination)
8. Extension of inflammation from gingiva 1
 Mechanism of spread of inflammation from gingival area to deeper periodontal structures
9. Pocket 2
 Definition, signs and symptoms, classification, pathogenesis, histopathology, root surface changes and contents of the pocket
10. Etiology 5
 - Dental Plaque (Biofilm)
 - Definition, New concept of biofilm
 - Types, composition, bacterial colonization, growth, maturation & disclosing agents
 - Role of dental plaque in periodontal diseases
 - Plaque microorganisms in detail and bacteria associated with periodontal diseases
 - Plaque retentive factors
 - Materia alba
 - Food debris
 - Calculus
 - Definition
 - Types, composition, attachment, theories of formation
 - Role of calculus in disease
 Food Impaction
 - Definition
 - Types, Etiology
 - Hirschfelds' classification
 - Signs, symptoms & sequelae of treatment
 Trauma from occlusion
 - Definition, Types
 - Histopathological changes
 - Role in periodontal disease
 - Measures of management in brief
 Habits
 - Their periodontal significance
 - Bruxism & parafunctional habits, tongue thrusting, lip biting, occupational habits
 IATROGENIC FACTORS

	Conservative Dentistry	
	- Restorations	
	- Contact point, marginal ridge, surface roughness, overhanging restorations, interface between restoration and teeth	
	Prosthodontics	
	- Interrelationship	
	- Bridges and other prosthesis, pontics(types) ,surface contour, relationships of margins to the periodontium, Gingival protection theory, muscle action theory& theory of access to oral hygiene.	
	Orthodontics	
	- Interrelationship, removable appliances &fixed appliances	
	- Retention of plaque, bacterial changes	
	Systemic diseases	
	- Diabetes, sex hormones, nutrition(Vit.C &proteins)	
	- AIDS & periodontium	
	- Hemorrhagic diseases, Leukemia, clotting factor disorders,PMN disorders	
11.	Risk factors	Definition. Risk factors for periodontal diseases 1
12.	Host response	- Mechanism of initiation and progression of periodontal diseases 3
		- Basic concepts about cells, Mast cells, neutrophils, macrophages, lymphocytes, immunoglobulins, complement system, immune mechanisms & cytokines in brief
		- Stages in gingivitis-Initial, early, established & advanced
		- Periodontal disease activity, continuous paradigm, random burst & asynchronous multiple burst hypothesis
13.	Periodontitis	- Etiology ,histopathology, clinical signs & symptoms, diagnosis and treatment of adult periodontitis 6
		- Periodontal abscess; definition, classification, pathogenesis, differential diagnosis and treatment
		- Furcation involvement, Glickmans' classification, prognosis and management
		- Rapidly progressive periodontitis
		- Juvenile periodontitis: Localized and generalized
		- Post-juvenile periodontitis
		- Periodontitis associated with systemic diseases
		- Refractory periodontitis
14.	Diagnosis	- Routine procedures, methods of probing, types of probes,(According to case history) 2
		- Halitosis: Etiology and treatment. Mention advanced diagnostic aids and their role in brief.
15.	Prognosis	- Definition, types, purpose and factors to be taken into consideration 1
16.	Treatment plan	- Factors to be considered 1
17.	Periodontal therapy	A. General principles of periodontal therapy. Phase I,II, III, IV therapy. 3
		Definition of periodontal regeneration, repair, new attachment and reattachment.
		B. Plaque control
		i. Mechanical tooth brushes, interdental cleaning aids, dentifrices
		ii. Chemical; classification and mechanism of action of each & pocket irrigation
18.	Pocket eradication procedures	- Scaling and root planing: 5
		- Indications
		- Aims & objectives
		- Healing following root planning
		- Hand instruments, sonic, ultrasonic &piezo-electric scalers
		- Curettage &present concepts
		- Definition
		- Indications
		- Aims &objectives
		- Procedures & healing response
		- Flap surgery
		- Definition
		- Types of flaps, Design of flaps, papilla preservation

		- Indications & contraindications	
		- Armamentarium	
		- Surgical procedure & healing response	
9.	Osseous Surgery	Osseous defects in periodontal disease	2
		- Definition	
		- Classification	
		- Surgery: resective, additive osseous surgery (osseous grafts with classification of grafts)	
		- Healing responses	
		- Other regenerative procedures; root conditioning	
		- Guided tissue regeneration	
20.	Mucogingival surgery & periodontal plastic surgeries	Definition	3
		Mucogingival problems: etiology, classification of gingival recession (P.D. Miller Jr. and Sullivan and Atkins)	
		Indications & objectives	
		Gingival extension procedures: lateral pedicle graft, frenectomy, frenotomy	
		Crown lengthening procedures	
		Periodontal microsurgery in brief	
21.	Splints	- Periodontal splints	1
		- Purpose & classification	
		- Principles of splinting	
22.	Hypersensitivity	Causes, Theories & management	1
23.	Implants	Definition, types, scope & biomaterials used.	1
		Periodontal considerations: such as implant-bone interface, implant-gingiva interface, implant failure, peri-implantitis & management	
24.	Maintenance phase (SPT)	- Aims, objectives, and principles	1
		- Importance	
		- Procedures	
		- Maintenance of implants	
25.	Pharmaco-therapy	- Periodontal dressings	2
		- Antibiotics & anti-inflammatory drugs	
		- Local drug delivery systems	
26.	Periodontal management of medically compromised patients	Topics concerning periodontal management of medically compromised patients	1
27.	Inter-disciplinary care	- Pulpo-periodontal involvement	1
		- Routes of spread of infection	
		- Simons' classification	
		- Management	
28.	Systemic effects of periodontal diseases in brief	Cardiovascular diseases, Low birth weight babies etc.	1
29.	Infection control protocol	Sterilization and various aseptic procedures	1
30.	Ethics		

TUTORIALS DURING CLINICAL POSTING;

1. Infection control
2. Periodontal instruments
3. Chair position and principles of instrumentation
4. Maintenance of instruments (sharpening)
5. Ultrasonic, Piezoelectric and sonic scaling – demonstration of technique
6. Diagnosis of periodontal disease and determination of prognosis
7. Radiographic interpretation and lab investigations
8. Motivation of patients- oral hygiene instructions

Students should be able to record a detailed periodontal case history, determine diagnosis, prognosis and plan treatment. Student should perform scaling, root planning local drug delivery and SPT. Shall be given demonstration of all periodontal surgical procedures.

DEMONSTRATIONS:

1. History taking and clinical examination of the patients
2. Recording different indices
3. Methods of using various scaling and surgical instruments
4. Polishing the teeth
5. Bacterial smear taking
6. Demonstration to patients about different oral hygiene aids

7. Surgical procedures- gingivectomy, gingivoplasty, and flap operations
8. Follow up procedures, post operative care and supervision

REQUIREMENTS:

1. Diagnosis, treatment planning and discussion and total periodontal treatment – 25 cases
2. Dental scaling, oral hygiene instructions – 50 complete cases/ equivalent
3. Assistance in periodontal surgery – 5 cases
4. A work record should be maintained by all the students and should be submitted at the time of examination after due certification from the head of the department.

Students should have to complete the work prescribed by the concerned department from time to time and submit a certified record for evaluation.

PRESCRIBED BOOK:

1. Glickman's Clinical Periodontology — Carranza

REFERENCE BOOKS

1. Essentials of Periodontology and periodontics- Torquil MacPhee
2. Contemporary periodontics- Cohen
3. Periodontal therapy- Goldman
4. Orbans' periodontics- Orban
5. Oral Health Survey- W.H.O.
6. Preventive Periodontics- Young and Stiffler
7. Public Health Dentistry- Slack
8. Advanced Periodontal Disease- John Prichard
9. Preventive Dentistry- Forrest
10. Clinical Periodontology- Jan Lindhe
11. Periodontics- Baer & Morris.

18. PROSTHODONTICS AND CROWN & BRIDGE

Complete Dentures

- A. Applied Anatomy and Physiology.
 1. Introduction
 2. Biomechanics of the edentulous state.
 3. Residual ridge resorption.
- B. Communicating with the patient
 1. Understanding the patients.
 - Mental attitude.
 2. Instructing the patient.
- C. Diagnosis and treatment planning for patients-
 1. With some teeth remaining.
 2. With no teeth remaining.
 - a) Systemic status.
 - b) Local factor.
 - c) The geriatric patient.
 - d) Diagnostic procedures.
- D. Articulators- discussion
- E. Improving the patient's denture foundation and ridge relation -an overview.
 - a) Pre-operative examination.
 - b) Initial hard tissue & soft tissue procedure.
 - c) Secondary hard & soft tissue procedure.
 - d) Implant procedure.
 - e) Congenital deformities.
 - f) Postoperative procedure.
- F. Principles of Retention, Support and Stability
- G. Impressions - detail.
 - a) Muscles of facial expression.
 - b) Biologic considerations for maxillary and mandibular impression including anatomy landmark and their interpretation.
 - c) Impression objectives.
 - d) Impression materials.
 - e) Impression techniques.
 - f) Maxillary and mandibular impression procedures.
 - i. Preliminary impressions.
 - ii. Final impressions.
 - g) Laboratory procedures involved with impression making (Beading & Boxing, and cast preparation).
- H. Record bases and occlusion rims- in detail.
 - a) Materials & techniques.
 - b) Useful guidelines and ideal parameters.
 - c) Recording and transferring bases and occlusal rims.

- I. Biological consideration in jaw relation & jaw movements - craniomandibular relations.
 - a) Mandibular movements.
 - b) Maxillo -mandibular relation including vertical and horizontal jaw relations.
 - c) Concept of occlusion- discuss in brief.
- J. Relating the patient to the articulator.
 - a) Face bow types & uses- discuss in brief.
 - b) Face bow transfer procedure - discuss in brief.
- K. Recording maxillo mandibular relation.
 - a) Vertical relations.
 - b) Centric relation records.
 - c) Eccentric relation records.
 - d) Lateral relation records.
- L. Tooth selection and arrangement.
 - a) Anterior teeth.
 - b) Posterior teeth.
 - c) Esthetic and functional harmony.
- M. Relating inclination of teeth to concept of occlusion- in brief.
 - a) Neurocentric concept.
 - b) Balanced occlusal concept.
- N. Trial dentures.
- O. Laboratory procedures.
 - a) Wax contouring.
 - b) Investing of dentures.
 - c) Preparing of mold.
 - d) Preparing & packing acrylic resin.
 - e) Processing of dentures.
 - f) Recovery of dentures.
 - g) Lab remount procedures.
 - h) Recovering the complete denture from the cast.
 - i) Finishing and polishing the complete denture.
 - j) Plaster cast for clinical denture remount procedure.
- P. Denture insertion.
 - a) Insertion procedures.
 - b) Clinical errors.
 - c) Correcting occlusal disharmony.
 - d) Selective grinding procedures.
- R. Treating problems with associated denture use – discuss in brief (tabulation/flow-chart form).
- S. Treating abused tissues - discuss in brief.
- T. Relining and rebasing of dentures- discuss in brief.
- V. Immediate complete dentures construction procedure- discuss in brief.
- W. The single complete denture- discuss in brief.
- X. Overdentures denture- discuss in brief.
- Y. Dental implants in complete denture - discuss in brief.

Note : It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

1. Definition
2. Diagnosis (of the particular situation/patient selection/treatment planning)
3. Types / Classification
4. Materials
5. Methodology – Lab /Clinical
6. Advantages & disadvantages
7. Indications, contraindications
8. Maintenance Phase
9. Oral Implantology
10. Ethics

Removable Flexible Dentures

1. Introduction
 - Terminologies and scope
2. Classification.
3. Examination, Diagnosis & Treatment planning & evaluation of diagnostic data.
4. Components of a removable partial denture.
 - Major connectors,
 - minor connectors,
 - Rest and rest seats.
5. Components of a Removable Partial Denture.
 - Direct retainers,
 - Indirect retainers,
 - Tooth replacement.

6. Principles of Removable Partial Denture Design.
7. Survey and design – in brief.
 - Surveyors.
 - Surveying.
 - Designing.
8. Mouth preparation and master cast.
9. Impression materials and procedures for removable partial dentures.
10. Preliminary jaw relation and esthetic try-in for some anterior replacement teeth.
11. Laboratory procedures for framework construction-in brief.
12. Fitting the framework - in brief.
13. Try-in of the partial denture - in brief.
14. Completion of the partial denture - in brief.
15. Inserting the Removable Partial Denture - in brief.
16. Postinsertion observations.
17. Temporary Acrylic Partial Dentures.
18. Immediate Removable Partial Denture.
19. Removable Partial Dentures opposing Complete denture.

Note : It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

1. Definition
2. Diagnosis (of the particular situation /patient selection /treatment planning)
3. Types / Classification
4. Materials
5. Methodology – Lab /Clinical
6. Advantages & disadvantages
7. Indications, contraindications
8. Maintenance Phase

Fixed Partial Dentures

Topics To Be Covered In Detail -

1. Introduction
2. Fundamentals of occlusion – in brief.
3. Articulators – in brief.
4. Treatment planning for single tooth restorations.
5. Treatment planning for the replacement of missing teeth including selection and choice of abutment teeth.
6. Fixed partial denture configurations.
7. Principles of tooth preparations.
8. Preparations for full veneer crowns – in detail.
9. Preparations for partial veneer crowns – in brief.
10. Provisional Restorations
11. Fluid Control and Soft Tissue Management
12. Impressions
13. Working Casts and Dies
14. Wax Patterns
15. Pontics and Edentulous Ridges
16. Esthetic Considerations
17. Finishing and Cementation

Topics To Be Covered In Brief -

1. Solder Joints and Other Connectors
2. All - Ceramic Restorations
3. Metal - Ceramic Restorations
4. Preparations of intracoronal restorations.
5. Preparations for extensively damaged teeth.
6. Preparations for periodontally weakened teeth
7. The Functionally Generated Path Technique
8. Investing and Casting
9. Resin - Bonded Fixed Partial Denture

Note : It is suggested that the above mentioned topics be dealt with wherever appropriate in the following order so as to cover –

1. Definition
2. Diagnosis(of the particular situation /patient selection /treatment planning)
3. Types / Classification
4. Materials
5. Methodology – Lab /Clinical
6. Advantages & disadvantages
7. Indications, contraindications
8. Maintenance Phase

RECOMMENDED BOOKS:

1. Syllabus of Complete denture by - Charles M. Heartwell Jr. and Arthur O. Rahn.
2. Boucher's "Prosthetic treatment for edentulous patients"
3. Essentials of complete denture prosthodontics by – Sheldon Winkler.
4. Maxillofacial prosthetics by – Willam R.Laney.
5. McCracken's Removable partial prosthodontics
6. Removable partial prosthodontics by – Ernest L. Miller and Joseph E. Grasso.

19. AESTHETIC DENTISTRY

Aesthetic Dentistry is gaining more popularity since last decade. It is better that undergraduate students should understand the philosophy and scientific knowledge of the esthetic dentistry.

1. Introduction and scope of esthetic dentistry
2. Anatomy & physiology of smile
3. Role of the colour in esthetic dentistry
4. Simple procedures (roundening of central incisors to enhance esthetic appearance)
5. Bleaching of teeth
6. Veneers with various materials
7. Preventive and interceptive esthetics
8. Ceramics
9. Simple gingival contouring to enhance the appearance
10. Simple clinical procedures for BDS students

Recommended books:

1. Esthetic guidelines for restorative dentistry; Scharer & others
2. Esthetics of anterior fixed prosthodontics; Chiche (GJ) & Pinault (Alain)
3. Esthetic & the treatment of facial form, Vol 28; Mc Namara (JA)

20. FORENSIC ODONTOLOGY (30 hrs of instruction)

Definition

Forensic is derived from the Latin word forum, which means 'court of law.' Odontology literally implies 'the study of teeth.' Forensic odontology, therefore, has been defined by the Fédération Dentaire Internationale (FDI) as "that branch of dentistry which, in the interest of justice, deals with the proper handling and examination of dental evidence, and with the proper evaluation and presentation of dental findings."

Objectives of the undergraduate curriculum

At the end of the programme, the dental graduate should:

1. Have sound knowledge of the theoretical and practical aspects of forensic odontology.
2. Have an awareness of ethical obligations and legal responsibilities in routine practice and forensic casework.
3. Be competent to recognise forensic cases with dental applications when consulted by the police, forensic pathologists, lawyers and associated professionals.
4. Be competent in proper collection of dental evidence related to cases of identification, ethnic and sex differentiation, age estimation and bite marks.
5. Be able to assist in analysis, evaluation, and presentation of dental facts within the realm of law.

Curriculum for forensic odontology

1. Introduction to forensic dentistry
 - Definition and history
 - Recent developments and future trends
2. Overview of forensic medicine and toxicology
 - Cause of death and postmortem changes
 - Toxicological manifestations in teeth and oral tissues
3. Dental identification
 - Definition
 - Basis for dental identification
 - Postmortem procedures
 - Dental record compilation and interpretation
 - Comparison of data, and principles of report writing
 - Identification in disasters and handling incinerated remains
 - Postmortem changes to oral structures
4. Maintaining dental records
 - Basic aspects of good record-keeping
 - Different types of dental records
 - Dental charts
 - Dental radiographs
 - Study casts
 - Denture marking
 - Photographs

- Dental notations
 - Relevance of dental records in forensic investigation
5. Age estimation
 - Age estimation in children and adolescents
 - Advantages of tooth calcification over 'eruption' in estimating age
 - Radiographic methods of Schour & Massler, Demirjian et al
 - Age estimation in adults
 - Histological methods – Gustafson's six variables and Johanson's modification, Bang & Ramm's dentine translucency
 - Radiographic method of Kvaal et al
 - Principles of report writing
 6. Sex differentiation
 - Sexual dimorphism in tooth dimensions (Odontometrics)
 7. Ethnic variations ('racial' differences) in tooth morphology
 - Description of human population groups
 - Genetic and environmental influences on tooth morphology
 - Description of metric and non-metric dental features used in ethnic differentiation
 8. Bite mark procedures
 - Definition and classification
 - Basis for bite mark investigation
 - Bite mark appearance
 - Macroscopic and microscopic ageing of bite marks
 - Evidence collection from the victim and suspect of bite mark
 - Analysis and comparison
 - Principles of report writing
 - Animal bite investigation
 9. Dental DNA methods
 - Importance of dental DNA evidence in forensic investigations
 - Types of DNA and dental DNA isolation procedures
 - DNA analysis in personal identification
 - Gene-linked sex dimorphism
 - Population genetics
 10. Jurisprudence and ethics
 - Fundamentals of law and the constitution
 - Medical legislation and statutes (Dental and Medical Council Acts, etc)
 - Basics of civil law (including torts, contracts and consumer protection act)
 - Criminal and civil procedure code (including expert witness requirement)
 - Assessment and quantification of dental injuries in courts of law
 - Medical negligence and liability
 - Informed consent and confidentiality
 - Rights and duties of doctors and patients
 - Medical and dental ethics (as per Dentists' Act)

Theory sessions and practical exercises

Total hours for the course

- Didactic – 10-12 hours
- Practical – 20-25 hours

Detailed didactic sessions for the above components, either in the form of lectures or as structured student-teacher interactions, is essential. Specialists from multiple disciplines, particularly from legal and forensic sciences, can be encouraged to undertake teaching in their area of expertise.

An interactive, navigable and non-linear (INN) model may also be utilised for education.

Practical exercises (real-life casework and/or simulated cases) must complement didactic sessions to facilitate optimal student understanding of the subject. Mandatory practical training in dental identification methods, dental profiling (ethnic and sex differences, radiographic age estimation), and bite mark procedures, is of paramount importance. In addition, practical exercises/demonstrations in histological age estimation, comparative dental anatomy, DNA methods, medical autopsy, court visits, and other topics may be conducted depending on available expertise, equipment and feasibility.

Approach to teaching forensic odontology

Forensic odontology could be covered in two separate streams. The divisions include a preclinical stream and a clinical stream.

Preclinical stream

- Introduction to forensic odontology
- Sex differences in odontometrics
- Ethnic variations in tooth morphology
- Histological age estimation
- Dental DNA methods

- Bite marks procedures
- Overview of forensic medicine and toxicology

It could prove useful to undertake the preclinical stream in II or III year under Oral Biology/Oral Pathology since these aspects of forensic odontology require grounding in dental morphology, dental histology and basic sciences, which, students would have obtained in I and/or II BDS.

Clinical stream

- Dental identification
- Maintaining dental records
- Radiographic age estimation
- Medical jurisprudence and ethics

It would be suitable to undertake these topics in the IV or V year as part of Oral Medicine and Radiology, since students require reasonable clinical exposure and acumen to interpret dental records, perform dental postmortems and analyse dental radiographs for age estimation.

21. ORAL IMPLANTOLOGY (30 hrs of instruction)

INTRODUCTION TO ORAL IMPLANTOLOGY

Oral Implantology is now emerged as a new branch in dentistry world wide and it has been given a separate status in the universities abroad. In India day to day the practice of treating patients with implants are on rise. In this contest inclusion of this branch into under graduate curriculum has become very essential. The objective behind this is to impart basic knowledge of Oral Implantology to undergraduates and enable them to diagnose, plan the treatment and to carry out the needed pre surgical mouth preparations and treat or refer them to speciality centres. This teaching programme may be divided and carried out by the Dept. of Oral Surgery, Prosthodontics and Periodontics.

1. History of implants, their design & surface characteristics and osseo-integration
2. Scope of oral & maxillofacial implantology & terminologies
3. A brief introduction to various implant systems in practice
4. Bone biology, Morphology, Classification of bone and its relevance to implant treatment and bone augmentation materials.
5. Soft tissue considerations in implant dentistry
6. Diagnosis & treatment planning in implant dentistry
Case history taking/Examination/Medical evaluation/Orofacial evaluation/ Radiographic evaluation/ Diagnostic evaluation/ Diagnosis and treatment planning/ treatment alternatives/ Estimation of treatment costs/ patient education and motivation
7. Pre surgical preparation of patient
8. Implant installation & armamentarium for the Branemark system as a role model
9. First stage surgery – Mandible – Maxilla
10. Healing period & second stage surgery
11. Management of surgical complications & failures
12. General considerations in prosthodontic reconstruction & Bio mechanics
13. Prosthodontic components of the Branemark system as a role model
14. Impression procedures & Preparation of master cast
15. Jaw relation records and construction of suprastructure with special emphasis on occlusion for osseointegrated prosthesis
16. Management of prosthodontic complications & failures
17. Recall & maintenance phase.

Criteria for success of osseointegrated implant supported prosthesis

SUGGESTED BOOKS FOR READING

1. Contemporary Implant Dentistry - Carl .E. Misch
Mosby 1993 First Edition.
2. Osseointegration and Occlusal Rehabilitation Hobo S., Ichida. E. and
Garcia L.T.
Quintessence Publishing Company, 1989 First
Edition.

22. BEHAVIOURAL SCIENCES (20 hrs of instruction)

GOAL:

The aim of teaching behavioural sciences to undergraduate student is to impart such knowledge & skills that may enable him to apply principles of behaviour –

- a) For all round development of his personality
- b) In various therapeutic situations in dentistry.

The student should be able to develop skills of assessing psychological factors in each patient, explaining stress, learning simple counselling techniques, and improving patients compliance behaviour.

OBJECTIVES:A) KNOWLEDGE & UNDERSTANDING:

At the end of the course, the student shall be able to:

- 1) Comprehend different aspects of normal behaviour like learning, memory, motivation, personality & intelligence.
- 2) Recognise difference between normal and abnormal behaviour.
- 3) Classify psychiatric disorders in dentistry.
- 4) Recognise clinical manifestations of dental phobia, dental anxiety, facial pain, orofacial manifestations of psychiatric disorders, and behavioural problems in children. Addictive disorders, psychological disorders in various dental departments.
- 5) Should have understanding of stress in dentistry and knowledge of simple counselling techniques.
- 6) Have some background knowledge of interpersonal, managerial and problem solving skills which are an integral part of modern dental practice.
- 7) Have knowledge of social context of dental care.

B) SKILLS

The student shall be able to:

- 1) Interview the patient and understand different methods of communication skills in dentist - patient relationship.
- 2) Improve patients compliance behaviour.
- 3) Develop better interpersonal, managerial and problem solving skills.
- 4) Diagnose and manage minor psychological problems while treating dental patients.

INTEGRATION:

The training in Behavioural sciences shall prepare the students to deliver preventive, promotive, curative and rehabilitative services to the care of the patients both in family and community and refer advanced cases to specialised psychiatric hospitals.

Training should be integrated with all the departments of Dentistry, Medicine, Pharmacology, Physiology and Biochemistry.

PSYCHOLOGY:

1. Definition & Need of Behavioural Science. Determinants of Behaviour. Hrs 1 Scope of Behavioural Science.
2. Sensory process & perception perceptual process- clinical applications.
3. Attention - Definition - factors that determine attention. Clinical application.
4. Memory - Memory process - Types of memory , Forgetting: Methods to improve memory, Clinical assessment of memory & clinical applications.
5. Definition - Laws of learning
Type of learning. Classical conditioning, operant conditioning, cognitive learning, Insight learning, social learning, observational learning, principles of learning- Clinical application.
6. Intelligence- Definition: Nature of intelligence stability of intelligence
Determinants of intelligence, clinical application
7. Thinking - Definition: Types of thinking, delusions, problem solving
8. Motivation - Definition: Motive, drive, needs classification of motives
9. Emotions - Definition differentiation from feelings – Role of hypothalamus, Cerebral cortex, adrenal glands ANS. Theories of emotion, Types of emotions.
Personality. Assessment of personality: Questionnaires, personality inventory, rating scales, Interview projective techniques – Rorshach ink blot test , RAT, CAT

SOCIOLOGY:

Social class, social groups – family, types of family, types of marriages, communities and Nations and institutions.

REFERENCE BOOKS:

1. General psychology -- S.K. Mangal
2. General psychology -- Hans Raj, Bhatia
3. General psychology -- Munn
4. Behavioural Sciences in Medical practise -- Manju Mehta
5. Sciences basic to psychiatry -- Basanth Puri & Peter J Tyrer

23. ETHICS (20 hrs. of instruction)Introduction:

There is a definite shift now from the traditional patient and doctor relationship and delivery of dental care. With the advances in science and technology and the increasing needs of the patient, their families and community, there is a concern for the health of the community as a whole. There is a shift to greater accountability to the society. Dental specialists like the other health professionals are confronted with many ethical problems. It is therefore absolutely necessary for each and every one in the health care delivery to prepare themselves to deal with these problems. To accomplish this and

develop human values Council desires that all the trainees undergo ethical sensitization by lectures or discussion on ethical issues, discussion of cases with an important ethical component.

Course content:

Introduction to ethics –

- what is ethics?
- What are values and norms?
- How to form a value system in one's personal and professional life?
- Hippocratic oath.
- Declaration of Helsinki, WHO declaration of Geneva, International code of ethics, DCI Code of ethics.

Ethics of the individual –

The patient as a person.
 Right to be respected
 Truth and confidentiality
 Autonomy of decision
 Doctor Patient relationship

Profession Ethics –

Code of conduct
 Contract and confidentiality
 Charging of fees, fee splitting
 Prescription of drugs
 Over-investigating the patient
 Malpractice and negligence

Research Ethics –

Animal and experimental research/humanness
 Human experimentation
 Human volunteer research-informed consent
 Drug trials

Ethical workshop of cases

Gathering all scientific factors
 Gathering all value factors
 Identifying areas of value – conflict, setting of priorities
 Working our criteria towards decisions

Recommended Reading:

Medical Ethics, Francis C.M., I Ed. 1993, Jaypee Brothers, New Delhi p. 189.

**DENTAL COUNCIL OF INDIA
Revised Internship Programme, 2011**

CURRICULUM OF DENTAL INTERNSHIP PROGRAMME.

1. The duration of Internship shall be one year.
2. All parts of internship shall be done in a Dental College duly recognized/approved by the Dental Council of India for the purpose of imparting education and training to Dental graduates in the country.
3. The Internss shall be paid stipendiary allowance during the period of an Internship not extending beyond a period of one year.
4. The internship shall be compulsory and rotating as per the regulations prescribed for the purpose.
5. The degree- BDS shall be granted after completion of internship.

Determinants of Curriculum for internship for Dental Graduates:

The curricular contents of internship training shall be based on.

- i) Dental health needs of the society.
- ii) Financial, material and manpower resources available for the purpose.
- iii) National Dental Health Policy.
- iv) Socio-economic conditions of the people in general.
- v) Existing Dental as also the primary health care concept, for the delivery of health services.
- vi) Task analysis of what graduates in Dentistry in various practice settings, private and government service actually perform.
- vii) Epidemiological studies conducted to find out prevalence of different dental health problems, taking into consideration the magnitude of dental problems, severity of dental problems and social disruption caused by these problems.

Objectives:

- A. To facilitate reinforcement of learning and acquisition of additional knowledge:-
 - a) Reinforcement of knowledge.
 - b) Techniques & resources available to the individual and the community; Social and cultural setting.
 - c) Training in a phased manner, from a shared to a full responsibility.
- B. To facilitate the achievement of basic skills: attaining competence Vs. maintaining competence in:-
 - i) History taking.
 - ii) Clinical Examination.
 - iii) Performance and interpretation of essential laboratory data.
 - iv) Data analysis and inference.
 - v) Communication skills aimed at imparting hope and optimism in the patient.
 - vi) Attributes for developing working relationship in the Clinical setting and Community team work.
- C. To facilitate development of sound attitudes and habits:-
 - i) Emphasis on individual and human beings, and not on disease/symptoms.
 - ii) Provision of comprehensive care, rather than fragmentary treatment.
 - iii) Continuing Dental Education and Learning of accepting the responsibility.
- D. To facilitate understanding of professional and ethical principles:-
 - Right and dignity of patients.
 - Consultation with other professionals and referral to seniors/institutions.
 - Obligations to peers, colleagues, patients, families and Community.
 - Provision of free professional services in an emergent situation.

- E To initiate individual and group action, leading to disease prevention and dental health promotion, at the level of individuals families and the community.

Content (subject matter)

The compulsory rotating paid Dental Internship shall include training in Oral Medicine & Radiology; Oral & Maxillofacial Surgery; Prosthodontics; Periodontics; Conservative Dentistry; Pedodontics; Oral Pathology & Microbiology; Orthodontics and Community Dentistry.

General Guidelines:

1. It shall be task-oriented training. The interns should participate in various institutional and field programmes and be given due responsibility to perform the activities in all departments of the Dental Colleges and associated Institutions.
2. To facilitate achievement of basic skills and attitudes the following facilities should be provided to all dental graduates:
 - i) History taking, examination, diagnosis, charting and recording treatment plan of cases.
 - ii) Presentation of cases in a group of Seminar.
 - iii) Care and sterilization of instruments used.
 - iv) Performance and interpretation of essential laboratory tests and other relevant investigations.
 - v) Data analysis and inference.
 - vi) Proper use of antibiotics, anti-inflammatory and other drugs, as well as other therapeutic modalities.
 - vii) Education of patients, their relatives and community on all aspects of dental health care while working in the institution as also in the field.
 - viii) Communication aimed at inspiring hope, confidence and optimism.
 - ix) Legal rights of patients and obligations of dental graduate under forensic jurisprudence.

1. **Oral Medicine & Radiology:**

- | | |
|---|------------------------|
| 1. Standardized examination of patients | 25 Cases |
| 2. Exposure to clinical, pathological laboratory procedures and biopsies. | 5 Cases |
| 3. Effective training in taking of Radiographs:
(Intra-oral) I.O. (Extra oral) E.O.
Cephalogram | 2 Full mouth
1
1 |
| 4. Effective management of cases in wards | 2 Cases |

2. **Oral and Maxillofacial surgery**

A. The Interness during their posting in oral surgery shall perform the following procedures:

- | | |
|---|----|
| 1. Extractions | 50 |
| 2. Surgical extractions | 2 |
| 3. Impactions | 2 |
| 4. Simple Intra Maxillary Fixation | 1 |
| 5. Cysts enucleations | 1 |
| 6. Incision and drainage | 2 |
| 7. Alveoloplasties, Biopsies & Frenectomies, etc. | 3 |

B. The Interness shall perform the following on Cancer Patients:

1. Maintain file work.
2. Do extractions for radiotherapy cases.
3. Perform biopsies.
4. Observe varied cases of oral cancers.

C. The interness shall have 15 days posting in emergency services of a dental/general hospital with extended responsibilities in emergency dental care in the wards. During this period they shall attend to all emergencies under the direct supervision of oral surgeon during any operation:

1. **Emergencies.**

(i) Toothache; (ii) trigeminal neuralgia; (iii) Bleeding from mouth due to trauma, post extraction, bleeding disorder or haemophilia; (iv) Airway obstruction due to fracture mandible and maxilla; dislocation of mandible; syncope or vasovagal attacks; Ludwig's angina; tooth fracture; post intermaxillary fixation after general Anaesthesia.

2. Work in I.C.U. with particular reference to resuscitation procedures.

3. Conduct tutorials on medico-legal aspects including reporting on actual cases coming to casualty. They should have visits to law courts.

3. **Prosthodontics**

The dental graduates during their internship posting in Prosthodontics shall make:-

1. Complete denture (upper & lower)	2
2. Removable Partial Denture	4
3. Fixed Partial Denture	1
4. Planned cast partial denture	1
5. Miscellaneous-like reline/overdenture/repairs of Maxillofacial Prosthesis	1
6. Learning use of Face bow and Semi anatomic articulator technique	
7. Crowns	
8. Introduction of Implants	1

4. **Periodontics**

A. The dental graduates shall perform the following procedures

1. Prophylaxis	15 Cases
2. Flap Operation	2 Cases
3. Root Planning	1 Case
4. Curettage	1 Case
5. Gingivectomy	1 Case
6. Perio-Endo cases	1 Case

B. During their one week posting in the community health centers, the interns shall educate the public in prevention of Periodontal diseases.

5. **Conservative Dentistry**

To facilitate reinforcement of learning and achievement of basic skills, the interns shall perform atleast the following procedures independently or under the guidance of supervisors:

1. Restoration of extensively mutilated teeth	5 Cases
2. Inlay and onlay preparations	1 Case
3. Use of tooth coloured restorative materials	4 Cases
4. Treatment of discoloured vital and non-vital teeth	1 Case
5. Management of dento alveolar fracture	1 Case
6. Management of pulpless, single-rooted teeth without periapical lesion.	4 Cases
7. Management of acute dento alveolar Infections	2 Cases
8. Management of pulpless, single-rooted teeth with periapical lesion.	1 Case
9. Non-surgical management of traumatised teeth during formative period.	

6. **Pedodontics and Preventive Dentistry**

During their posting in Pedodontics the Dental graduates shall perform:

1. Topical application of fluorides including varnish	5 Cases
2. Restorative procedures of carious deciduous teeth in children.	10 Cases
3. Pulpotomy	2 Cases
4. Pulpectomy	2 Cases
5. Fabrication and insertion of space maintainers	1 Case

6. Oral habit breaking appliances 1 Case

7. **Oral Pathology and Microbiology**

The interns shall perform the following:

- | | |
|---|---------|
| 1. History-recording and clinical examination | 5 Cases |
| 2. Blood, Urine and Sputum examination | 5 Cases |
| 3. Exfoliative Cytology and smears study | 2 Cases |
| 4. Biopsy- Laboratory Procedure & reporting | 1 Case |

8. **Orthodontics**

A. The interns shall observe the following procedures during their posting in Orthodontics:

1. Detailed diagnostic procedures for 5 patients
2. Laboratory techniques including wire-bending for removable appliances, soldering and processing of myo-functional appliances.
3. Treatment planning options and decisions.
4. Making of bands, bonding procedures and wire insertions.
5. Use of extra oral anchorage and observation of force values.
6. Retainers.
7. Observe handling of patients with oral habits causing malocclusions.

The dental graduates shall do the following laboratory work:-

- | | |
|--|-----------|
| 1. Wire bending for removable appliances and space maintainers including welding and heat treatment procedure. | - 5 Cases |
| 2. Soldering exercises, banding & bonding procedures | - 2 Cases |
| 3. Cold-cure and heat-cure acrylisation of simple Orthodontic appliances | - 5 Cases |

9. **Public Health Dentistry**

1. The interns shall conduct health education sessions for individuals and groups on oral health public health nutrition, behavioral sciences, environmental health, preventive dentistry and epidemiology.
2. They shall conduct a short term epidemiological survey in the community, or in the alternate, participate in the planning and methodology.
3. They shall arrange effective demonstrations of:
 - a) Preventive and interceptive procedures for prevalent dental diseases.
 - b) Mouth-rinsing and other oral hygiene demonstrations 5 Cases
 - c) Tooth brushing techniques 5 Cases
4. Conduction of oral health education programmes at
 - A) School setting 2
 - B) Community setting 2
 - C) Adult education programmes 2
5. Preparation of Health Education materials 5
6. Exposure to team concept and National Health Care systems:
 - a) Observation of functioning of health infrastructure.
 - b) Observation of functioning of health care team including multipurpose workers male and female, health educators and other workers.
 - c) Observation of atleast one National Health Programme:-
 - d) Observation of interlinkages of delivery of oral health care with Primary Health care.
Mobile dental clinics, as and when available, should be provided for this teachings.

10. **Elective Posting**

The Interns shall be posted for 15 days in any of the dental departments of their choice mentioned in the foregoing.

Organisation of content:

The Curriculum during the 4 years of BDS training is subject based with more emphasis on learning practical skills. During one year internship the emphasis will be on competency-based, community oriented training. The practical skills to be mastered by the interns along with the minimum performance level are given under the course content of different departments of Dental Education. The supervisors should seeing it that proper facilities are provided in all departments and attached institutions for their performance.

Specification of teaching activities:

Didactic lectures are delivered during the four years training in BDS. These shall be voided during the internship programme. Emphasis shall be on chair-side teaching, small group teaching and discussions tutorials, seminars, ward posting, laboratory posting, field visits and self learning.

Use of Resource Materials:

Overhead projectors, slide projectors, film projectors, charts, diagrams, photographs, posters, specimens, models and other audiovisual aids shall be provided in all the Dental Colleges and attached institutions and field area. If possible, television, video and tapes showing different procedures and techniques to be mastered by the interns should be provided.

Evaluation**1. Formative Evaluation:**

Day-to-day assessment of the interns during their internship posting should be done. The objective is that all the interns must acquire necessary minimum skills required for carrying out day-to-day professional work competently. This can be achieved by maintaining records and performance data book by all interns. This will not only provide a demonstrable evidence; of the processes of training but more importantly, of the interns own acquisition of competencies as related to performance. It shall form a part of formative evaluation and shall also constitute a component of final grading of interns.

2. Summative Evaluation:

It shall be based on the observation of the supervisors of different departments and the records and performance data book maintained by the interns. Grading shall be done accordingly.

11. Rural Services

In the rural services, the student will have to participate in-

1. Community Health Monitoring programmes and services which include Preventive, Diagnostic and corrective procedures
2. To create educational awareness about dental hygiene and diseases.
3. Conduction of Oral Health Education Programmes at –
 - (a) School Setting - 5
 - (b) community Setting - 5
 - (c) Adult Education Programme - 5
4. compulsory setup of satellite clinics in remote areas - 1
5. Lectures to create awareness and education in public forums about the harmful effects of tobacco consumption and the predisposition to oral cancer – two Lectures per student.

Period of Postings

1	Oral Medicine & Radiology	-	1 month
2	Oral & Maxillofacial Surgery	-	1 ½ months
3	Prosthodontics	-	1 ½ months
4	Periodontics	-	1 month
5	Conservative Dentistry	-	1 month
6	Pedodontics	-	1 month
7	Oral Pathology and Microbiology	-	15 days

8	Orthodontics	-	1 month
9	Community Dentistry/ Rural Services	-	3 months
10	Elective	-	15 days

[Published in the Gazette of India, Part III, Section 4.]

DENTAL COUNCIL OF INDIA

NOTIFICATION

New Delhi, dated 5th November, 2017.

No.DE-87-2017—In exercise of the powers conferred by clauses (g), (h) and (ha) of sub-section (2) of section 20 of the Dentists Act, 1948 (16 of 1948), the Dental Council of India, after consultation with the State Governments as required under clause (g) and (h) of the said Act, and in supersession of the Dental Council of India Revised MDS Course Regulations, 2007 except as respects things done or omitted to be done before such supersession, the Dental Council of India with the approval of the Central Government hereby makes the following regulations, namely:—

PART-I

PRELIMINARY

1. **Short title and commencement.**— (1) These regulations may be called the Dental Council of India, Master of Dental Surgery Course Regulations, 2017.
(2) They shall come into force on the date of their publication in the Official Gazette.
2. **Definitions** – In these regulations unless the context otherwise requires:-
 - (a) “Act” means the Dentists Act, 1948 (16 of 1948)
 - (b) “the Council” means the Dental Council of India constituted under section 3 of the Act;
 - (c) “dentistry” includes._
 - (i) the performance of any operation on, and the treatment on any disease, deficiency or lesion of, human teeth or jaws, and the performance of radiographic work in connection with human teeth or jaws or the oral cavity;
 - (ii) the giving of any anesthetic in connection with any such operation or treatment;
 - (iii) the mechanical construction or the renewal of artificial dentures or restorative dental appliances;
 - (iv) the performance of any operation on, or the giving of any treatment, advice or attendance to, any person preparatory to, or for the purpose of, or in connection with, the fitting, inserting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances, and the performance of any such operation and the giving of any such treatment, advice or attendance, as is usually performed or given by dentists;
 - (d) “NEET” means the National Eligibility-cum-Entrance Test conducted by the National Board of Examination for admission to post-graduate courses;
 - (e) “University” means a university established or incorporated by or under a Central Act, a Provincial Act or a State Act, and includes any such institution as may, in consultation with the university concerned, be recognised by the University Grant Commission in accordance with the regulations made in this behalf under this Act.

PART - II

GENERAL CONDITIONS TO BE OBSERVED BY POST GRADUATE TEACHING INSTITUTIONS

- 3. GENERAL CONDITIONS._** (1) The institutions recognised by the Central Government and after consultation with the Council shall be eligible for conducting the post-graduate degree or diploma course(s).
- (2) The maximum number of students for a post-graduate course, for training for the award of post-graduate degree or diploma by the affiliating university, shall be determined by the facilities available in the department in terms of infrastructure, teaching staff and clinical teaching material. However, to start with, a maximum of three post-graduate students, (one Unit) shall be permitted in a speciality department. The annual intake capacity recommended by the Council and approved by the Central Government for the academic year shall be final. No institution shall be permitted to increase more than three seats at a time in its annual intake capacity in a particular speciality in a given academic year. Not more than two units consisting of six seats (including increase of seats) shall be granted to any dental institutions for each speciality.
- (3) The students undergoing post-graduate courses shall be exposed to the following:-
- (i) basics of bio-statistics and research methodology;
 - (ii) basics of human behaviour studies;
 - (iii) basics of pharmaco-economics;
 - (iv) introduction to the non-linear mathematics.

4. ETHICS IN DENTISTRY._

There is a definite shift from the traditional patient and doctor relationship and delivery of dental care. With the advances in science and technology and the increasing needs of the patient, their families and community, there is a concern for the health of the community as a whole. There is a shift to greater accountability to the society. Dental specialists like the other health professionals are confronted with many ethical problems. It is therefore absolutely necessary for each and every one in the health care delivery to prepare themselves to deal with these problems. To accomplish this and develop human values, it is desired that all the trainees undergo ethical sensitization by lectures or discussion on ethical issues, discussion of cases with an important ethical component.

5. ELIGIBILITY FOR ADMISSION._

A candidate for admission to the Master in Dental Surgery course, must possess a recognised degree of Bachelor in Dental Surgery awarded by a university or institute in India and registered with the State Dental Council and has obtained provisional or permanent registration and has undergone compulsory rotatory internship of a year in an approved/recognised dental college:

Provided that in the case of a foreign national, the following procedure shall be followed:-

The Council may, on payment of the prescribed fee for registration, grant temporary registration for the duration of the post-graduate training restricted to the dental college/institution to which he or she is admitted for the time being exclusively for post-graduate studies:

Provided further that temporary registration to such foreign national shall be subject to the condition that such person is duly registered as medical practitioner in his/her own country from which he/she has obtained his/her basics dental qualification and that his/her degree is recognized by the corresponding state dental council or concerned authority.

6. SELECTION OF CANDIDATE FOR POST-GRADUATE COURSES._

There shall be a uniform NEET for admission to the post-graduate dental courses in each academic year conducted in the manner, as prescribed by the National Board of Examination or any other authority appointed by the Central Government in this behalf. The overall superintendence, direction and control of the NEET shall vest with the Council.

7. **QUALIFYING CRITERIA FOR ADMISSION TO POST-GRADUATE COURSES.** (1) The candidate has to secure the following category-wise minimum percentile in NEET for admission to post-graduate courses held in a particular academic year.

General	50 th Percentile
Person with locomotory disability of lower limbs	45 th Percentile
Scheduled Castes, Scheduled Tribes, Other Backward Classes	40 th Percentile

Provided that the percentile shall be determined on the basis of highest marks secured in the All-India common merit list in NEET for post-graduate courses:

~~Provided further, that when sufficient number of candidates in the respective categories fail to secure minimum marks as prescribed in NEET held for any academic year for admission to post-graduate courses, the Central Government in consultation with the Council may, at its discretion lower the minimum marks required for admission to post-graduate courses for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for the said academic year only.~~

The above proviso has been substituted in terms of (1st Amendment) notification published on 15.03.2018 in the Gazette of India and the same is as under:-

Provided further that when the number of qualifying candidates in the respective categories on the basis of the above mentioned percentile are less than three times the number of vacancies, the cut-off percentile will be automatically lowered in such a manner that the number of eligible candidates shall be minimum three times the number of seats in each respective category.

- (2) The reservation of seats in dental college/institutions for respective categories shall be as per applicable laws prevailing in States/Union territories. An all India merit list as well as State-wise merit list of the eligible candidates shall be prepared on the basis of the marks obtained in NEET Test and candidates shall be admitted to post-graduate courses from the said merit list only:

The following words has been substituted in terms of (2nd Amendment) notification published on 18.09.2018 in the Gazette of India

Provided that in determining the merit of candidates who are in service of Government/public authority, weightage in the marks may be given by the Government/competent authority as an incentive upto 10% of the marks obtained for each year of service in ~~remote and/or difficult areas~~ **remote and/or difficult or rural areas** upto the maximum of 30% of the marks obtained in NEET. The ~~remote and difficult areas~~ **remote, difficult and rural areas** shall be as defined by State Government / competent authority from time to time.

- (3) A candidate who has failed to secure the minimum percentile as prescribed in these regulations, shall not be admitted to any post-graduate courses in any academic year.
- (4) Minimum 5% seats of the annual sanctioned intake capacity shall be filled up by candidates with locomotory disability of lower limbs between 50% to 70%:

Provided that in case any seat in this quota remains unfilled on account of unavailability of candidates with locomotory disability of lower limbs between 50% to 70% then any such unfilled seat shall be filled up by persons with locomotory disability of lower limbs between 40% to 50% - before they are included in the annual sanctioned seats for general category candidates:

Provided further that this entire exercise shall be completed by each dental college/institution as per the statutory time schedule for admissions.

8. COMMENCEMENT OF ACADEMIC SESSION AND CUT-OFF DATE FOR ADMISSION._

- (1) The academic session shall be commenced from 1st of May and the cut-off date for admission, even for stray vacancies, in the Master of Dental Surgery course shall be 31st of May, every year. The universities and other institutions shall start the admission process in such a way that teaching in post-graduate courses starts by 1st May each year for which they shall strictly adhere to the time schedule specified in the Dental Council of India (Establishment of new dental colleges, opening of higher courses of study and increase of admission capacity in existing dental colleges) Regulations, 2006.
- (2) There shall be no admission of students in respect of any academic session beyond the 31st May for post-graduate courses under any circumstances. The universities or institute shall not register any student beyond the said date; in case, any institution which grants admission to any student after the last date specified for the same shall also be liable to face such action including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year.
- (3) The Council may direct, that any student identified as having obtained his/her admission after the last date for closure of admission be discharged from the course of study, or any dental qualification granted to such a student shall not be a recognised qualification for the purpose of the Act.

9. COMMON COUNSELING. – (1) There shall be a common counseling for admission to all post-graduate courses (Diploma/MDS) in all dental educational institutions on the basis of merit list of the NEET.

- (2) The designated authority for counseling for the 50% All India Quota seats of the contributing States, as per the existing scheme for post graduate (Diploma/MDS) courses shall be the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. Further Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India shall conduct counseling for all post-graduate (Diploma/MDS) Courses in Dental Educational Institutions of the Central Government, Universities established by an Act of Parliament and the Deemed Universities.
- (3) The counseling for admission to post-graduate (Diploma/MDS) courses in all dental Educational Institutions in a State/Union Territory, including dental educational institutions established by the State Government, University established by an Act of State/Union Territory Legislature, Trust, Society, Minority Institutions shall be conducted by the State/Union Territory Government.
- (4) In case, any dispute arises on such common counseling, the matter to the Central Government and its decisions shall be final, in this regard.

- 10. INFORMATION ON ADMISSION AND SCHEDULE OF EXAMINATION.** Every dental institution and its affiliating university shall furnish information on admissions in the courses of study, schedule of examinations to the Council, in such form as the Council may specify, within stipulated period from time to time.
- 11. PERIOD OF TRAINING.** (1) The period of training for the award of the MDS course shall be of three years duration for three academic years as full time candidates in an institution including the period of examination:

Provided that the time period required for passing out of the MDS course shall be a maximum of six years from the date of admission in said course:

Provided further that the duration of the post-graduate course for the post-graduate Diploma holders shall be of two years in the respective speciality. The syllabus and curriculum shall be the same as MDS Course in the concerned speciality except that they are not required (i) to undergo study and training in Basic Sciences and (ii) pass the PART-I Examination of MDS Course. However, they have to submit the dissertation work, as part of the post-graduate programme.

(2) During the period, each student shall take part actively in learning and teaching activities design of training, by the institution or the university. The teaching and learning activities in each speciality, shall be as under:-

(a) LECTURES:

There shall be some didactic lectures in the speciality and in the allied fields. The departments shall encourage guest lectures in the required areas and integrated lectures by multi-disciplinary teams on selected topics, to strengthen the training programmes.

(b) JOURNAL REVIEW:

The journal review meetings shall be held at least once a week. All trainees, associate and staff associated with the post-graduate programme are expected to participate actively and enter relevant details in the logbook. The trainee shall make presentations from the allotted journals of selected articles. A model check list for the evaluation of journal review presentation is annexed at Schedule-I of these regulations.

(c) SEMINARS:

The seminars shall be held at least twice a week in each department. All trainees are expected to participate actively and enter relevant details in logbook. A model check list for the evaluation of seminar presentation is annexed at Schedule-II of these regulations.

(d) SYMPOSIUM:

It is recommended to hold symposium on topics covering multiple disciplines.

(e) CLINICAL POSTINGS:

Each trainee shall work in the clinics on regular basis to acquire adequate professional skills and competency in managing various cases, A model check list for evaluation of clinical postings is annexed at Schedule-III of these regulations.

(f) CLINICO- PATHOLOGICAL CONFERENCE:

The clinico pathological conference shall be held once a month involving the faculties of Oral Medicine and Radiology, Oral Pathology and allied clinical departments. The trainees shall be encouraged to present the clinical details, radiological and histo-pathological interpretations and participation in the discussions.

(g) INTER-DEPARTMENTAL MEETINGS:

To encourage integration among various specialities, there shall be inter-departmental meeting chaired by the Dean with all heads of post-graduate departments at least once a month.

(h) TEACHING SKILLS:

All the trainees shall be encouraged to take part in undergraduate teaching programmes either in the form of lectures or group discussions. A model check list for evaluation of teaching skills is annexed at Schedule-IV of these regulations.

(i) DENTAL EDUCATION PROGRAMMES:

Each department shall organise dental education programmes on regular basis involving other institutions. The trainees shall also be encouraged to attend such programmes conducted outside their university or institute.

(j) CONFERENCES / WORKSHOPS / ADVANCED COURSES:

The trainees shall be encouraged to attend conference/workshops/advanced courses and also to present at least two scientific papers and two posters at State / national level speciality and allied conferences / conventions during the training period.

(k) ROTATION AND POSTING IN OTHER DEPARTMENTS:

To bring in more integration among the specialities and allied fields, each department shall workout a programme to rotate the trainees in related disciplines.

(l) DISSERTATION / THESIS:

The trainees shall prepare a dissertation based on the clinical or experimental work or any other study conducted by them under the supervision of the guide. A model check list for evaluation of dissertation presentation and continuous evaluation of dissertation work by guide / co-guide is annexed at Schedule-V of these regulations. A model overall assessment sheet to be filled by all the trainees undergoing post-graduate course is annexed at Schedule-VI of these regulations.

(3) All the students of the speciality departments shall complete the minimum quota for the teaching and learning activities, as follows:-

- | | | |
|-----|-----------------------------|---------------|
| (a) | Journal Clubs | : 5 in a year |
| (b) | Seminars | : 5 in a year |
| (c) | Clinical Case Presentations | : 4 in a year |

- | | | | |
|-----|--|---|--|
| (d) | Lectures taken for undergraduates | : | 1 in a year |
| (e) | Scientific Paper / Poster Presentations
In State / National Level Conferences / | : | 4 papers/posters during
three years of training
workshop period |
| (f) | Clinico Pathological Conferences | : | 2 presentations during
three years of
training period |
| (g) | Scientific Publications (optional) | : | one publication
in any indexed scientific
journal |
| h) | Submission of Synopsis | : | one synopsis within six
months from the date of
commencement of the course |
| (i) | Submission of Dissertation
months | : | one dissertation within six
before appearing for the
university examination |
| (j) | Submission of Library Dissertation | : | one dissertation within
eighteen months from
the date of commencement of
the course |

12. STIPEND. The post-graduate students shall be paid stipend only for duration of three years of the course, as may be fixed by the Central Government/State Government/Union territory Administration or such authority as the respective government/administration may authorise. Where any dispute arises regarding any such stipend, including, quantum of stipend, it shall be considered and decided by the Central Government/respective State Government/Union territory Administration at its own level and its decision shall be final.

13. MIGRATION: Under no circumstances, the migration or the transfer of students undergoing post-graduate Degree/Diploma shall not be permitted by the university or the authority. No inter-change of the speciality in the same institution or in any other institution shall be permitted after the date of the commencement of session.

PART-III

14. INFRASTRUCTURE AND FUNCTIONAL REQUIREMENTS :

- (1) **Space:** In addition to the undergraduate functional, facilities, the following physical facilities shall be made available to start a post-graduate training programme, namely:-
 - (a) a minimum of 125 sq ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department;
 - (b) each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)
- (2) **Equipment:** Each department shall have adequate number of standard equipments available in the market as approved by the ISI.

The details of equipments specialities / unit wise is annexed as Schedule –VII to these regulations.

- (3) **Library:** (a) There shall be a central library which shall provide the latest editions of books pertaining to the speciality and allied subjects. In additions to this, the departmental library shall be equipped with the latest books in the subjects concerned. In case, the central library is shared with the medical college, there shall be provision for additional space and separate budget for the dental college.
- (b) In addition to books and journals in the library, internet, CDs, audio-visual facilities should be available.
- (c) Minimum 15-20 titles of renowned authors, 4-6 international journals of the concerned speciality, alongwith 8-10 volumes of back issues of atleast 3 international journals of the concerned speciality should be available.
- (d) All the journals of the speciality and allied subjects shall be available out of which 50% should be in print form.

Note: All the existing dental institutions shall comply with these requirements except the land requirement of five acres within a period of *three* years from the date of publication of these regulations in the Official Gazette.

Part - IV

STAFFING PATTERN FOR POST-GRADUATE COURSE

15. TEACHING STAFF:

In a unit, two post-graduate students shall be guided by a Professor and one student by a Reader or an Associate Professor. To strengthen and maintain the standards of post-graduate training, the following unit-wise staffing pattern has been made mandatory, for the starting of a post-graduate course, namely:-

Unit 1 :-

Departments/Specialty	Minimum faculty requirement of 1 st Unit in an undergraduate institute having basic infrastructure of 50 admissions		
	Professor (HOD)	Readers/ Associate Professors	Lecturers/Assistant Professor
Prosthodontics and Crown & Bridge	1	3	4
Conservative Dentistry and Endodontics	1	3	4
Periodontology	1	2	2
Orthodontics & Dentofacial Orthopedics	1	2	2
Oral & Maxillofacial Surgery	1	2	2
Oral & Maxillofacial Pathology and Oral Microbiology	1	2	2
Oral Medicine & Radiology	1	2	2
Pediatric Dentistry	1	2	2

Public Health Dentistry	1	2	2
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Departments/Specialty	Minimum faculty requirement of 1 st Unit in an undergraduate institute having basic infrastructure of 100 admissions		
	Professor (HOD)	Readers/Associate Professor	Lecturer/Assistant Professors
Prosthodontics and Crown & Bridge	1	3	6
Conservative Dentistry and Endodontics	1	3	6
Periodontology	1	3	3
Orthodontics & Dentofacial Orthopedics	1	2	3
Oral & Maxillofacial Surgery	1	3	3
Oral & Maxillofacial Pathology and Oral Microbiology	1	2	3
Oral Medicine & Radiology	1	2	3
Pediatric Dentistry	1	2	3
Public Health Dentistry	1	2	3

Unit 2 :-

Each department shall have the following additional teaching faculty, over and above the requirement of Unit 1.

Professor	1
Reader/Associate Professor	1
Lecturer/Asst. Professor	2

Note:- The department, which does not have the above staffing pattern, shall not start post-graduate course in that speciality.

16. PART-TIME PROFESSOR._

Part-time professor who can put in at list four hours a day or eighty hours in a month are eligible to enroll only one post-graduate student under them and they shall be entitled to 50% of leave entitled for regular teaching faculty.

17. AGE, EDUCATIONAL QUALIFICATIONS AND TEACHING EXPERIENCE._

(a) HEAD OF THE DEPARTMENT:

A Bachelors Degree in Dental Surgery from an Indian University with Masters in Dental Surgery / Diplomate of National Board recognised by the Government of India on the recommendations of the Council, and with one year teaching

experience in the speciality as Professor, and shall have to acquire minimum points for publications as per the scheme given in the table.

(b) PROFESSOR:

A Bachelors Degree in Dental Surgery from an Indian University with Masters in Dental Surgery / Diplomate of National Board recognised by the Government of India on the recommendations of the Council, and with five years of teaching experience in the speciality as Reader/Associate Professor, and shall have to acquire minimum points for publications as per the scheme given in the table.

(c) READER/ASSOCIATE PROFESSOR:

A Bachelors Degree in Dental Surgery from an Indian University with Masters in Dental Surgery / Diplomate of National Board recognised by the Government of India on the recommendations of the Council, and with four years of teaching experience in the speciality after post-graduation, and shall have to acquire minimum points for publications as per the scheme given in the table.

(d) LECTURER/ASSISTANT PROFESSOR:

A Bachelors Degree in Dental Surgery from an Indian University with Masters in Dental Surgery / Diplomate of National Board recognised by the Government of India on the recommendations of the Council, in the speciality.

Note:

1. All the regular teaching faculty shall be full time.
2. Teaching experience gained in medical college, where there are no dental courses, shall not be accepted for teaching post-graduate students. Dental faculty with post-graduate qualification in dentistry, shifting from the dental department of a medical college shall have to complete minimum of three years of teaching experience in a dental college or institution before being accepted as post-graduate faculty.
3. In exceptional cases, the teaching experience, in Government dental colleges, may be considered for further promotion on the basis of total teaching experience.
4. The Reader/Associate Professor in a dental college shall attend teachers training program once in three years.
5. The Senior Residents with post-graduate qualification or Diplomate of National Board recognised by the Council, in the speciality having teaching experience in dental colleges may be considered equivalent to Lecturer/Assistant Professor.
6. Teaching experience in a private dental institution for less than one year shall not be considered relevant for post-graduate faculty.
7. The maximum age limit upto which a person can be appointed or granted extension or re-employed in service against the posts of dental teachers or Dean or Principal, as the case shall be, sixty five years.

Table - 1

	Category	Points
	Category I: (1) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15

	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (2) Contribution of Chapters in the Text Book	5

Note:-

1. For any publication, except original research, first author (principal author) shall be given 100% points and remaining authors (co-authors) shall be given 50% points and upto a maximum of 5 co-authors will be considered.
2. For original research, all authors shall be given equal points and upto a maximum of 6 authors shall be considered.
3. Maximum of 3 publications shall be considered for allotting points in Category III.
4. Publication in tabloids / souvenirs / dental news magazines / abstracts of conference proceedings / letter of acceptance shall not be considered for allotment of points.

Total Score Required:

For Head of Department:	40 marks
Professor:	30 marks
Reader/Associate Professor:	20 marks

IMPORTANT:

1. A post-graduate teacher would be re-evaluated every three years and shall have at least an additional 15 points in their score.
2. A **Journal Review Expert Committee** may be formed which shall enlist all the available international and Indian dental journals in various categories. The list would be displayed on the Council's website. The Committee shall also be responsible for making annual review of the list of journals and shall continuously monitor the standard of publications in various journals and the categories of publications may be upgraded / downgraded, if the standard is not maintained by the journal. In case of any dispute, the recommendation of the Expert Committee shall be reviewed by the Executive Committee and decision of the Executive Committee would be final.

**PART – V
EXAMINATIONS**

18. EXAMINATIONS._

(a) ELIGIBILITY:

The following requirements shall be fulfilled by the candidate to become eligible for the final examination.

- (i) Attendance: Every candidate shall secure (80% attendance during each academic year).
- (ii) Progress and conduct: Every candidate shall participate in seminars, journal review meetings, symposia, conferences, case presentations, clinics and didactic lectures during each year organised by the concerned department.
- (iii) Work diary and log book: Every candidate shall maintain a work diary and log book as per Annexure-I appended to these regulations for recording his or her

participation in the training programmes conducted by the department. The work diary and log book shall be verified and certified by the Head of the Department of the institution. The certification of satisfactory progress is based on the work diary and log book.

(b) UNIVERSITY EXAMINATION._

The university examination shall consist of theory, practical and clinical examination and viva-voce and Pedagogy

(i) Theory:

Part-I: Shall consist of one paper

There shall be a theory examination in the Basic Sciences at the end of 1st year of course. The question papers shall be set and evaluated by the concerned Department/Specialty. The candidates shall have to secure a minimum of 50% in the Basic Sciences and shall have to pass the **Part-I** examination at least six months prior to the final (Part-II) examination.

Part-II: Shall consist of three papers, namely:–

- (ii) Practical and Clinical Examination;
- (iii) Viva-voce; and
- (iv) Pedagogy.

A candidate who wishes to study in a second speciality, shall have to undergo the full course of three years duration in that speciality.

(c) DISSERTATION:

Every candidate appearing for the post-graduate degree examination shall at least six months prior to the examinations, submit with his form for examination, four typewritten copies of the dissertation undertaken by the candidate, prepared under the direction and guidance of his/her guide. The dissertation so submitted shall be referred to the examiners for their examination and acceptance of it shall be a condition precedent to allow the candidate to appear for the written part of the examination:

Provided that a candidate whose dissertation has been accepted by the examiner, but declared failed at the examination, shall be permitted to re-appear at the subsequent examination without a new dissertation:

Provided further that if the dissertation is rejected by the examiner, the examiner shall assign reasons therefor with suggestions for its improvement to the candidate and such candidate shall re-submit his/ her dissertation to the examiner who shall accept it before appearing in the examination.

(d) CLINICAL/PRACTICAL EXAMINATION:

Clinical/practical examination is designed to test the clinical skill, performance and competence of the candidate in skills such as communication, clinical examination, medical/dental procedures or prescription, exercise prescription, latest techniques, evaluation and interpretation of results so as to undertake independent work as a specialist. The affiliating university shall ensure that the candidate has been given ample opportunity to perform various clinical procedures.

The practical/clinical examination in all the specialities shall be conducted for six candidates in two days:

Provided that practical/clinical examination may be extended for one day, if it is not complete in two days.

(e) VIVA-VOCE EXAMINATION:

Viva voce examination aims at assessing the depth of knowledge, logical reasoning, confidence and communication skill of the students.

(f) SCHEME OF EXAMINATION:

Theory: Part-I: Basic Sciences Paper - **100 Marks**
Part-II: Paper-I, Paper-II & Paper-III - **300 Marks** (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course. Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics,. Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II

Paper-I : Removable Prosthodontics and Implant supported prosthesis (Implantology), Geriatric dentistry and Cranio facial Prosthodontics
Paper-II : Fixed Prosthodontics, occlusion, TMJ and esthetics.
Paper-III : Essays

**The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

(g) DISTRIBUTION OF MARKS:

Theory : **(Total 400 Marks)**

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

- (i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)
- (ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)
- (iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination: 200 Marks

Viva-voce and Pedagogy : 100 Marks

19. EXAMINERS:

Part I: There shall be one internal and one external examiner for three students appointed by the affiliating university for evaluating the answer scripts of the same speciality. However, the number of examiner/s may be increased with the corresponding increase in number of students.

Part II: There shall be four examiners in each subject. Out of them, two (50%) shall be external examiners and two (50%) shall be internal examiners. Both external examiners shall be from a university other than the affiliating university and one examiner shall be from a university of different State.

20. QUALIFICATION AND EXPERIENCE FOR EXAMINERS:

The qualification and experience for appointment of an examiner shall be as under:-

- (i) shall possess qualification and experience of a Professor in a post-graduate degree programme;
- (ii) a person who is not a regular post-graduate teacher in the subject shall not be appointed as an examiner;
- (iii) the internal examiner in a subject shall not accept external examinership in a college for the same academic year;
- (iv) no person shall be appointed as an external examiner for the same institution for more than two consecutive years. However, if there is a break of one year, the person can be re-appointed.

21. EXAMINATION CENTRE:

- (1) In the event of university exam being conducted in the same city or town having more than one post-graduate institution under the same university, one central examination centre shall be fixed by the university and the students from all the institutions of the city shall take the examination in that center: Provided that the clinical and viva-voce shall be conducted at their institute.
- (2) Rotation of the institutions as center of examination shall be as per direction of the university.

22. VALUATION OF ANSWER BOOKS:

Part-I : Answer book/s shall be evaluated by the internal and external examiner/s

Part-II : Answer books shall be evaluated by four examiners, two internal and two external and the average marks shall be computed.

23. CRITERIA FOR PASS CERTIFICATE:

To pass the university examination, a candidate shall secure in both theory examination and in practical/clinical including viva voce independently with an aggregate of 50% of total marks allotted (50 out of 100 marks in Part I examination and 150 marks out of 300 in Part II examination in theory and 150 out of 300, clinical plus viva voce together). A candidate securing marks below 50% as mentioned above shall be declared to have failed in the examination.

A candidate who is declared successful in the examination shall be granted a Degree of Master of Dental Surgery in the respective speciality.

PART – VI SYLLABUS

The syllabus for post-graduate course includes both Applied Basic Sciences and subjects of concerned speciality. The syllabus in Applied Basic Sciences shall vary according to the particular speciality, similarly the candidates shall also acquire adequate knowledge in other subjects related to their respective speciality.

24. SYLLABUS DISTRIBUTION IN VARIOUS SPECIALITIES:

(i) PROSTHODONTICS AND CROWN & BRIDGE

Part-I

Paper-I : **Applied Basic Sciences:** Applied anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition and Biochemistry, Pathology and Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics,. Applied Dental anatomy and histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II

Paper-I : Removable Prosthodontics and Implant supported prosthesis(Implantology), Geriatric dentistry and Cranio facial Prosthodontics

Paper-II : Fixed Prosthodontics, occlusion, TMJ and esthetics.

Paper-III : Descriptive and analysing type question

(ii) PERIODONTOLOGY

Part- I

Paper-I : **Applied Basic Sciences:** Applied Anatomy, Physiology, and Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

Part-II

Paper I : Normal Periodontal structure, Etiology and Pathogenesis of Periodontal diseases, epidemiology as related to Periodontics

Paper II : Periodontal diagnosis, therapy and Oral implantology

Paper III : Descriptive and analysing type question

(iii) ORAL & MAXILLOFACIAL SURGERY

Part-I

Paper-I : **Applied Basic Sciences:** Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

Part- II:

Paper-I : Minor Oral Surgery and Trauma

Paper-II : Maxillo-facial Surgery

Paper-III : Descriptive and analysing type question

(iv) CONSERVATIVE DENTISTRY AND ENDODONTICS

Part-I

Paper-I : **Applied Basic Sciences:** Applied Anatomy, Physiology, Pathology including Oral Microbiology, Pharmacology, Biostatistics and Research Methodology and Applied Dental Materials.

Part-II

Paper-I : Conservative Dentistry

Paper-II : Endodontics

Paper-III : Descriptive and analysing type question

(v) ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Part-I

Paper-I : **Applied Basic Sciences:** Applied anatomy, Physiology, Dental Materials, Genetics, Pathology, Physical Anthropology, Applied Research methodology, Bio-Statistics and Applied Pharmacology.

Part-II

Paper-I : Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of malocclusion, Dentofacial Anomalies, Diagnostic procedures and treatment planning in Orthodontics, Practice management in Orthodontic

Paper II : Clinical Orthodontics

Paper III : Descriptive and analysing type question

(vi) ORAL AND MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY:

Part-I

Paper-I : **Applied Basic Sciences:** Applied anatomy, Physiology (General and oral), Cell Biology, General Histology, Biochemistry, General Pathology, General and Systemic Microbiology, Virology, Mycology, Basic Immunology, Oral Biology (oral and dental histology), Biostatistics and Research Methodology

Part-II:

Paper-I : Oral pathology, Oral Microbiology and Immunology and Forensic Odontology

Paper-II : Laboratory techniques and Diagnosis and Oral Oncology

Paper-III : Descriptive and analysing type question

(vii) PUBLIC HEALTH DENTISTRY

Part-I

Paper-I : **Applied Basic Sciences:** Applied Anatomy and Histology, Applied Physiology and Biochemistry, Applied Pathology, Microbiology, Oral Pathology, Physical and Social Anthropology, Applied Pharmacology and Research Methodology and Biostatistics.

Part-II:

Paper-I : Public Health

Paper-II : Dental Public Health

Paper-III : Descriptive and analysing type question

(viii) PEDIATRIC DENTISTRY

Part-I

Paper I : **Applied Basic Sciences** : Applied Anatomy, Physiology, and Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics Growth and Development and Dental plaque, Genetics.

Part-II:

Paper-I	:	Clinical Pedodontics
Paper-II	:	Preventive and Community Dentistry as applied to pediatric dentistry
Paper-III	:	Descriptive and analysing type question

(ix) ORAL MEDICINE AND RADIOLOGY

Part-I

Paper I	:	Applied Basic Sciences: Applied Anatomy, Physiology, and Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics
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Part-II:

Paper-I	:	Oral and Maxillofacial Radiology
Paper-II	:	Oral Medicine, therapeutics and laboratory investigations
Paper-III	:	Descriptive and analysing type question

The following provision has been inserted in terms of (3rd Amendment) notification published on 26.08.2019 in the Gazette of India

“(x) The detailed syllabus for all the specialities is annexed as SCHEDULE-IX to these regulations.”

CHAPTER - VII

GOALS AND OBJECTIVES OF THE CURRICULUM

(25) GOALS._

The goals of the post-graduate training in various specialities is to train the graduate in Dental Surgery who will,

- (i) practice respective speciality efficiently and effectively, backed by scientific knowledge and skill;
- (ii) exercise empathy and a caring attitude and maintain high ethical standards;
- (iii) continue to evince keen interest in professional education in the speciality and allied specialities whether in teaching or practice;
- (iv) willing to share the knowledge and skills with any learner, junior or a colleague;
- (v) to develop the faculty for critical analysis and evaluation of various concepts and views and to adopt the most rational approach.

(26) OBJECTIVES._

The objective of the post-graduate training is to train a student so as to ensure higher competence in both general and special area of interest and prepare him or her for a career in teaching, research and speciality practice. A student must achieve a high degree of clinical proficiency in the subject and develop competence in research and its methodology in the concerned field.

The objectives to be achieved by the candidate on completion of the course may be classified as under:–

- (a) Knowledge (Cognitive domain)
- (b) Skills (Psycho motor domain)
- (c) Human values, ethical practice and communication abilities

(a) KNOWLEDGE._

- (i) demonstrate understanding of basic sciences relevant to speciality;
- (ii) describe etiology, pathophysiology, principles of diagnosis and management of common problems within the speciality in adults and children;
- (iii) identify social, economic, environmental and emotional determinants in a given case and take them into account for planned treatment;
- (iv) recognise conditions that may be outside the area of speciality or competence and to refer them to the concerned specialist;
- (v) update knowledge by self study and by attending courses, conferences and seminars pertaining to speciality;
- (vi) undertake audit, use information technology and carry out research in both basic and clinical with the aim of publishing or presenting the work at various scientific gathering;

(b) SKILLS:

- (i) take a proper clinical history, examine the patient, perform essential diagnostic procedures and order relevant tests and interpret them to come to a reasonable diagnosis about the condition;
- (ii) acquire adequate skills and competence in performing various procedures as required in the speciality.

(c) HUMAN VALUES, ETHICAL PRACTICE AND COMMUNICATION ABILITIES.

- (i) adopt ethical principles in all aspects of practice;
- (ii) foster professional honesty and integrity;
- (iii) deliver patient care irrespective of social status, caste, creed, or religion of the patient;
- (iv) develop communication skills, to explain various options available and obtain a true informed consent from the patient;
- (v) provide leadership and get the best out of his team in a congenial working atmosphere;
- (vi) apply high moral and ethical standards while carrying out human or animal research;
- (vii) be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed;
- (viii) respect patient's rights and privileges including patient's right to information and right to seek a second opinion.

**PART-VIII
SPECIALITIES**

27. The following specialties for the post-graduate course to be followed by the university / institute are detailed asunder:-

(i) Prosthodontics and Crown & Bridge:

Prosthodontics and Crown & Bridge is a branch of dental art and science pertaining to the restoration and maintenance of oral function, health, comfort and appearance by the replacement of missing or lost natural teeth and associated tissues either by fixed or removable artificial substitutes.

(ii) Periodontology:

Periodontology is the science dealing with the health and diseases of the investing and supporting structures of the teeth and oral mucous membrane.

(iii) Oral & Maxillofacial Surgery:

Oral and Maxillofacial surgery deals with the diagnosis and surgical and adjunctive treatment of diseases, injuries and defects of the human jaws and associated oral and facial structures.

(iv) Conservative Dentistry and Endodontics:

Conservative dentistry deals with prevention and treatment of the diseases and injuries of the hard tissues and the pulp of the tooth and associated periapical lesions, alongwith restoration of those teeth to normal form function and aesthetics .

(v) Orthodontics and Dentofacial Orthopedics:

Orthodontics and Dentofacial Orthopedics deals with prevention and correction of oral anomalies and malocclusion and the harmonising of the structures involved, so that the dental mechanisms function in a normal way.

(vi) Oral & Maxillofacial Pathology and Oral Microbiology

Oral & Maxillofacial Pathology and Oral Microbiology deals with the nature of oral diseases, their causes, processes and effects. It relates the clinical manifestation of oral diseases to the physiologic and anatomic changes associated with these diseases.

(vii) Public Health Dentistry

Public Health Dentistry is the science and art of preventing and controlling dental diseases and promoting dental health through organised community efforts.

(viii) Pediatric and Preventive Dentistry

Pediatric and Preventive Dentistry deals with prevention and treatment of oral and dental ailments that may occur during childhood.

(ix) Oral Medicine and Radiology

Oral Medicine is a speciality of dentistry concerned with the basic diagnostic procedures and techniques useful in recognising the diseases of the oral tissues of local and constitutional origin and their medical management.

Radiology is a science dealing with x-rays and their uses in diagnosis and treatment of diseases in relation to orofacial diseases.

28. CLINICAL MATERIAL . _

The minimum requirement of clinical material in each speciality of the post-graduate course is detailed in schedule-VIII of these regulations.

(Dr. Sabyasachi Saha)
Secretary

[F. No. _____]

SCHEDULE – I
(See clause (b) of sub-regulation (2) of regulation 11)

MODEL CHECKLIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS.

Name of the Trainee :

Date :

Name of the Faculty / Observer :

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope and objectives of the paper by the candidate.					
3.	Whether cross-references have been consulted.					
4.	Whether other relevant publications consulted.					
5.	Ability to respond to questions on the paper / subject.					
6.	Audio – Visual aids used.					
7.	Ability to defend the paper.					
8.	Clarity of presentation.					
9.	Any other observation.					
	Total Score					

SCHEDULE-II

(See clause (c) of sub-regulation (2) of regulation 11)

MODEL CHECK LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Trainee :

Date :

Name of the Faculty / Observer :

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness & Preparation.					
2.	Clarity of presentation.					
3.	Understanding of subject.					
4.	Whether other relevant publications consulted.					
5.	Whether cross-references have been consulted.					
6.	Ability to answer the questions.					
7.	Time scheduling.					
8.	Appropriate use of audio – visual aids.					
9.	Overall performance.					
10.	Any other observation.					
	Total Score					

SCHEDULE-III

(See clause (e) of sub-regulation (2) of regulation 11)

(a) MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN Outpatient Department

(To be completed once a month by respective unit heads including posting in other department)

Name of the Trainee :

Date :

Name of the Unit Head :

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance.					
2.	Punctuality.					
3.	Interaction with colleagues and supportive staff.					
4.	Maintenance of case records.					
5.	Presentation of cases.					
6.	Investigations work up.					
7.	Chair-side manners.					
8.	Rapport with patients.					
9.	Over all quality of clinical work.					
	Total Score					

(b) EVALUATION OF CLINICAL CASE PRESENTATION

Name of the Trainee :
 Name of the Faculty / Observer :

Date :

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness of history.					
2.	Whether all relevant points elicited.					
3.	Clarity of presentation.					
4.	Logical order.					
5.	Mentioned all positive and negative points					
6.	Accuracy of general physical examination.					
7.	Diagnosis: Whether it follows logically from history and findings.					
8.	Investigations required.					
	Complete list.					
	Relevant order.					
	Interpretation of investigations.					
9.	Ability to react to questioning Whether it follows logically from history and findings.					
10.	Ability to defend diagnosis.					
11.	Ability to justify differential diagnosis.					
12.	Others.					
	Grand Total					

Note: Please use a separate sheet for each faculty member.

SCHEDULE-IV

(See clause (h) of sub-regulation (2) of regulation 11)

MODEL CHECKLIST FOR EVALUATION OF TEACHING SKILL

Name of the Trainee :
 Name of the Faculty / Observer :

Date :

Sl. No	Items for observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Communication of the purpose of the talk					
2.	Evokes audience interest in the subject.					
3.	The introduction.					
4.	The sequence of ideas.					
5.	The use of practical examples and / or illustrations.					
6.	Speaking style (enjoyable, monotonous, etc. specify)					
7.	Attempts audience participation.					
8.	Summary of the main points at the end.					
9.	Asks questions.					
10.	Answers questions asked by the audience.					
11.	Rapport of speaker with his audience.					
12.	Effectiveness of the talk.					
13.	Uses audio-visual aids appropriately.					

SCHEDULE-V
(See clause (I) of sub-regulation (2) of regulation 11)

(a) MODEL CHECKLIST FOR DISSERTATION PRESENTATION

Name of the Trainee :

Date :

Name of the Faculty / Observer :

Sl. No.	Prints to be considered.	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Interest shown in selecting topic.					
2	Appropriate review.					
3	Discussion with guide and other faculty.					
4	Quality of protocol.					
5	Preparation of proforma					
	Total Score					

(b) CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Name of the Trainee :

Date :

Name of the Faculty / Observer :

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Periodic consultation with guide / co-guide.					
2	Regular collection of case material					
3	Depth of analysis / discussion.					
4	Quality of final output.					
5	Others					
	Total Score					

SCHEDULE-VI
(See clause (I) of sub-regulation (2) of regulation 11)

OVERALL ASSESSMENT SHEET

Date :

Sl. No.	Faculty Member	Name of Trainee and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1											
2											
3											

Signature of Head of the Department

Signature of Principal

Note: The overall assessment sheet used along with the logbook shall form the basis for certifying satisfactory completion of course of study, in addition to the attendance required.

KEY:

Faculty member : Name of the faculty doing the assessment.

Mean score : Sum total of all the scores of checklists.

A, B,.... : Name of the trainee.

SCHEDULE-VII

(See sub-regulations (2) of regulation 14)

EQUIPMENTS

DEPARTMENT: PROSTHODONTICS AND CROWN & BRIDGE

S. No.	NAME	SPECIFICATION	Quantity		Availability
			1 Unit	2 Units	
1.	Electrical Dental Chairs and Units	With shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor and airtor attachment with handpieces.	One chair and unit per PG student and two chairs with unit for the faculty.		
			1 Unit	2 Units	
2.	Articulators – semi adjustable/ adjustable with face bow		6	12	
3.	Micromotor – (Lab Type can also be attached (fixed) to wall		2	4	
4.	Ultrasonic scaler		2	2	
5.	Light cures		2	2	
6.	Hot air oven		1	1	
7.	Autoclave		2	2	
8.	Surveyor		2	2	
9.	Refrigerator		1	1	
10.	X-ray viewer		1	2	
11.	Pneumatic, Crown bridge remover		2	3	
12.	Needle destroyer		1	2	
13.	Intra oral camera		1	1	
14.	Digital SLR camera		1	1	
15.	Computer with internet connection with attached printer and scanner		1	1	
16.	LCD projector		1	1	
	Clinical Lab for Prosthetics				
1.	Plaster dispenser		2	2	
2.	Model trimmer with carborandum Disc		1	2	
3.	Model trimmer with diamond disc		1	2	
4.	High speed lathe		2	3	
5.	Vibrator		2	4	
6.	Acrylizer		1	2	
7.	Dewaxing unit		1	2	
8.	Hydraulic press		1	1	
9.	Mechanical press		1	1	
10.	Vacuum mixing machine		1	1	
11.	Micro motor lab type		2	3	
12.	Curing pressure pot		1	1	
13.	Pressure molding machine		1	1	

Chrome – Cobalt Lab Equipment					
1.	Duplicator		1	1	
2.	Pindex system		1	1	
3.	Burn-out furnace		1	1	
4.	Welder		1	1	
5.	Sandblaster	Micro and macro	1	1	
6.	Electro – polisher		1	1	
7.	Model trimmer with carborandum disc		1	1	
8.	Model trimmer with diamond disc		1	1	
9.	Model trimmer with double disc (one Carborandum and one diamond disc)		1	1	
10.	Casting machine, motor cast with the safety door closure, gas blow torch with regulator		1	1	
11.	Dewaxing furnace		1	1	
	Induction casting machine with vacuum pump, capable of casting titanium chrome cobalt precision metal		1	1	
12.	Spot welder with soldering, attachment of cable		1	1	
13.	Steam cleaner		1	1	
14.	Vacuum mixing machine		1	1	
15.	Spindle grinder 24,000 RPM with vacuum suction		1	1	
16.	Wax heater		2	3	
17.	Wax carvers (Full PKT Set)		2	3	
18.	Milling machine		1	1	
19.	Stereo microscope		1	1	
20.	Magnifying work lamp		1	1	
21.	Heavy duty lathe with suction		1	1	
22.	Preheating furnace		1	1	
23.	Dry model trimmer		1	1	
24.	Die cutting machine		1	2	
25.	Ultrasonic cleaner		1	1	
26.	Composite curing unit		1	1	
Ceramic Lab Equipment					
1.	Fully programmable porcelain furnace with vacuum pump		1	1	
2.	Ceramic kit (instruments)		3	3	
3.	Ceramic materials (kit)		1	1	
4.	Ceramic polishing kit		2	2	
Implant Equipment					
1.	Electrical dental chair and unit		1	1	
2.	Physio dispenser		1	1	
3.	Implant kit	Minimum 2 systems	2	2	
4.	Implants		10	10	
5.	Prosthetic components		10	10	
6.	Unit mount light cure		1	2	
7.	X-ray viewer		1	2	
8.	Needle destroyer		1	2	
9.	Ultrasonic cleaner capacity 3.5 lts		1	1	
10.	Autoclave programmable for all recommended cycles		1	2	

11.	X-ray machine with RVG		1	1	
12.	Refrigerator		1	1	
13.	Surgical kit/prosthetic kit		2	2	
14.	Educating models		1	1	
15.	Implant removing instruments		1	1	

DEPARTMENT: PERIODONTOLOGY

S. No.	NAME	SPECIFICATION	Quantity		Availability
			1 Unit	2 Units	
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor attachment with contra angle handpiece, airoter attachment, ultrasonic scaler (Piezo) with detachable autoclavable hand piece	One chair and unit per post-graduate student and Two chairs with unit for the faculty		
			1 Unit	2 Units	
2.	Auto clave (fully automatic) front loading		1	2	
3.	Steel bin		4	6	
4.	Airoter hand pieces		2	2	
5.	UV chamber		1	1	
6.	Formalin chamber		1	1	
7.	W.H.O probe		2	2	
8.	Nabers probe		2	2	
9.	Williams probe		2	2	
10.	UNC-15 probe		4	4	
11.	Gold Man fox probe		1	1	
12.	Pressure sensitive probe		1	1	
13.	Marquis color coded probe		1	1	
14.	Supra gingival scalers	set	2	2	
15.	Sub gingival scaler	set	2	2	
16.	Arkansas sharpening stone		1	1	
	Surgical Instruments				
1.	Routine surgical instrument kit (Benquis periosteal elevator, periotome)	set	2	3	
2.	Surgery trolleys		6	6	
3.	X ray viewer		1	2	
4.	Surgical cassette with sterilisation pouches		4	6	
5.	Electro surgery unit		1	1	
	Special Surgical Instruments				
1.	Kirkland's knife	set	1	1	
2.	Orban's knife	set	1	1	

3.	Paquette blade handle		1	1	
4.	Krane kaplan pocket marker	set	1	1	
5.	Mc Calls universal curettes	set	1	1	
6.	Gracey's curettes (No.1-18)	set	2	2	
7.	Mini five curettes	set	1	1	
8.	Cumine scalar		1	1	
9.	Mallet		1	1	
10.	Chisel		1	1	
11.	Oschenbein chisel	straight, curved	1	1	
12.	Schluger bone file		1	1	
13.	Bone fixation screw kit		1	1	
14.	Bone scrapper		1	1	
15.	Bone trephines for harvesting autografts	1 set	1	1	
16.	Bone regenerative materials	Bone graft and GTR membranes	5	5	
17.	Local drug delivery systems	At least two different agents	1 each	1	
18.	Root conditioning agent	At least two different agents	2	2	
19.	Micro needle holder		1	1	
20.	Micro scissors		1	1	
21.	Magnifying loop (2.5 – 3.5)		1	2	
22.	Operating microscope	optional	1	1	
23.	3 rd generation digital probe	optional	1	1	
24.	Bone expander and bone crester	optional	1	1	
25.	Distraction osteogenesis kit	optional	1	1	
26.	Bone mill	optional	1	1	
27.	Bone graft / membrane placement spoon		1	1	
28.	Bone condenser		1	1	
29.	Peizo-surgery unit	optional	1	1	
30.	Centrifuge for PRP/PRF preparation	optional	1	1	
31.	Soft tissue laser (8 watt)		1	1	
32.	Osteotome	set optional	1	1	
MISCELLANEOUS INSTRUMENTS					
1.	Composite gun with material kit		1	1	
2.	Splinting kit with material		2	3	
3.	Composite finishing kit		1	1	
4.	Glass Ionomer cement		1	1	
5.	Digital camera		1	1	
6.	Intra Oral camera		1	1	
7.	Ultrasonic cleaner		1	1	
8.	Emergency kit		1	1	
9.	Refrigerator		1	1	

10.	X-ray viewer		2	2	
11.	LCD projector		1	1	
12.	Computer with internet connection with attached printer and scanner		1	1	
13.	Implant Equipment				
14.	Electrical dental chair and unit		1	1	
	Physio dispenser		1	1	
15.	Implant kit	At least two different systems	2	2	
16.	Implants		10	10	
17.	Implant maintenance kit (plastic instruments)		1 set	1 set	
18.	Implant guide		1	1	
19.	X-ray viewer		1	2	
20.	Needle destroyer		1	2	
21.	Ultrasonic cleaner capacity 3.5 lts		1	1	
22.	Autoclave programmable for all recommended cycles		1	1	
23.	RVG with x-ray machine		1	1	
24.	Refrigerator		1	1	
25.	Surgical kit		2	2	
26.	Sinus lift kit		1	1	
27.	Educating models		1	1	
28.	Implant removing kit		1	1	

DEPARTMENT: ORAL & MAXILLOFACIAL SURGERY

S.No.	NAME	SPECIFICATION	Quantity		Availability
			1 Unit	2 Units	
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and high otorized suction, with micromotor and micro motor attachment	One chair and unit per post-graduate student and Two chairs with unit for the faculty		
			1 Unit	2 Units	
2.	Autoclave	Front loading	2	3	
3.	Fumigators		1	1	
4.	Oscillating saw	With all hand pieces	1	1	
5.	Surgical instruments General surgery kit including tracheotomy kit Minor oral surgery kit Osteotomy kit Cleft surgery kit Bone grafting kit Emergency kit Trauma set including bone plating kit Implantology kit with implants	Minimum systems	2 5 1 1 1 1 2 1 2 10	2 10 1 1 1 1 2 1 2 10	

6.	Distraction osteogenesis kit		1	1	
7.	Peizo surgical unit		1	1	
8.	Magnifying loops		1	1	
9.	Operating microscope and Microsurgery kit	desirable	1	1	
10.	Dermatomes		1	1	
11.	Needle destroyer		2	3	
12.	Ultrasonic Cleaner capacity 3.5 lts		1	1	
13.	Formalin chamber		1	1	
14.	Pulse oxymeter		1	1	
15.	Ventilator		1	1	
16.	Major operation theatre with all facilities		1	1	
17.	Recovery and Intensive Care Unit with all necessary life support equipments		2 beds	2 beds	
18.	Fibrooptic light		1	1	
19.	Inpatient beds		20	20	
20.	Fiber optic laryngoscope		1	1	
21.	Computer with internet connection with attached printer and scanner		1	1	
22.	LCD projector		1	1	
23.	Refrigerator		1	1	

DEPARTMENT : CONSERVATIVE DENTISTRY AND ENDODONTICS

S.No.	NAME	SPECIFICATION	Quantity		Availability
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor, airtor attachment with hand pieces	One chair & unit per post-graduate student and two chairs with unit for the faculty		
			1 Unit	2 Units	
2.	ENDOSONIC HANDPIECES – Micro endosonic Tips, retro treatment		2	3	
3.	Mechanised rotary instruments including hand pieces (speed and torque control) and hand instruments various systems		3	6	
4.	Rubber dam kit		1 per chair	1 per chair	
5.	Autoclaves for bulk instrument sterilization vacuum (Front loading)		2	3	
6.	Autoclaves for hand piece sterilization		1	1	
7.	Apex locators one for every two chairs		2	4	

8.	Pulp tester		2	4	
9.	Equipments for injectable thermoplasticized gutta percha		1	2	
10.	Operating microscopes 3 step or 5 step magnification		1	1	
11.	Surgical endo kits (Microsurgery)		2	2	
12.	Set of hand instruments (specifications required)		1	2	
13.	Sterilizer trays for autoclave		4	4	
14.	Ultrasonic cleaner capacity 3.5 lts		1	1	
15.	Variable Intensity polymerization equipments - VLC units	Desirable	1	1	
16.	Conventional VLC units one for every two chairs		2	4	
17.	Needle destroyer		2	2	
18.	Magnifying loupes one for students and one for faculty		1	2	
19.	LCD projector		1	1	
20.	Composite kits with different shades and polishing kits		2	4	
21.	Ceramic finishing kits, metal finishing kits	In ceramic labs	2	3	
22.	Amalgam finishing kits		2	3	
23.	RVG with x-ray machine developing kit		1	1	
24.	Chair side micro abrasion		1	1	
25.	Bleaching unit		1	1	
26.	Instrument retrieval kits		1	1	
27.	Computer with internet connection with attached printer and scanner		1	1	
28.	Refrigerator		1	1	
29.	Equipments for casting procedures				
30.	Equipments for ceramics including induction casting machines/ burnout preheat furnaces/ wax elimination furnaces		1	1	
31.	Lab micro motor/ metal grinders / sand blasters/ polishing lathes/ duplicator equipment/ vacuum investment equipments		1	1	
32.	Laser (preferably hard tissue)		1	1	
33.	Face bow with semi adjustable articulator		1	2	

DEPARTMENT : ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

S. No.	NAME	SPECIFICATION	Quantity	Availability
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1.	Dental Chairs and Unit	Electrically operated with shadow less lamp, spittoon, 3 way syringe, instrument tray and motorized suction	One chair & unit per PG student and Two chairs with unit for the faculty	
2.			1 Unit	2 Units
3.	Vacuum /pressure moulding unit		1	1
4.	Hydrogen soldering unit		1	1
5.	Lab micromotor		3	5
6.	Spot welders		3	5
7.	Model trimmer (Double disc)		2	3
8.	Light curing unit		2	2
9.	High intensity light curing unit		1	2
10.	Polishing lathes		2	3
11.	Tracing tables		3	5
12.	SLR digital camera		1	1
13.	Scanner with transparency adapter		1	1
14.	X-ray viewer		3	4
15.	LCD projector		1	1
16.	Autoclaves for bulk instrument Sterilization vacuum (Front loading)		1	1
17.	Needle destroyer		1	1
18.	Dry heat sterilizer		1	1
19.	Ultrasonic scaler		1	1
20.	Sets of Orthodontic pliers		3	3
21.	Orthodontic impression trays		3	5
22.	Ultrasonic cleaner capacity 3.5 lts		1	1
23.	Electropolisher		1	1
24.	Typodonts with full teeth set		3	3
25.	Anatomical articulator with face bow attachments		1	1
26.	Free plane articulators		1	1
27.	Hinge articulators		4	4
28.	Computer software for cephalometrics		1	1
29.	Computer with internet connection with attached printer and scanner		1	1
30.	Refrigerator		1	1

DEPARTMENT: ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY

S. No.	NAME	SPECIFICATION	Quantity		Availability
1.			1 Unit	2 Units	

2.	Dental Chairs and Units	Electrically operated with shadow less lamp, spittoon, 3 way syringe, instrument tray and suction	3	6	
2.	Adequate laboratory glassware's as required for processing of biopsy specimens and staining.	Reasonable quantity should be made available			
3.	Adequate tissue capsules / tissue embedding cassettes	Reasonable quantity should be made available			
4.	Paraffin wax bath	thermostatically controlled	1	1	
5.	Leuckhart pieces		10	10	
6.	Block holders		25	25	
7.	Microtome	Manual	1	1	
8.	Microtome	semi – automated	1	1	
9.	Tissue floatation water bath	thermostatically controlled	1	1	
10.	Slide warming table		1	1	
11.	Steel slide racks for staining		5	5	
12.	Diamond glass marker		2	2	
13.	Research microscope with phase contrast, dark field, polarization, image analyzer , photomicrography attachments		1	1	
14.	Multi head microscope	Penta headed	1	1	
15.	Binocular compound microscope		2 for faculty and one per student	4 for faculty and one per student	
16.	Stereo microscope		1	1	
17.	Aluminum slide trays		5	5	
18.	Wooden / plastic slide boxes		5	5	
19.	Wax block storing cabinet		5,000 capacity	10,000 capacity	
20.	Slide storing cabinet		5,000 capacity	10,000 capacity	
21.	Refrigerator		1	1	
22.	Pipettes		5	5	
23.	Surgical kit for biopsy		3	6	
24.	Immuno histo chemistry lab		1	1	
25.	Computer with Internet Connection with attached printer and scanner		1	1	
26.	LCD projector		1	1	
27.	Desirable Equipment				
28.	Cryostat		1	1	
29.	Fluorescent microscope		1	1	

30.	Hard tissue microtome		1	1	
31.	Tissue storing cabinet (frozen)		1	1	
32.	Microwave		1	1	

DEPARTMENT : PUBLIC HEALTH DENTISTRY

S. No.	NAME	SPECIFICATION	Quantity	Availability	
	Instruments in the department for comprehensive Oral health care programme				
1.	Dental chairs	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor attachment with contra angle handpiece, airoter attachment, ultrasonic scaler (Piezo) with detachable autoclavable hand piece with min 3 tips.	One chair and unit per post-graduate student and one chair with unit for the faculty		
2.			1 Unit	2 Units	
3.	Extraction forceps		4 sets	6 sets	
4.	Filling instruments		4 sets	6 sets	
5.	Scaling instruments	Supra gingival scaling	4 sets	6 sets	
6.	Amalgamator		1	1	
7.	Pulp tester		1	1	
8.	Autoclave		1	1	
9.	X-ray viewer		1	1	
10.	Instrument cabinet		1	1	
11.	LCD or DLP multimedia projector		1	1	
12.	Computer with internet connection with attached printer and scanner		1	1	
13.	For peripheral dental care or field programme				
14.	Staff bus		1	1	
15.	Mobile dental clinic fitted with at least 2 dental chairs with complete dental unit with fire extinguisher		1	1	
16.	Ultrasonic scaler,		1	2	
17.	Ultrasonic cleaner capacity 3.5 lts		1	1	
18.	Compressor	One with chair			
19.	Generator		1	1	
20.	Public address system,		1	1	

	audio-visual aids				
21.	Television		1	1	
22.	Digital Versatile Disc Player		1	1	
23.	Instrument cabinet, emergency medicine kits, Blood pressure apparatus		1	1	
24.	Portable oxygen cylinder		1	1	
25.	Portable chair		1	1	
26.	Refrigerator		1	1	

DEPARTMENT : PAEDODONTICS AND PREVENTIVE DENTISTRY

S. No.	NAME	SPECIFICATION	Quantity		Availability
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, and motorised suction, micromotor attachment with contra angle miniature handpiece, airtor attachment with miniature handpiece, dental operator stool (40% dental chairs shall be pedo chairs)	One chair and unit per post-graduate student and Two chairs with unit for the faculty		
2.			1 Unit	2 Units	
3.	Pedo extraction forceps sets		3	4	
4.	Autoclaves for bulk instrument sterilization vacuum (Front loading)		1	2	
5.	RVG with intra oral x-ray unit		1	1	
6.	Automatic developer		1	1	
7.	Pulp tester		2	3	
8.	Apex locator		1	1	
9.	Rubber dam kit	One set per student	1	1	
10.	Injectable GP condenser		1	1	
11.	Endodontic pressure syringe		1	1	
12.	Glass bead steriliser		2	4	
13.	Spot welder		2	3	
14.	Ultrasonic scalers		2	4	
15.	Needle destroyer		1	1	
16.	Formalin chamber		1	1	
17.	Ultrasonic cleaner capacity 3.5 lts		1	1	
18.	X-ray viewer		2	3	
19.	Amalgamator		1	2	
20.	Plaster dispenser		2	2	
21.	Dental lathe		1	2	
22.	Vibrator		2	3	

23.	Typodonts	One set per student	1	1	
24.	Soldering unit		1	1	
25.	Band pinching beak pliers		2 Sets	2 Sets	
26.	Proximal contouring pliers		2	3	
27.	Crown crimping pliers		2	3	
28.	Double beak pliers anterior and posterior		2	3	
29.	Lab micro motor		2	3	
30.	Acryliser		1	2	
31.	Magnifying loupes		1	1	
32.	Conscious sedation unit	Desirable	1	1	
33.	Pulse oxymeter		1	1	
34.	Phantom head table with attached Light, Airtor and micro motor	One set per each P.G. Student	1	1	
35.	Computer with internet connection with attached printer and scanner		1	1	
36.	LCD projector		1	1	
37.	Refrigerator		1	1	

DEPARTMENT: ORAL MEDICINE AND RADIOLOGY

S. No.	NAME	SPECIFICATION	Quantity		Availability
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction	One chair and unit per post-graduate student and one chair with unit for the faculty		
2.			1 Unit	2 Units	
3.	RVG with intra oral radiography machine (FDA Approved)	55-70 kVp with digital compatibility	1	1	
4.	Extra oral radiography machine	100 kvp	1	1	
5.	Panoramic radiography (OPG) machine with cephalometric and TMJ attachment with printer	Digital compatibility	1	1	
	Intra-oral camera		1	2	
	Pulp tester		2	4	
	Autoclave		1	1	
	Punch biopsy tool		2	3	
	Biopsy equipment		1	2	
	Surgical trolley		2	2	
	Emergency medicines kit		1	1	
	Extra oral cassettes with intensifying screens (Conventional and rare earth)		4	6	
	Lead screens		2	2	
	Lead aprons		2	2	
	Lead gloves		2	2	
	Radiographic filters (Conventional and rare		1	1	

	earth)				
	Dark room with safe light facility		1	1	
	Automatic radiographic film processors		2	2	
	Radiographic film storage lead containers		1	1	
	Thyroid collars		1	1	
	Digital sphygmomanometer		1	1	
	Digital blood glucose tester		1	1	
	Digital camera		1	1	
	X-ray viewer boxes		2	3	
	Lacrimal probes		2 sets	2 Sets	
	Sialography cannula		2 sets	2 Sets	
	Illuminated mouth mirror and probe		2	2	
	Computer with internet connection with attached printer and scanner		1	1	
	LCD projector		1	1	
	Refrigerator		1	1	

SCHEDULE-VIII
(See regulation 28)

CLINICAL MATERIAL

FOR COLLEGES WITH 50 UG ADMISSIONS
Minimum Requirement (both UG & PG together)

Conservative Dentistry and Endodontics

Unit	Starting MDS	1 st Renewal	2 nd & 3 rd Renewal	Recognition
1 st Unit	35	40	50	50
2 nd Unit	60	70	80	80

Oral Medicine & Radiology

Unit	Starting MDS	1 st Renewal	2 nd & 3 rd Renewal	Recognition
1 st Unit	75	80	90	100
2 nd Unit	110	120	130	130

Oral & Maxillofacial Surgery

Unit	Starting MDS	1 st Renewal	2 nd & 3 rd Renewal	Recognition
1 st Unit	30 (1+4)	35 (1+8)	40 (2+10)	40 (2+10)
2 nd Unit	50 (2+12)	60 (2+14)	70 (2+16)	70 (2+16)

The average of Major Surgeries + Minor Surgeries per week are mentioned above in the brackets

Oral & Maxillofacial Pathology and Oral Microbiology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	1+2+3	1+3+3	1+3+5	1+3+5
2 nd Unit	2+4+6	2+5+8	2+6+10	2+6+10

* (Biopsy + Cytology + Hematology per week)

Orthodontics & Dentofacial Orthopedics

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	15	20	25	25

2 nd Unit	30	35	40	40
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Pediatric Dentistry

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	20	25	30	30
2 nd Unit	35	40	45	45

Periodontology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	30	35	40	40
2 nd Unit	50	60	70	70

Prosthodontics and Crown & Bridge

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	20	25	30	30
2 nd Unit	35	40	50	50

Public Health Dentistry (including Patients in Satellite Clinics)

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	30	35	40	40
2 nd Unit	50	55	60	60

**FOR COLLEGES WITH 100 UG ADMISSIONS:
Minimum Requirement (both UG & PG together)**

Conservative Dentistry and Endodontics

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	50	60	70	70
2 nd Unit	80	90	100	100

Oral Medicine & Radiology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
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1 st Unit	100	120	140	150
2 nd Unit	160	170	180	180

Oral & Maxillofacial Surgery

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	40 (1+4)	50 (1+8)	60 (2+10)	60 (2+10)
2 nd Unit	70 (2+12)	80 (2+14)	100 (2+16)	100 (2+16)

The average of Major Surgeries + Minor Surgeries per week are mentioned above in the brackets()

Oral & Maxillofacial Pathology and Oral Microbiology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	1+3+5	1+6+5	2+6+10	2+6+10
2 nd Unit	3+6+12	3+7+12	3+7+14	3+7+14

* (Biopsy + Cytology + Hematology per week)

Orthodontics & Dentofacial Orthopedics

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	20	25	30	30
2 nd Unit	40	45	50	50

Pediatric Dentistry

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	30	35	40	40
2 nd Unit	50	55	60	60

Periodontology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
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1 st Unit	40	50	60	60
2 nd Unit	80	90	100	100

Prosthodontics and Crown & Bridge

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	30	35	40	40
2 nd Unit	50	55	60	60

Public Health Dentistry (including Patients in Satellite Clinics)

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	40	45	50	50
2 nd Unit	60	65	70	70

LOG BOOK

TABLE 1

ACADEMIC ACTIVITIES ATTENDED

Name :

Admission Year:

College :

Date	Type of activity (Specify Seminar, Journal club, presentation, under-graduate teaching)	Particulars

TABLE 2

ACADEMIC PRESENTATIONS MADE BY THE TRAINEE

Name :

Admission Year:

College :

Date	Topic	Type of activity (Specify Seminar, Journal club, presentation, under-graduate teaching)

TABLE 3

DIAGNOSTIC AND OPERATIVE PROCEDURES PERFORMED

Name:

Admission Year:

College:

Date	Name	OP No	Procedure	Category O, A, PA, PI

Key:

O-Washed up and observed-Initial six months of admission

A-Assisted senior surgeon-I year MDS

PA- Performed procedure under the direct supervision of a senior surgeon-II year MDs

PI-Performed independently –III year MDS

SCHEDULE – IX

(See regulation 24)

29. SYALLBUS FOR M.D.S. IN VARIOUS SPECIALTIES

The syllabus for MDS course includes both Applied Basic Sciences and subjects of concerned specialty. The syllabus in Applied Basic Sciences shall vary according to the particular specialty; similarly the candidates shall also acquire adequate knowledge in other subjects related to their respective specialty.

1. PROSTHODONTICS AND CROWN & BRIDGE

AIM:

To train the dental graduates so as to ensure higher level of competence in both general and specialty areas of Prosthodontics and prepare candidates with teaching, research and clinical abilities including prevention and after care in Prosthodontics – removable dental prosthodontics, fixed dental prosthodontics (Crown & Bridge), implantology, maxillofacial prosthodontics and esthetic dentistry.

GENERAL OBJECTIVES OF THE COURSE:

Training program for the dental graduates in Prosthetic dentistry– removable dental prosthodontics, fixed dental prosthodontics (Crown & Bridge), implantology, maxillofacial prosthodontics and esthetic dentistry and Crown & Bridge including Implantology is structured to achieve knowledge and skill in theoretical and clinical laboratory, attitude, communicative skills and ability to perform research with a good understanding of social, cultural, educational and environmental background of the society.

- To have adequate acquired knowledge and understanding of applied basic and systemic medical sciences, both in general and in particularly of head and neck region.
- The postgraduates should be able to provide Prosthodontic therapy for patients with competence and working knowledge with understanding of applied medical, behavioral and clinical science, that are beyond the treatment skills of the general BDS graduates and MDS graduates of other specialties,
- To demonstrate evaluative and judgment skills in making appropriate decisions regarding prevention, treatment, after care and referrals to deliver comprehensive care to patients.

KNOWLEDGE:

The candidate should possess knowledge of applied basic and systemic medical sciences.

- On human anatomy, embryology, histology, applied in general and particularly to head and neck, Physiology & Biochemistry, Pathology Microbiology & virology; health and diseases of various systems of the body (systemic) principles in surgery and medicine, pharmacology, nutrition, behavioral science, age changes, genetics, Immunology, Congenital defects & syndromes and Anthropology, Bioengineering, Bio-medical & Biological Principles
- The student shall acquire knowledge of various Dental Materials used in the specialty and be able to provide appropriate indication, understand the manipulation characteristics, compare with other materials available, be adept with recent advancements of the same.
- Students shall acquire knowledge and practice of history taking, Diagnosis, treatment planning, prognosis, record maintenance of oral, craniofacial and systemic region.
- Ability for comprehensive rehabilitation concept with pre prosthetic treatment plan including surgical re-evaluation and prosthodontic treatment planning, impressions, jaw relations, utility of face bows, articulators, selection and positioning of teeth, teeth

arrangement for retention, stability, esthetics, phonation, psychological comfort, fit and insertion.

- Instructions for patients in after care and preventive Prosthodontics and management of failed restorations shall be possessed by the students.
- Understanding of all the applied aspects of achieving physical, psychological well-being of the patients for control of diseases and / or treatment related syndromes with the patient satisfaction and restoring function of Cranio mandibular system for a quality life of a patient.
- Ability to diagnose and plan treatment for patients requiring Prosthodontic therapy
- Ability to read and interpret radiographs, and other investigations for the purpose of diagnosis and treatment planning.
- The theoretical knowledge and clinical practice shall include principles involved for support, retention, stability, esthetics, phonation, mastication, occlusion, behavioral, psychological, preventive and social aspects of Prosthodontics science of Oral and Maxillofacial Prosthodontics and Implantology
- Tooth and tooth surface restorations, Complete denture Prosthodontics, removable partial denture Prosthodontics, fixed prosthodontics and maxillofacial and Craniofacial Prosthodontics, implants and implant supported Prosthodontics, T.M.J. and occlusion, craniofacial esthetics, and biomaterials, craniofacial disorders, problems of psychogenic origin.
- Should have knowledge of age changes, geriatric psychology, nutritional considerations and prosthodontic therapy in the aged population.
- Should have ability to diagnose failed restoration and provide prosthodontic therapy and after care.
- Should have essential knowledge on ethics, laws, and Jurisprudence and Forensic Odontology in Prosthodontics.
- Should know general health conditions and emergency as related to prosthodontics treatment like allergy of various materials and first line management of aspiration of prosthesis
- Should identify social, cultural, economic, environmental, educational and emotional determinants of the patient and consider them in planning the treatment.
- Should identify cases, which are outside the area of his specialty / competence, refer them to appropriate specialists and perform interdisciplinary case management.
- To advice regarding case management involving surgical and interim treatment
- Should be competent in specialization of team management in craniofacial prosthesis design.
- To have adequate acquired knowledge, and understanding of applied basic, and systemic medical science knowledge in general and in particular to head and neck regions.
- Should attend continuing education programmes, seminars and conferences related to Prosthodontics, thus updating himself/herself.
- To teach and guide his/her team, colleagues and other students.
- Should be able to use information technology tools and carry out research both in basic and clinical areas, with the aim of publishing his/ her work and presenting his/her work at various scientific forums.
- Should have an essential knowledge of personal hygiene, infection control, prevention of cross infection and safe disposal of waste, keeping in view the risk of transmission of potential communicable and transmissible infections like Hepatitis and HIV.
- Should have an ability to plan and establish Prosthodontics clinic/hospital teaching department and practice management.
- Should have a sound knowledge (of the applications in pharmacology, effects of drugs on oral tissues and systems of body and in medically compromised patients.

SKILLS:

- The candidate should be able to examine the patients requiring Prosthodontic therapy, investigate the patient systemically, analyze the investigation results, radiographs, diagnose the ailment, plan the treatment, communicate it with the patient and execute it.

- To understand the prevalence and prevention of diseases of craniomandibular system related to prosthetic dentistry.
- The candidate should be able to restore lost functions of stomatognathic system like mastication, speech, appearance and psychological comforts by understanding biological, biomedical, bioengineering principles and systemic conditions of the patients to provide quality health care in the craniofacial regions.
- The candidate should be able to demonstrate good interpersonal, communication skills **and** team approach in interdisciplinary care by interacting with other specialties including medical specialty for planned team management of patients for craniofacial & oral acquired and congenital defects, temporomandibular joint syndromes, esthetics, Implant supported Prosthetics and problems of Psychogenic origins.
- Should be able to demonstrate the clinical competence necessary to carry out appropriate treatment at higher level of knowledge, training and practice skills currently available in their specialty area with a patient centered approach.
- Should be able to interpret various radiographs like IOPA, OPG, CBCT and CT. Should and be able to plan and modify treatment plan based on radiographic findings
- Should be able to critically appraise articles published and understand various components of different types of articles and be able to gather the weight of evidence from the same
- To identify target diseases and create awareness amongst the population regarding Prosthodontic therapy.
- To perform Clinical and Laboratory procedures with a clear understanding of biomaterials, tissue conditions related to prosthesis and have required dexterity & skill for performing clinical and laboratory all procedures in fixed, removable, implant, maxillofacial, TMJ and esthetics Prosthodontics.
- To carry out necessary adjunctive procedures to prepare the patient before prosthesis like tissue preparation and preprosthetic surgery and to prepare the patient before prosthesis / prosthetic procedures
- To understand demographic distribution and target diseases of Cranio mandibular region related to Prosthodontics.

ATTITUDES:

- To adopt ethical principles in Prosthodontic practice, Professional honesty, credibility and integrity are to be fostered. Treatment to be delivered irrespective of social status, caste, creed or religion of patient.
- Should be willing to share the knowledge and clinical experience with professional colleagues.
- Should develop an attitude towards quality, excellence, **non-compromising** in treatment.
- Should be able to self-evaluate, reflect and improve on their own.
- Should pursue research in a goal to contribute significant, relevant and useful information, concept or methodology to the scientific fraternity.
- Should be able to demonstrate **evidence-based** practice while handling cases
- Should be willing to adopt new methods and techniques in prosthodontics from time to time based on scientific research, which are in patient's best interest.
- Should respect patient's rights and privileges, including patient's right to information and right to seek second opinion.

COMMUNICATIVE ABILITIES:

- To develop communication skills, in particular **and** to explain treatment options available in the management.
- To provide leadership and get the best out of his / her group in a congenial working atmosphere.
- Should be able to communicate in simple understandable language with the patient and explain the principles of prosthodontics to the patient. He/She should be able to guide and counsel the patient with regard to various treatment modalities available.

- To develop the ability to communicate with professional colleagues through various media like Internet, e-mails, videoconferences etc. to render the best possible treatment. Should demonstrate good explanatory and demonstrating ability as a teacher in order to facilitate learning among students

COURSE CONTENTS:

The course content has been identified and categorized as essential knowledge given below.

ESSENTIAL KNOWLEDGE:

The topics to be considered are Applied Basic Sciences, Oral and Maxillofacial Prosthodontics and Implantology

APPLIED BASIC SCIENCES:

Should develop thorough knowledge on the applied aspects of Anatomy, Embryology, Histology particularly head and neck, Physiology, Biochemistry, Pathology, Microbiology, Virology, Pharmacology, Health and systematic diseases principles in surgery medicine and Anesthesia, Nutrition, Behavioral sciences, age changes, genetics, Dental Material Science, congenital defects and Syndromes and Anthropology, Biomaterial Sciences, Bio-engineering and Bio-medical and Research Methodology as related to Masters degree Prosthodontics and Crown & Bridge including Implantology

It is desirable to have adequate knowledge in Bio-statistics, Research Methodology and use of computers to develop necessary teaching skills in the specialty of Prosthodontics including crown and bridge.

APPLIED ANATOMY OF HEAD AND NECK:

General Human Anatomy –Gross Anatomy, anatomy of Head and Neck in detail:Cranial and facial bones, TMJ and function, muscles of mastication and facial expression, muscles of neck and back including muscles of deglutition and tongue, arterial supply and venous drainage of the head and neck, anatomy of the Para nasal sinuses in relation to the Vth cranial nerve. General considerations of the structure and function of the brain, brief considerations of V, VII, XI, XII, cranial nerves and autonomic nervous system of the head and neck. The salivary glands, Pharynx, Larynx Trachea, Oesophagus, Functional Anatomy of masticatory muscles, Deglutition, speech, respiration, and circulation, teeth eruption, morphology, occlusion and function. Anatomy of TMJ, its movements and myofacial pain dysfunction syndrome.

Embryology –Development of the face, tongue, jaws, TMJ, Paranasal sinuses,pharynx, larynx, trachea, esophagus, Salivary glands, Development of oral and Para oral tissues including detailed aspects of tooth formation.

Growth & Development –Facial form and Facial growth and development overview ofDentofacial growth process and physiology from foetal period to maturity and old age,. General physical growth, functional and anatomical aspects of the head, changes in craniofacial skeletal development, relationship between development of the dentition and facial growth.

Dental Anatomy –Anatomy of primary and secondary dentition, concept of occlusion,mechanism of articulation, and masticatory function. Detailed structural and functional study of the oral and Para oral tissues, normal occlusion, development of occlusion in deciduous mixed and permanent dentitions, root length, root configuration & tooth-numbering systems.

Histology –histology of enamel, dentin, Cementum, periodontal ligament and alveolarbone, pulpal anatomy, histology and biological consideration. Salivary glands and Histology of epithelial tissues including glands.

Histology of general and specific connective tissue including bone, , Salivary glands, Histology of skin, oral mucosa, respiratory mucosa, connective tissue, bone, cartilage, cellular elements of blood vessels, blood, lymphatics, nerves, muscles, tongue and tooth

Cell biology –Brief study of the structure and function of the mammalian cell Components of the cell and functions of various types of cells and their consequences with tissue injury

APPLIED PHYSIOLOGY AND NUTRITION :

Introduction, Mastication, deglutition, digestion and assimilation, Homeostasis, fluid and electrolyte balance, blood composition, volume, function, blood groups and hemorrhage, Blood transfusion, circulation, Heart, Pulse, Blood pressure, capillary and lymphatic circulation. Shock, respiration, control, anoxia, hypoxia, asphyxia, artificial respiration. Endocrine glands in particular reference to pituitary, parathyroid and thyroid glands and sex hormones. Role of calcium and Vit D in growth and development of teeth, bone and jaws. Role of Vit. A, C and B complex in oral mucosal and periodontal health. Physiology and function of the masticatory system. Speech mechanism, mastication, swallowing and deglutition mechanism, salivary glands and Saliva

Endocrines – General principles of endocrine activity and disorders relating to pituitary, thyroid, pancreas, parathyroid, adrenals, gonads, including pregnancy and lactation. Physiology of saliva, urine formation, normal and abnormal constituents, Physiology of pain, Sympathetic and parasympathetic nervous system, neuromuscular co-ordination of the stomatognathic system.

Applied Nutrition – General principles, balanced diet, effect of dietary deficiencies and starvation, Diet, digestion, absorption, transportation and utilization & diet for elderly patients.

APPLIED BIOCHEMISTRY:

General principles governing the various biological activities of the body, such as osmotic pressure, electrolytic dissociation, oxidation-reduction Carbohydrates, proteins, liquids and their metabolism, Enzymes, Vitamins, and minerals, Hormones, Blood, Metabolism of inorganic elements, Detoxification in the body & anti metabolites.

APPLIED PHARMACOLOGY AND THERAPEUTICS:

Dosage and mode of administration of drugs. Action and fate of drugs in the body, Drug addiction, tolerance and hypersensitive reactions, Drugs acting on the central nervous system, general anesthetics hypnotics, analeptics and tranquilizers. Local anesthetics, Chemotherapeutics and antibiotics, Antitubercular and anti syphilitic drugs, Analgesics and antipyretics, Antiseptics, styptics, Sialogogues and antisialogogues, Haematinics, Cortisones, ACTH, insulin and other antidiabetics vitamins: A, D, B – complex group C, K etc. Chemotherapy and Radiotherapy. Drug regime for antibiotic prophylaxis and infectious endocarditis and drug therapy following dental surgical treatments like placement of implants, pre and peri prosthetic surgery

APPLIED PATHOLOGY:

Inflammation, repair and degeneration, Necrosis and gangrene, Circulatory disturbances, Ischaemia, hyperaemia, chronic venous congestion, oedema, thrombosis, embolism and infarction. Infection and infective granulomas, Allergy and hypersensitive reactions, Neoplasms; Classification of tumors, Carcinogenesis, characteristics of benign and malignant tumors, spread of tumors. Applied histo pathology and clinical pathology.

APPLIED MICROBIOLOGY:

Immunity, knowledge of organisms commonly associated with diseases of the oral cavity (morphology cultural characteristics etc) of strepto, staphylo, , Clostridia group of organisms, Spirochaetes, organisms of tuberculosis, leprosy, diphtheria, actinomycosis and moniliasis etc. Virology, Cross infection control, sterilization and hospital waste management

APPLIED ORAL PATHOLOGY:

Developmental disturbances of oral and Para oral structures, Regressive changes of teeth, Bacterial, viral and mycotic infections of the oral cavity. Dental caries, diseases of pulp and periapical tissues, Physical and chemical injuries of the oral cavity, oral manifestations of metabolic and endocrine disturbances, Diseases of the blood and blood forming organism in relation to the oral cavity, Periodontal diseases, Diseases of the skin, nerves and muscles in relation to the Oral cavity.

LABORATORY DETERMINATIONS:

Blood groups, blood matching, R.B.C. and W.B.C. count, Bleeding and clotting time, PT, PTT and INR Smears and cultures – urine analysis and culture. Interpretation of RBS, Glycosylated Hb, GTT

BIostatISTICS:

Characteristics and limitations of statistics, planning of statistical experiments, sampling, collection, classification and presentation of data (Tables, graphs, pictograms etc) & Analysis of data, parametric and non parametric tests

Introduction to Biostatistics - Scope and need for statistical application to biological data. Definition of selected terms – scale of measurements related to statistics, Methods of collecting data, presentation of the statistical diagrams and graphs.

Frequency curves, mean, mode of median, Standard deviation and co-efficient of variation, Correlation – Co-efficient and its significance, Binominal distributions normal distribution and Poisson's distribution, Tests of significance.

RESEARCH METHODOLOGY:

Understanding and evaluating dental research, scientific method and the behavior of scientists, understanding to logic – inductive logic – analogy, models, authority, hypothesis and causation,. Measurement and Errors of measurement, presentation of results, Reliability, Sensitivity and specificity diagnosis tests and measurements, Research Strategies, Observation, Correlation, Experimentation and Experimental design. Logic of statistical in(ter)ferences, balance judgements, judgement under uncertainty, clinical vs., scientific judgement, problems with clinical judgement, forming scientific judgements, the problem of contradictory evidence, citation analysis as a Means of literature evaluation, influencing judgement :

Protocol writing for experimental, observational studies, survey including hypothesis, PICO statement, aim objectives, sample size justification, use of control/placebo, standardization techniques, bias and its elimination, blinding, evaluation, inclusion and exclusion criteria.

APPLIED RADIOLOGY:

Introduction, radiation, background of radiation, sources, radiation biology, somatic damage, genetic damage, protection from primary and secondary radiation, Principles of X-ray production, Applied principles of radio therapy and after care.

ROENTGENOGRAPHIC TECHNIQUES:

Intra oral, extra oral roentgenography, Methods of localization digital radiology and ultra sounds. Normal anatomical landmarks of teeth and jaws in radiograms, temporomandibular joint radiograms, neck radiograms.

Use of CT and CBCT in prosthodontics

APPLIED MEDICINE:

Systemic diseases and (its) their influence on general health and oral and dental health. Medical emergencies like syncope, hyperventilation, angina, seizure, asthma and allergy/anaphylaxis in the dental offices – Prevention, preparation, medico legal consideration, unconsciousness, respiratory distress, altered consciousness, seizures, drug related emergencies, chest pain, cardiac arrest, premedication, prophylaxis and management of ambulatory patients, resuscitation, applied psychiatry, child, adult and senior citizens.

APPLIED SURGERY & ANESTHESIA:

General principles of surgery, wound healing, incision wound care, hospital care, control of hemorrhage, electrolyte balance. Common bandages, sutures, splints, shifting of critically ill patients, prophylactic therapy, bone surgeries, grafts, etc, surgical techniques, nursing assistance, anesthetic assistance.

Principles in speech therapy, surgical and radiological craniofacial oncology, applied surgical ENT and ophthalmology.

APPLIED PLASTIC SURGERY:

Applied understanding and assistance in programs of plastic surgery for prosthodontics therapy.

APPLIED DENTAL MATERIALS:

- Students should have understanding of all materials used for treatment of craniofacial disorders – Clinical, treatment, and laboratory materials, associated materials, technical considerations, shelf life, storage, manipulations, sterilization, and waste management.
- Students shall acquire knowledge of testing biological, mechanical and other physical properties of all materials used for the clinical and laboratory procedures in prosthodontic therapy.
 - Students shall acquire full knowledge and practice of Equipments, instruments, materials, and laboratory procedures at a higher level of competence with accepted methods.

All clinical practices shall involve personal and social obligation of cross infection control, sterilization and waste management.

ORAL AND MAXILLOFACIAL PROSTHODONTICS AND IMPLANTOLOGY:

I. NON-SURGICAL AND SURGICAL METHODS OF PROSTHODONTICS AND IMPLANTOLOGY

- a. Prosthodontic treatment for completely edentulous patients – Complete dentures, immediate complete dentures, single complete dentures, tooth supported complete dentures & Implant supported Prosthesis for completely edentulous patients for typical and atypical cases
- b. Prosthodontic treatment for partially edentulous patients: - Clasp-retained acrylic and cast partial dentures, transitional dentures, immediate dentures,

intra coronal and extra coronal precision attachments retained partial dentures & maxillofacial prosthesis for typical and atypical cases

Prosthodontic treatment for edentulous patients: - Complete Dentures and Implant supported Prosthesis.

Complete Denture Prosthesis – Definitions, terminologies, G.P.T., Boucher's clinical dental terminology

Scope of Prosthodontics – The Cranio Mandibular system and its functions, the reasons for loss of teeth, consequences of loss of teeth and treatment modality with various restorations and replacements

- a) **Edentulous Predicament**, Biomechanics of the edentulous state, Support mechanism for the natural dentition and complete dentures, Biological considerations, Functional and Para functional considerations, Esthetic, behavioral and adaptive responses, Temporomandibular joints changes.
- b) **Effects of aging of edentulous patients** –aging population, distribution and edentulism in old age, impact of age on edentulous mouth – Mucosa, Bone, saliva, jaw movements in old age, taste and smell, nutrition, aging, skin and teeth, concern for personal appearance in old age
- c) **Sequelae caused by wearing complete denture** –the denture in the oral environment – Mucosal reactions, altered taste perception, burning mouth syndrome, gagging, residual ridge (reduction) resorption, denture stomatitis, flabby ridge, denture irritation hyperplasia, traumatic Ulcers, Oral cancer in denture wearers, nutritional deficiencies, masticatory ability and performance, nutritional status and masticatory functions.
- d) **Temporomandibular disorders in edentulous patients** –Epidemiology, etiology and management, Pharmacotherapy, Physical modalities, and Bio-behavioral modalities
- e) **Nutrition Care for the denture wearing patient** –Impact of dental status on food intake, Gastrointestinal functions, nutritional needs and status of older adults, Calcium and bone health, vitamin and herbal supplementation, dietary counseling and risk factor for malnutrition in patients with dentures and when teeth are extracted.
- f) **Preparing patient for complete denture patients** –Diagnosis and treatment planning for edentulous and partially edentulous patients – familiarity with patients, principles of perception, health questionnaires and identification data, problem identification, prognosis and treatment identification data, problem identification, prognosis and treatment planning – contributing history – patient's history, social information, medical status –

systemic status with special reference to debilitating diseases, diseases of the joints, cardiovascular disorders, diseases of the skin, neurological disorders, oral malignancies, climacteric, use of drugs, mental health – mental attitude, psychological changes, adaptability, geriatric changes – physiologic, pathological, pathological and intra oral changes. Intra oral health – mucus membrane, alveolar ridges, palate and vestibular sulcus and dental health.

Data collection and recording, visual observation, radiography, palpation, measurement of sulci or fossae, extra oral measurement, the vertical dimension of occlusion, diagnostic casts.

Specific observations – existing dentures, soft tissue health, hard tissue health – teeth, bone

Biomechanical considerations – jaw relations, border tissues, saliva, muscular development – muscle tone, neuromuscular co-ordination, tongue, cheek and lips. Interpreting diagnostic findings and treatment planning

- g) **Pre prosthetic surgery** –Improving the patients denture bearing areas and ridge relations.
- h) **Non surgical methods** –rest for the denture supporting tissues, occlusal correction of the old prosthesis, good nutrition, conditioning of the patients musculature,
- i) **Surgical methods** –Correction of conditions, that preclude optimal prosthetic function – hyperplastic ridge – epulis fissuratum and papillomatosis, frenular attachments

and pendulous maxillary tuberosities, ridge augmentation, maxillary and mandibular oral implants, corrections of congenital deformities, discrepancies in jaw size, relief of pressure on the mental foramen, enlargement of denture bearing areas, vestibuloplasty, ridge augmentation, replacement of tooth roots with Osseo integrated denture implants.

- j) **Immediate Denture** –Advantages, Disadvantages, Contraindications,Diagnosis, treatment planning and Prognosis, Explanation to the patient, Oral examinations, Examination of existing prosthesis, Tooth modification, Prognosis, Referrals/adjunctive care, oral prophylaxis and other treatment needs.

First visit, preliminary impressions and diagnostic casts, management of loose teeth, custom trays, final impressions and master casts, two tray or sectional custom impression tray, location of posterior limit and jaw relation records, setting of the posterior denture teeth / verifying jaw relations and the patient try in.

Laboratory phase, setting of anterior teeth, Wax contouring, flasking and boil out, processing and finishing, surgical templates, surgery and immediate denture insertion, post operative care and patient instructions, subsequent service for the patient on the immediate denture.

- k) **Over dentures** (tooth supported complete dentures)–indications and treatment planning, advantages and disadvantages, selection of abutment teeth, loss of abutment teeth, tooth supported complete dentures. Non-coping abutments, abutment with copings, abutments with attachments, submerged vital roots, preparations of the retained teeth.

- l) **Single Dentures:** Single Mandibular denture to oppose natural maxillary teeth, single complete maxillary denture to oppose natural Mandibular teeth to oppose a partially edentulous Mandibular arch with fixed prosthesis, partially edentulous Mandibular arch with removable partial dentures. Opposing existing complete dentures, preservation of the residual alveolar ridge, necessity for retaining maxillary teeth and preventing mental trauma.

- m) **Art of communication in the management of the edentulous predicament** – Communication–scope, a model of communication, why communication is important? What are the elements of effective communication? special significance of doctor / patient communication, doctor behavior, The iatro sedative (doctor & act of making calm) recognizing and acknowledging the problem, exploring and identifying the problem, interpreting and explaining the problem, offering a solution to the problem for mobilizing their resources to operate in a most efficient way, recognizing and acknowledging the problem, interpreting and explaining the problem, offering a solution to the problem.

- n) **Materials prescribed in the management of edentulous patients** - Denture base materials, General requirements of biomaterials for edentulous patients, requirement of an ideal denture base, chemical composition of denture base resins, materials used in the fabrication of prosthetic denture teeth, requirement of prosthetic denture teeth, denture lining materials and tissue conditioners, cast metal alloys as denture bases – base metal alloys.

- o) **Articulators – Evolution of concepts**, Classification, selection, limitations, precision, accuracy and sensitivity, and Functions of the articulator and their uses. Recent advancements including virtual articulator

- p) **Fabrication of complete dentures** –complete denture impressions–muscles of facial expressions and anatomical landmarks, support, retention, stability, aims and objectives of preservation, support, stability, aesthetics, and retention. Impression materials and techniques – need of 2 impressions the preliminary impression and final impressions.

Developing an analogue / substitute for the maxillary denture bearing area – anatomy of supporting structures – mucous membrane, hard palate, residual ridge, shape of the supporting structure and factors that influence the form and size of the supporting bones, incisive foramen, maxillary tuberosity, sharp spiny process, torus palatinus, Anatomy of peripheral or limiting structures, labial vestibule, Buccal vestibule, vibrating lines. Preliminary and final impressions, impression making, custom tray and refining the custom tray, preparing the tray to secure the final impression, making the final impression, boxing impression and making the casts

Developing an analogue / substitute for the Mandibular denture bearing area-anatomy of supporting structure, crest of the residual ridge, buccal shelf, shape of

supporting structure, mylohyoid ridge, mental foramen, genial tubercles, torus mandibularis, Anatomy of peripheral or limiting structure – labial vestibule, Buccal vestibule, lingual border, mylohyoid muscle, retromylohyoid fossa, sublingual gland region, alveolingual sulcus, Mandibular impressions – preliminary impressions, custom tray, refining, preparing the tray\, final impressions.

- q) **Mandibular movements, Maxillo mandibular relations and concepts of occlusion** – Gnathology, identification of shape and location of arch form–Mandibular and maxillary occlusion rims, level of occlusal plane and recording of trail denture base, tests to determine vertical dimension of occlusion, interocclusal & centric relation records. Biological and clinical considerations in making jaw relation records and transferring records from the patients to the articulator, Recording of Mandibular movements – influence of opposing tooth contacts, temporomandibular joint, muscular involvements, neuromuscular regulation of Mandibular motion, the envelope of motion, rest position.
- Maxillo – Mandibular relations – the centric, eccentric, physiologic rest position, vertical dimension, occlusion, recording methods – mechanical, physiological, Determining the horizontal jaw relation – Functional graphics, tactile or interocclusal check record method, Orientation / sagittal relation records, Arbitrary / Hinge axis and face bow record, significance and requirement, principles and biological considerations and securing on articulators.
- r) **Selecting and arranging artificial teeth and occlusion for the edentulous patient** – anterior tooth selection, posterior tooth selection, and principles in arrangement of teeth, and factors governing the position of teeth – horizontal & vertical relations. The inclinations and arrangement of teeth for aesthetics, phonetics and mechanics – to concept of occlusion.
- s) **The Try in** –verifying vertical dimension, centric relation, establishment of posterior palatal seal, creating a facial and functional harmony with anterior teeth, harmony of spaces of individual teeth position, harmony with sex, personality and age of the patient, co-relating aesthetics and incisal guidance.
- t) **Speech considerations with complete dentures & speech production** –structural and functional demands, neuropsychological background, speech production and the roll of teeth and other oral structures – bilabial sounds, labiodental(s) sounds, linguodental sounds, linguoalveolar sound, articulatoric characteristics, acoustic characteristics, auditory characteristics, linguopalatal and linguoalveolar sounds, speech analysis and prosthetic considerations.
- u) **Waxing contouring and processing the dentures their fit and insertion and after care** –laboratory procedure–wax contouring, flasking and processing, laboratory remount procedures, **selective grinding**, finishing and polishing.
- Critiquing the finished prosthesis – doctors evaluation, patients evaluation, friends evaluation, elimination of basal surface errors, errors in occlusion, interocclusal records for remounting procedures – verifying centric relation, eliminating occlusal errors.
- Special instructions to the patient – appearance with new denture, mastication with new dentures, speaking with new dentures, oral hygiene with dentures, preservation of residual ridges and educational material for patients, maintaining the comfort and health of the oral cavity in the rehabilitated edentulous patients. Twenty-four hours oral examination and treatment and (preventive) Prosthodontic – periodontic recall for oral examination 3 to 4 months intervals and yearly intervals.
- v) **Implant supported Prosthesis for partially edentulous patients** –Science of Osseo integration, clinical protocol (**diagnostic, surgical and prosthetic**) for treatment with implant supported over dentures, managing problems and complications. Implant Prosthodontics for edentulous patients: current and future directions.
- Implant supported prosthesis for partially edentulous patients – Clinical and laboratory protocol: Implant supported prosthesis, managing problems and complications
- Introduction and Historical Review
 - Biological, clinical and surgical aspects of oral implants
 - Diagnosis and treatment planning

- Radiological interpretation for selection of fixtures
- Splints for guidance for surgical placement of fixtures
- **Surgical and** Intra oral plastic surgery, if any
- Guided bone and Tissue regeneration consideration for implants fixture.
- Implant supported prosthesis for complete edentulism and partial edentulism
- Occlusion for implant supported prosthesis.
- Peri-implant tissue and Management of peri-implantitis
- Maintenance and after care
- Management of failed restoration.
- Work authorization for implant supported prosthesis – definitive instructions, legal aspects, delineation of responsibility.

Prosthodontic treatment for partially edentulous patients – Removable partial Prosthodontics –

- a. **Scope, definition** and terminology, Classification of partially edentulous arches - requirements of an acceptable method of classification, Kennedy's classification, Applegate's rules for applying the Kennedy classification
- b. **Components of RPD –**
 - i) major connector—mandibular and maxillary
 - ii) minor connectors, design, functions & form and location of major and minor connectors, tissue stops, finishing lines, reaction of tissue to metallic coverage
 - iii) Rest and rest seats – form of the Occlusal rest and rest seat, interproximal Occlusal rest seats, internal Occlusal rests, possible movements of partial dentures, support for rests, lingual rests on canines and incisor teeth, incisal rest and rest seat.
 - iv) Direct retainers- Internal attachments & extracoronal direct retainers. Relative uniformity of retention, flexibility of clasp arms, stabilizing reciprocal clasp, criteria for selecting a given clasp design, the basic principles of clasp design, circumferential clasp, bar clasp, combination clasp and other type of retainers.
 - v) Indirect Retainers – denture rotation about an axis, factors influencing effectiveness of indirect retainers, forms of indirect retainers, auxiliary Occlusal rest, canine extensions from Occlusal rests, canine rests, continuous bar retainers and linguoplasts, modification areas, rugae support, direct – indirect retention.
 - (vi) Teeth and denture bases – types, materials, advantages and dis-advantages, indications and contraindications and clinical use.
 - Principles of removable partial Denture design – Bio mechanical considerations, and the factors influencing after mouth preparations – Occlusal relationship of remaining teeth, orientation of Occlusal plane, available space for restoration, arch integrity, tooth morphology, response of oral structure to previous stress, periodontal conditions, abutment support, tooth supported and tooth and tissue supported, need for indirect retention, clasp design, need for rebasing, secondary impression, need for abutment tooth modification, type of major connector, type of teeth selection, patients past experience, method of replacing single teeth or missing anterior teeth.
 - Difference between tooth supported and tissue supported partial dentures.
 - Essentials of partial denture design, components of partial denture design, tooth support, tissue support, stabilizing components, guiding planes, use of splint bar for denture support, internal clip attachments, overlay abutment as support for a denture base, use of a component partially to gain support.
- c. **Education of patient**
- d. **Diagnosis and treatment planning**
- e. **Design, treatment sequencing and mouth preparation**
- f. **Surveying** –Description of dental surveyor, purposes of surveying, Aims and objectives in surveying of diagnostic cast and master cast, Final path of insertion, factors that determine path of insertion and removal, Recording relation of cast to surveyor, measuring amount of retentive area Blocking of

master cast – paralleled blockout, shaped blockout, arbitrary blockout and relief.

- g. **Diagnosis and treatment planning** –Infection control and cross infection barriers – clinical and laboratory and hospital waste management, Objectives of prosthodontic treatment, Records, systemic evaluation, Oral examination, preparation of diagnostic cast, interpretation of examination data, radiographic interpretation, periodontal considerations, caries activity, prospective surgical preparation, endodontic treatment, analysis of occlusal factors, fixed restorations, orthodontic treatment, need for determining the design of components, impression procedures and occlusion, need for reshaping remaining teeth, reduction of unfavorable tooth contours, differential diagnosis : fixed or removable partial dentures, choice between complete denture and removable partial dentures, choice of materials
- h. **Preparation of Mouth for removable partial dentures** –Oral surgical preparation, conditioning of abused and irritated tissues, periodontal preparation – objectives of periodontal therapy, periodontal diagnosis, control therapy, periodontal surgery.
- i. **Preparation of Abutment teeth** –Classification of abutment teeth, sequence of abutment preparations on sound enamel or existing restorations, conservative restorations using crowns, splinting abutment teeth, utilization, temporary crowns to be used as abutment.
- j. **Impression Materials and Procedures for Removable Partial Dentures** –Rigid materials, thermoplastic materials, Elastic materials, Impressions of the partially edentulous arch, Tooth supported, tooth tissue supported, Individual impression trays.
- k. **Support for the Distal Extension Denture Base** –Distal extension removable partial denture, Factors influencing the support of distal extension base, Methods of obtaining functional support for the distal extension base.
- l. **Laboratory Procedures** –Duplicating a stone cast, Waxing the partial denture framework, Anatomic replica patterns, Spruing, investing, burnout, casting and finishing of the partial denture framework, making record bases, occlusion rims, making a stone occlusal template from a functional occlusal record, arranging posterior teeth to an opposing cast or template, arrangement of anterior teeth, waxing and investing the partial denture before processing acrylic resin bases, processing the denture, remounting and occlusal correction to an occlusal template, polishing the denture.
- m. **Initial placement, adjustment and servicing of the removable partial denture** –adjustments to bearing surfaces of denture framework, adjustment of occlusion in harmony with natural and artificial dentition, instructions to the patient, follow – up services
- n. **Relining and Rebasing the removable partial denture** –Relining tooth supported dentures bases, relining distal extension denture bases, methods of reestablishing occlusion on a relined partial denture.
- o. **Repairs and additions to removable partial dentures** –Broken clasp arms, fractured occlusal rests, distortion or breakage of other components – major and minor connectors, loss of a tooth or teeth not involved in the support or retention of the restoration, loss of an abutment tooth necessitating its replacement and making a new direct retainer, Other types of repairs & repair by soldering.
- p. **Removable partial denture considerations in maxillofacial prosthetics** – Maxillofacial prosthetics, intra oral prosthesis, design considerations, maxillary prosthesis, Obturators, speech aids, palatal lifts, palatal augmentations, mandibular prosthesis, treatment planning, framework design, class I resection, Class II resection, mandibular flange prosthesis, jaw relation records.
- q. **Management of failed restorations and work authorization details.**

II. MAXILLOFACIAL REHABILITATION:

Scope, terminology, definitions, cross infection control and hospital waste management, work authorization.

Behavioral and psychological issues in Head and neck cancer, Psychodynamic interactions between clinician and patient. **Cancer Chemotherapy:** Oral Manifestations, Complications, and management, **Radiation therapy of head and neck tumors:** Oral effects, Dental manifestations and dental treatment: Etiology, treatment and rehabilitation (restoration).

Acquired defects of the mandible, acquired defects of hard palate, soft palate, clinical management of edentulous and partially edentulous maxillectomy patients, Facial defects, Restoration of speech, Velopharyngeal function, cleft lip and palate, cranial implants, maxillofacial trauma, Lip and cheek support prosthesis, Laryngectomy aids, Obstructive sleep apnoea, Tongue prosthesis, Oesophageal prosthesis, radiation carriers, Burn stents, Nasal stents, Vaginal and anal stents, Auditory inserts, Trismus appliances, mouth controlled devices for assisting the handicapped, custom prosthesis, conformers, and orbital prosthesis for ocular and orbital defects. Osseo integrated supported facial and maxillofacial prosthesis. Resin bonding for maxillofacial prosthesis, cranial prosthesis Implant rehabilitation of the mandible compromise by radiotherapy, Prosthodontic treatment, Material and laboratory procedures for maxillofacial prosthesis.

III. OCCLUSION

EVALUATION, DIAGNOSIS AND TREATMENT OF OCCLUSAL PROBLEMS:

Scope, definition, terminology, optimum oral health, anatomic harmony, functional harmony, occlusal stability, causes of deterioration of dental and oral health. Anatomical, physiological, neuro – muscular, psychological considerations of teeth; muscles of mastication; temporomandibular joint; intra oral and extra oral and facial musculatures and the functions of Cranio mandibular system.

Occlusal therapy, the stomatognathic system, centric relation, vertical dimension, the neutral zone, the occlusal plane, differential diagnosis of temporomandibular disorders, understanding and diagnosing intra articular problems, relating treatment to diagnosis of internal derangements of TMJ, Occlusal splints. Selecting instruments for occlusal diagnosis and treatment, mounting casts, Pankey-Mann-Schuyler philosophy of complete occlusal rehabilitation, long

centric, anterior guidance, restoring lower anterior teeth, restoring upper anterior teeth, determining the type of posterior occlusal contours, methods for determining the plane of occlusion, restoring lower posterior teeth, restoring upper posterior teeth, functionally generated path techniques for recording border movements intra orally, occlusal equilibration.

Bruxism, Procedural steps in restoring occlusion, requirements for occlusal stability, solving occlusal problems through programmed treatment planning, splinting, solving – occlusal wear problems, deep overbite problems, anterior overjet problems, anterior open bite problems. Treating – end to end occlusion, splaed anterior teeth, cross bite problems, Crowded, irregular, or interlocking anterior bite. Using Cephalometric for occlusal analysis, solving severe arch malrelationship problems, transcranial radiography, postoperative care of occlusal therapy.

IV. FIXED PROSTHODONTICS

Scope, definitions and terminology, classification and principles, design, mechanical and biological considerations of components – Retainers, connectors, pontics, work authorization.

- **Diagnosis and treatment planning** –patients history and interview, patients desires and expectations and needs, systemic and emotional health, clinical examinations – head and neck, oral – teeth, occlusal and periodontal, Preparation of diagnostic cast, radiographic interpretation, Aesthetics, endodontics considerations, abutment selection – bone support, root proximities and inclinations, selection of abutments for cantilever, pier

abutments, splinting, available tooth structures and crown morphology, TMJ and muscles of mastication and comprehensive planning and prognosis.

- **Management of Carious teeth** –caries in aged population, caries control,removal caries, protection of pulp, reconstruction measure for compromised teeth – retentive pins, horizontal slots, retentive grooves, prevention of caries, diet, prevention of root caries and vaccine for caries.
- **Periodontal considerations** –attachment units, ligaments, prevention ofgingivitis, periodontitis. Microbiological aspect of periodontal diseases, marginal lesion, occlusal trauma, periodontal pockets in attached gingiva, interdental papilla, gingival embrasures, gingival/periodontal prosthesis, radiographic interpretations of Periodontia, intraoral, periodontal splinting – Fixed prosthodontics with periodontially compromised dentitions, placement of margin restorations.
- **Biomechanical principles of tooth preparation** –individual tooth preparations - Complete metal Crowns – P.F.C., All porcelain – Cerestore crowns, dicor crowns, inceram etc. porcelain jacket crowns; partial 3/4, 7/8, telescopic, pin– ledge, laminates, inlays, onlays. Preparations for restoration of teeth– amalgam, glass ionomer and composite resins. Resin bond retainers, Gingival marginal preparations – Design, material selection, and biological and mechanical considerations – intracoronar retainer and precision attachments – custom made and prefabricated.
- **Isolation and fluid control** – Rubber dam application(s), tissue dilation–softtissue management for cast restoration, impression materials and techniques, provisional restorations, interocclusal records, laboratory support for fixed Prosthodontics, Occlusion, Occlusal equilibration, articulators, recording and transferring of occlusal relations, cementing of restorations.
- **Resins, Gold and gold alloys, glass ionomer, restorations.**
- **Restoration of endodontically treated teeth, Stomatognathic Dysfunction and management**
- **Management of failed restorations**
 - **Osseo integrated supported fixed Prosthodontics** –Osseo integratedsupported and tooth supported fixed Prosthodontics
- **CAD – CAM Prosthodontics**

V. TMJ – Temporomandibular joint dysfunction – Scope, definitions, and terminology

Temporomandibular joint and its function, Orofacial pain, and pain from the temporomandibular joint region, temporomandibular joint dysfunction, temporomandibular joint sounds, temporomandibular joint disorders, Anatomy related, trauma, disc displacement, Osteoarthritis/Osteoarthritis, Hyper mobility and dislocation, infectious arthritis, inflammatory diseases, Eagle’s syndrome (Styloid – stylohyoid syndrome), Synovial chondromatosis, Osteochondrosis disease, Osteonecrosis, Nerve entrapment process, Growth changes, Tumors, Radiographic imaging

- Etiology, diagnosis and cranio mandibular pain, differential diagnosis and management of orofacial pain – pain from teeth, pulp, dentin, muscle pain, TMJ pain – psychologic, physiologic – endogenous control, acupuncture analgesia, Placebo effects on analgesia, Trigeminal neuralgia, Temporal arteritis
- Occlusal splint therapy – construction and fitting of occlusal splints, management of occlusal splints, therapeutic effects of occlusal splints, occlusal splints and general muscles performance, TMJ joint uploading and anterior repositioning appliances, use and care of occlusal splints.
- Occlusal adjustment procedures – Reversible – occlusal stabilization splints and physical therapies, jaw exercises, jaw manipulation and other physiotherapy or irreversible therapy – occlusal repositioning appliances, orthodontic treatment,

Orthognathic surgery, fixed and removable prosthodontic treatment and occlusal adjustment, removable prosthodontic treatment and occlusal adjustment. Indication for occlusal adjustment, special nature of orofacial pain, Psychopathological considerations, occlusal adjustment philosophies, mandibular position, excursive guidance, occlusal contact scheme, goals of occlusal adjustment, significance of a slide in centric, Preclinical procedures, clinical procedures for occlusal adjustment.

VI. ESTHETICS

SCOPE, DEFINITIONS :

Morpho psychology and esthetics, structural esthetic rules –facial components, dental components, gingival components and physical components. Esthetics and its relationship to function – Crown morphology, physiology of occlusion, mastication, occlusal loading and clinical aspect in bio esthetic aspects, Physical and physiologic characteristic and muscular activities of facial muscle, perioral anatomy and muscle retaining exercises Smile – classification and smile components, smile design, esthetic restoration of smile, Esthetic management of the dentogingival unit, intraoral materials for management of gingival contours, and ridge contours, Periodontal esthetics, Restorations – Tooth colored restorative materials, the clinical and laboratory aspects, marginal fit, anatomy, inclinations, form, size, shape, color, embrasures & contact point.

Prosthodontic treatment should be practiced by developing skills, by treating various and more number of patients to establish skill to diagnose and treatment and after care with bio-mechanical, biological, bio-esthetics, bio-phonetics. All treatments should be carried out in more numbers for developing clinical skills.

- Infection control, cross infection barrier – clinical & lab ; hospital & lab waste management

Teaching / Learning Activities:

The post graduate is expected to complete the following at the end of :

I YEAR M.D.S.

- Theoretical exposure of all applied sciences
- **Pre-clinical** exercises involved in prosthodontic therapy for assessment
- Commencement of library assignment within six months
- To carry out short epidemiological study relevant to prosthodontics.
- Acquaintance with books, journals and referrals.
- To differentiate various types of articles published in and critically appraise based on standard reference guidelines.
- To develop the ability to gather evidence from published articles.
- To acquire knowledge of published books, journals and websites for the purpose of gaining knowledge and reference – in the field of **Oral and Maxillofacial Prosthodontics and Implantology**
- Acquire knowledge of instruments, equipment, and research tools in Prosthodontics.
- To acquire knowledge of Dental Material Science – Biological and biomechanical & bio-esthetics, knowledge of using material in laboratory and clinics including testing methods for dental materials.
- Submit a protocol for their dissertation before Institutional Review Board and Institutional Ethics Committee.
- Participation and presentation in seminars, didactic lectures.

II YEAR M.D.S.

- Acquiring confidence in obtaining various phases and techniques in removable and fixed prosthodontics therapy
- Acquiring confidence by clinical practice with sufficient number of patients requiring tooth and tooth surface restorations
- Fabrication of adequate number of complete denture prosthesis following, higher clinical approach by utilizing semi-adjustable articulators, face bow and graphic tracing.
- Understanding the use of dental surveyor and its application in diagnosis and treatment plan in R.P.D.
- Adequate number of R.P.D's covering all partially edentulous situations.
- Adequate number of Crowns, Inlays, laminates, **FDP (fixed dental prosthesis)** covering all clinical situations.
- Selection of cases and following principles in treatment of partially or complete edentulous patients by implant supported prosthesis.
- Treating single edentulous arch situations by implant supported prosthesis.
- Diagnosis and treatment planning for implant prosthesis.
- Ist stage and IInd stage implant surgery
- Understanding the maxillofacial **Prosthodontics, treating craniofacial and management of orofacial defects**
- Prosthetic management of TMJ syndrome
- Occlusal rehabilitation
- Management of failed restorations.
- Prosthodontic management of patient with psychogenic disorder.
- Practice of child and geriatric prosthodontics.
- Participation and presentation in seminars, didactic and non didactic Teaching and Training students.

III YEAR M.D.S

- Clinical and laboratory practice continued from IInd year.
- Occlusion equilibration procedures – fabrication of stabilizing splint for parafunctional disorders, occlusal disorders and TMJ functions.
- Practice of dental, oral and facial esthetics
- The clinical practice of all aspects of Prosthodontic therapy for elderly patients.
- Implants Prosthodontics – Rehabilitation of Partial Edentulism, Complete edentulism and craniofacial rehabilitation.
- Failures in all aspects of Prosthodontics and their management and after care.
- Team management for esthetics, TMJ syndrome and Maxillofacial & Craniofacial Prosthodontics
- Management of Prosthodontic emergencies, resuscitation.
- Candidate should complete the course by attending a large number and variety of patients to master the prosthodontic therapy. This includes the practice management, examinations, treatment planning, communication with patients, clinical and laboratory techniques materials and instrumentation required in different aspects of prosthodontic therapy, Tooth and Tooth surface restoration, Restoration of root treated teeth, splints for periodontal rehabilitations and fractured jaws, complete dentures, R.P.D's, F.D.P's, Immediate dentures, over dentures, implant supported prosthesis, maxillofacial and body prosthesis, occlusal rehabilitation.
- Prosthetic management of TMJ syndrome
- Management of failed restorations
- Should complete and submit Main Dissertation assignment 6 months prior to examination.

- Candidates should acquire complete theoretical and clinical knowledge through seminars, symposium, workshops and reading.
- Participation and presentation in seminars, didactic lectures

PROSTHODONTIC TREATMENT MODALITIES

- 1) Diagnosis and treatment planning prosthodontics
- 2) Tooth and tooth surface restorations
 - Fillings
 - Veneers – composites and ceramics
 - Inlays- composite, ceramic and alloys
 - Onlay – composite, ceramic and alloys
 - Partial crowns – $\frac{3}{4}$ th, $\frac{4}{5}$ th, $\frac{7}{8}$ th, Mesial $\frac{1}{2}$ crowns
 - Pin-ledge
 - Radicular crowns
 - Full crowns

3) Tooth replacements

	Partial	Complete
<ul style="list-style-type: none"> • Tooth supported • Tissue supported 	Fixed partial denture Interim partial denture Intermediate partial denture	Overdenture Complete denture Immediate denture Immediate complete denture
<ul style="list-style-type: none"> • Tooth and tissue Supported 	Cast partial denture Precision attachment	Overdenture
<ul style="list-style-type: none"> • Implant supported 	Cement retained Screw retained Clip attachment	Bar attachment Ball attachment
<ul style="list-style-type: none"> • Tooth and implant Supported 	Screw retained Cement retained	Screw retained Cement retained
<ul style="list-style-type: none"> • Root supported 	Dowel and core Pin retained	Over denture

- Precision attachments
 - Intra coronal attachments
 - Extra coronal attachments
 - Bar – slide attachments
 - Joints and hinge joint attachments

4) Tooth and tissue defects (Maxillo- facial and Cranio-facial prosthesis)

A. Congenital Defects

- a. Cleft lip and palate
- b. Pierre Robin Syndrome
- c. Ectodermal dysplasia
- d. Hemifacial microstomia
- e. Anodontia
- f. Oligodontia
- g. Malformed teeth



cast partial dentures
 implant supported prosthesis
 complete dentures
 fixed partial dentures

B. Acquired defects

- a. Head and neck cancer patients – prosthodontic splints and stents
- b. Restoration of facial defects
 - Auricular prosthesis
 - Nasal prosthesis
 - Orbital prosthesis
 - Craniofacial implants
- c. Midfacial defects
- d. Restoration of maxillofacial trauma

- e. Hemimandibulectomy
- f. Maxillectomy
- g. Lip and cheek support prosthesis



cast partial denture
 implant supported
 complete dentures

- h. Ocular prosthesis
- i. Speech and Velopharyngeal prosthesis
- j. Laryngectomy aids
- k. Esophageal prosthesis
- l. Nasal stents
- m. Tongue prosthesis
- n. Burn stents
- o. Auditory inserts
- p. Trismus appliances

5) T.M.J and Occlusal disturbances

- a. Occlusal equilibration
- b. Splints - Diagnostic
 - Repositioners / Deprogrammers
- c. Anterior bite planes
- d. Posterior bite planes
- e. Bite raising appliances
- f. Occlusal rehabilitation

6) Esthetic/Smile designing

- a. Laminates / Veneers
- b. Tooth contouring (peg laterals, malformed teeth)
- c. Tooth replacements
- d. Team management

7) Psychological therapy

- a. Questionnaires
- b. Charts, papers, photographs
- c. Models
- d. Case reports
- e. Patient counseling
- f. Behavioral modifications
- g. Referrals

8) Geriatric Prosthodontics

- a. Prosthodontics for the elderly
- b. Behavioral and psychological counseling
- c. Removable Prosthodontics
- d. Fixed Prosthodontics
- e. Implant supported Prosthodontics
- f. Maxillofacial Prosthodontics
- g. Psychological and physiological considerations

9) Preventive measures

- a. Diet and nutrition modulation and counseling
- b. Referrals

The bench work should be completed before the start of clinical work during the first year of the MDS Course

I. Complete dentures

1. Arrangements on adjustable articulator for
 - Class I
 - Class II
 - Class III
2. Various face bow transfers to adjustable articulators
3. Processing of characterized anatomical dentures

II. Removable partial dentures

1. Design for Kennedy's Classification
(Survey, block out and design)
 - a. Class I
 - b. Class II
 - c. Class III
 - d. Class IV
2. Designing of various components of RPD
3. Wax pattern on refractory cast
 - a. Class I
 - b. Class II
 - c. Class III
 - d. Class IV
4. Casting and finishing of metal frameworks
5. Acrylisation on metal frameworks for
Class I
Class III with modification

III. Fixed Partial Denture

1. Preparations on ivory teeth / natural teeth
 - FVC for metal
 - FVC for ceramic
 - Porcelain jacket crown
 - Acrylic jacket crown
 - PFM crown
 - 3/4th (canine, premolar and central)

- 7/8th posterior
 - Proximal half crown
- Inlay – Class I, II, V
 - Onlay – Pin ledged, pinhole
 - Laminates
2. Preparation of different die systems
 3. Fabrication of wax patterns by drop wax build up technique
 - Wax in increments to produce wax coping over dies of tooth preparations on substructures
 - Wax additive technique
 - 3-unit wax pattern (maxillary and Mandibular)
 - Full mouth
 4. Pontic designs in wax pattern
 - Ridge lap
 - Sanitary
 - Modified ridge lap
 - Modified sanitary
 - Spheroidal or conical
 5. Fabrication of metal frameworks
 - Full metal bridge for posterior (3 units)
 - Coping for anterior (3 unit)
 - Full metal with acrylic facing
 - Full metal with ceramic facing
 - Adhesive bridge for anteriors
 - Coping for metal margin ceramic crown
 - Pin ledge crown
 6. Fabrication of crowns
 - All ceramic crowns with characterisation
 - Metal ceramic crowns with characterisation
 - Full metal crown
 - Precious metal crown
 - Post and core
 7. Laminates
 - Composites with characterisation
 - Ceramic with characterisation
 - Acrylic
 8. Preparation for composites
 - Laminates
 - Crown
 - Inlay
 - Onlay
 - Class I
 - Class II
 - Class III
 - Class IV
 - Fractured anterior tooth

IV. Maxillofacial prosthesis

- Eye

- Ear
- Nose
- Face
- Body defects
 - Cranial
 - Maxillectomy
 - Hemimandibulectomy
 - Finger prosthesis
 - Guiding flange
 - Obturator

V. Implant supported prosthesis

1. Step by step procedures – **Surgical and** laboratory phase

VI. Other exercises

1. TMJ splints – stabilization appliances, maxillary and Mandibular repositioning appliances
2. Anterior disocclusion appliances
3. Chrome cobalt and acrylic resin stabilization appliances
4. Modification in accommodation of irregularities in dentures
5. Occlusal splints
6. Periodontal splints
7. Precision attachments – custom made
8. Over denture coping
9. Full mouth rehabilitation (by drop wax technique, ceramic build up)
10. TMJ appliances – stabilization appliances

ESSENTIAL SKILLS:

*Key

O – Washes up and observes

A – Assists a senior

PA – Performs procedure under the direct supervision of a senior specialist

PI – Performs independently

The following list of procedures are expected of the post graduate to complete in the post graduate programme under faculty guidance [PA] or independently [PI] . Each of the following procedures should be evaluated for the competencies like critical thinking, patient centered approach, use of evidence based approach, professionalism, systems based practice approach and communication skills of the student. The mentioned numbers denote minimal requirement. However, the head of the department has the discretion to fix the quota and assess them systematically. There may be procedures which the student has observed [O] or assisted [A]. The student can however make his entry into his log book or portfolio wherein he/she can make his comments with remarks of the facilitator in the form of a feedback which would reinforce his learning.

PROCEDURE	CATEGORY			
	O	A	PA	PI
Tooth and tooth surface restoration a) Composites – fillings, laminates, inlay, onlay b) Ceramics – laminates, inlays, onlays c) Glass Ionomer				5 5 5
CROWNS				

FVC for metal				10
FVC for ceramic				10
Precious metal crown or Galvanoformed crown	1	-	1	5
Intraradicular crowns (central, lateral, canine, premolar, and molar)		-	-	5
Crown as implant supported prosthesis	As many	5	5	5
FIXED PARTIAL DENTURES				
Porcelain fused to metal (anterior and posterior)				10
Multiple abutments – maxillary and Mandibular full arch				5
Incorporation of custom made and prefabricated precision attachments			2	
Adhesive bridge for anterior/posterior		-		5
CAD – CAM Anterior/Posterior FPD	-	-		5
Interim provisional restorations (crowns and FPDs)				for all crowns and bridges
Immediate fixed partial dentures (interim) with ovate pontic		-	-	5
Fixed prosthesis as a retention and rehabilitation means for acquired and congenital defects – maxillofacial Prosthetics				5
Implant supported prosthesis		-		1
Implant – tooth supported prosthesis		-		1
REMOVABLE PARTIAL DENTURE				
Provisional partial denture prosthesis				10
Cast removable partial denture (for Kennedy's Applegate classification with modifications)				3
Removable bridge with precision attachments and Telescopic crowns for anterior and posterior edentulous Spaces				1
Immediate RPD				5
Partial denture for medically compromised and Handicapped patients				2
COMPLETE DENTURES				
Anatomic characterized prosthesis (by using semi adjustable articulator)	-	-		25
Single dentures	-	-		5
Overlay dentures	-	-		5
Interim complete dentures as a treatment prosthesis for abused denture supporting tissues	-	-		5
Complete denture prosthesis (for abnormal ridge relation, ridge form and ridge size)	-	-		5

Complete dentures for patients with TMJ syndromes	-	-		2
Complete dentures for medically compromised and handicapped patients	-	-		2
GERIATRIC PATIENTS				
Handling geriatric patients requiring nutritional counseling, psychological management and management of co-morbidity including xerostomia and systemic problems. Palliative care to elderly.				
IMPLANT SUPPORTED COMPLETE PROSTHESIS				
Implant supported complete prosthesis (maxillary and Mandibular)	-	-		1
MAXILLOFACIAL PROSTHESIS				

e.g. Guiding flange/ obturators/ Speech and palatal lift prosthesis/ Eye/ Ear/ Nose/ Face/Finger/Hand/Foot	5 different types as PI			
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TMJ SYNDROME MANAGEMENT				
Splints – periodontal, teeth, jaws	-	-	1	1
TMJ supportive and treatment prosthesis	-	-	1	1
Stabilization appliances for maxilla and mandible with freedom to move from IP to CRCP	-	-	-	1
In IP without the freedom to move to CRCP	-	-	-	1
Repositioning appliances, anterior disocclusion appliances	-	-	-	1
Chrome cobalt and acrylic resin stabilization appliances for modification to accommodate for the irregularities in the dentition	-	-	-	1
Occlusal adjustment and occlusal equilibrium appliances	-	-	1	4
FULL MOUTH REHABILITATION				
Full mouth rehabilitation – restoration of esthetics and function of stomatognathic system	-	-	1	2
INTER-DISCIPLINARY TREATMENT MODALITIES				
Inter-disciplinary management – restoration of Oro craniofacial defects for esthetics, phonation, mastication and psychological comforts	-	-	1	2
MANAGEMENT OF FAILED RESTORATION				
Tooth and tooth surface restorations	-	-	-	5

Removable prosthesis	-	-	-	5
Crowns and fixed prosthesis	-	-	-	5
Maxillofacial prosthesis	-	-	-	2
Implant supported prosthesis	-	-	-	1
Occlusal rehabilitation and TMJ syndrome	-	-	-	2
Restoration failures of psychogenic origin	-	-	-	2
Restoration failures to age changes	-	-	-	2

SCHEME OF EXAMINATION:

A. Theory: Part-I : Basic Sciences Paper - **100 Marks**
 Part-II : Paper-I, Paper-II & Paper-III - **300 Marks**
 (100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of **MDS course. Part 1 examination consists of two essays of 25 marks each and 10 short answers of 5 marks each. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I , Paper-II and Paper III shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Distribution of topics for each paper will be as follows:**

Part-I : Applied Basic Sciences: Applied Anatomy
 Nutrition & Biochemistry, Pathology & Microbiology, virology, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II

Paper-I : Removable Prosthodontics and Implant supported prosthesis (Implantology), Geriatric dentistry and Cranio facial Prosthodontics

Paper-II : Fixed Prosthodontics, Occlusion, TMJ and esthetics.

Paper-III : Essays (descriptive and analyzing type questions)

**The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

- A. Practical / Clinical Examination : 200 Marks**
- 1. Presentation of treated patients and records during their 3 years Training period 35 Marks**
 - a. C.D. 1 mark
 - b. R. P.D. 2 marks
 - c. F.P.D. including single tooth and surface restoration 2 marks
 - d. I.S.P. 5 marks
 - e. Occlusal rehabilitation 5 marks
 - f. T.M.J. 5 marks
 - g. Maxillofacial Prosthesis 5 marks
 - h. Pre Clinic Exercises 10 marks

**2. Presentation of Clinical Exam CD patient's prosthesis including insertion
75 Marks**

1.	Discussion on treatment plan and patient review	10 marks
2.	Tentative jaw relation records	5 marks
3.	Face Bow – transfer	5 marks
4.	Transferring it on articulators	5 marks
5.	Extra oral tracing and securing centric and protrusive/lateral, record	15 marks
6.	Transferring records on articulator and programming.	5 marks
7.	Selection of teeth	5 marks
8.	Arrangement of teeth	10 marks
9.	Waxed up denture trial	10 marks
10.	Check of Fit, insertion and instruction of previously processed characterised, anatomic complete denture Prosthesis	5 marks

ALL STEPS WILL INCLUDE CHAIRSIDE, LAB AND VIVA VOCE

3. Fixed Partial Denture 35 Marks

- a. Case discussion including treatment planning and selection of patient for F.P.D. 5 Marks
- b. Abutment preparation isolation and fluid control 15 marks
- c. Gingival retraction and impressions (conventional/ CAD CAM impressions) 10 marks
- d. Cementation of provisional restoration 5 marks

4. Removable Partial Denture 25 Marks

- a. Surveying and designing of partial dentate cast. 5 marks
- b. Discussion on components and material selection including occlusal schemes. 10 marks

5. Implant supported prosthesis (2nd stage- protocol) 30 marks

- a. Case discussion including treatment planning and selection of patient for ISP 10 marks
- b. II stage preparation, Abutment selection, placement, evaluation 10 marks
- c. Implant impression and making of cast 10 marks

B. Viva Voce : 100 Marks

I. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expressions, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

II. Pedagogy

20 marks

2. PERIODONTOLOGY:

OBJECTIVES:

The following objectives are laid out to achieve the goals of the course

A) KNOWLEDGE:

Discuss historical perspective to advancement in the subject proper and related topics.

- Describe etiology, pathogenesis, diagnosis and management of common periodontal diseases with emphasis on Indian population
- Familiarize with the biochemical, microbiologic and immunologic genetic aspects of periodontal pathology
- Describe various preventive periodontal measures
- Describe various treatment modalities of periodontal disease from historical aspect to currently available ones
- Describe interrelationship between periodontal disease and various systemic conditions
- Describe periodontal hazards due to estrogenic causes and deleterious habits and prevention of it
- Identify rarities in periodontal disease and environmental/Emotional determinates in a given case
- Recognize conditions that may be outside the area of his/her Speciality/ competence and refer them to an appropriate Specialist
- Decide regarding non-surgical or surgical management of the case
- Update the student by attending courses, conferences and seminars relevant to periodontics or by self-learning process.
- Plan out/ carry out research activity both basic and clinical aspects with the aim of publishing his/her work in scientific journals
- Reach to the public to motivate and educate regarding periodontal disease, its prevention and consequences if not treated
- Plan out epidemiological survey to assess prevalence and incidence of early onset periodontitis and adult periodontitis in Indian population (Region wise)
- Shall develop knowledge, skill in the science and practice of Oral Implantology
- Shall develop teaching skill in the field of Periodontology and Oral Implantology
- Principals of Surgery and Medical Emergencies.
- To sensitize students about inter disciplinary approach towards the soft tissues of the oral cavity with the help of specialist from other departments.

B) SKILLS:

- Take a proper clinical history, thorough examination of intra oral, extra oral, medical history evaluation, advice essential diagnostic procedures and interpret them to come to a reasonable diagnosis
- Effective motivation and education regarding periodontal disease maintenance after the treatment
- Perform both non-surgical & education regarding periodontal disease, maintenance after the treatment
- Perform both non-surgical and surgical procedures independently
- Provide Basic Life Support Service (BLS) recognizes the need for advance life support and does the immediate need for that.
- Human values, ethical practice to communication abilities

- Adopt ethical principles in all aspects of treatment modalities; Professional honesty & integrity are to be fostered. Develop Communication skills to make awareness regarding periodontal disease Apply high moral and ethical standards while carrying out human or animal research, Be humble, accept the limitations in his/her knowledge and skill, and ask for help from colleagues when needed, Respect patients rights and privileges, including patients right to information and right to seek a second opinion.
- To learn the principal of lip repositioning and perio esthetics surgeries.

COURSE CONTENTS:

PART-I:

APPLIED BASIC SCIENCES

APPLIED ANATOMY:

1. Development of the Periodontium
2. Micro and Macro structural anatomy and biology of the periodontal tissues
3. Age changes in the periodontal tissues
4. Anatomy of the Periodontium
 - Macroscopic and microscopic anatomy
 - Blood supply of the Periodontium
 - Lymphatic system of the Periodontium
 - Nerves of the Periodontium
5. Temporomandibular joint, Maxillae and Mandible
6. Tongue, oropharynx
7. Muscles of mastication / Face
8. Blood Supply and Nerve Supply of Head & Neck and Lymphatics.
9. Spaces of Head & Neck

PHYSIOLOGY:

1. Blood
2. Respiratory system – knowledge of the respiratory diseases which are a cause of periodontal diseases (periodontal Medicine)
3. Cardiovascular system
 - a. Blood pressure
 - b. Normal ECG
 - c. Shock
4. Endocrinology – hormonal influences on Periodontium
5. Gastrointestinal system
 - a. Salivary secretion – composition, function & regulation
 - b. Reproductive physiology
 - c. Hormones – Actions and regulations, role in periodontal disease
 - d. Family planning methods
6. Nervous system
 - a. Pain pathways
 - b. Taste – Taste buds, primary taste sensation & pathways for sensation
7. Hemostasis

BIOCHEMISTRY:

1. Basics of carbohydrates, lipids, proteins, vitamins, enzymes and minerals
2. Diet and nutrition and periodontium
3. Biochemical tests and their significance
4. Calcium and phosphorus

PATHOLOGY:

1. Cell structure and metabolism
2. Inflammation and repair, necrosis and degeneration
3. Immunity and hypersensitivity
4. Circulatory disturbances – edema, hemorrhage, shock, thrombosis, embolism, infarction and hypertension
5. Disturbances of nutrition
6. Diabetes mellitus
7. Cellular growth and differentiation, regulation
8. Lab investigations
9. Blood

MICROBIOLOGY:

1. General bacteriology
 - a. Identification of bacteria
 - b. Culture media and methods
 - c. Sterilization and disinfection
2. Immunology and Infection
3. Systemic bacteriology with special emphasis on oral microbiology – staphylococci, genus actinomyces and other filamentous bacteria and actinobacillus actinomycetum comitans
4. Virology
 - a. General properties of viruses
 - b. Herpes, Hepatitis, virus, HIV virus
5. Mycology
 - a. Candidiasis
6. Applied microbiology
7. Diagnostic microbiology and immunology, hospital infections and management

PHARMACOLOGY:

1. General pharmacology
 - a. Definitions – Pharmacokinetics with clinical applications, routes of administration including local drug delivery in Periodontics
 - b. Adverse drug reactions and drug interactions
2. Detailed pharmacology of
 - a. Analgesics – opioid and nonopioid
 - b. Local anesthetics
 - c. Haematinics and coagulants, Anticoagulants
 - d. Vit D and Calcium preparations
 - e. Antidiabetics drugs
 - f. Steroids
 - g. Antibiotics
 - h. Antihypertensive
 - i. Immunosuppressive drugs and their effects on oral tissues
 - j. Antiepileptic drugs
3. Brief pharmacology, dental use and adverse effects of
 - a. General anesthetics
 - b. Antipsychotics
 - c. Antidepressants
 - d. Anxiolytic drugs
 - e. Sedatives
 - f. Antiepileptics
 - g. Antihypertensives
 - h. Antianginal drugs
 - i. Diuretics

- j. Hormones
- k. Pre-anesthetic medications
- 4. Drugs used in Bronchial asthma, cough
- 5. Drug therapy of
 - a. Emergencies
 - b. Seizures
 - c. Anaphylaxis
 - d. Bleeding
 - e. Shock
 - f. Diabetic ketoacidosis
 - g. Acute addisonian crisis
- 6. Dental Pharmacology
 - a. Antiseptics
 - b. Astringents
 - c. Sialogogues
 - d. Disclosing agents
 - e. Antiplaque agents
- 7. Fluoride pharmacology

BIOSTATISTICS:

1. Introduction, definition and branches of biostatistics
2. Collection of data, sampling, types, bias and errors
3. Compiling data-graphs and charts
4. Measures of central tendency (mean, median and mode), standard deviation and variability
5. Tests of significance (chi square test, t-test and z-test)
Null hypothesis

PART II

PAPER 1

ETIOPATHOGENESIS:

1. Classification of periodontal diseases and conditions
2. Epidemiology of gingival and periodontal diseases
3. Defense mechanisms of gingival
4. Periodontal microbiology
5. Basic concepts of inflammation and immunity
6. Microbial interactions with the host in periodontal diseases
7. Pathogenesis of plaque associated periodontal diseases
8. Dental calculus
9. Role of iatrogenic and other local factors
10. Genetic factors associated with periodontal diseases
11. Influence of systemic diseases and disorders of the periodontium
12. Role of environmental factors in the etiology of periodontal disease
13. Stress and periodontal diseases
14. Occlusion and periodontal diseases
15. Smoking and tobacco in the etiology of periodontal diseases
16. AIDS and periodontium
17. Periodontal medicine
18. Dentinal hypersensitivity

PAPER-II

CLINICAL AND THERAPEUTIC PERIODONTOLOGY AND ORAL IMPLANTOLOGY

Please note:

Clinical periodontology includes gingival diseases, periodontal diseases, periodontal instrumentation, diagnosis, prognosis and treatment of periodontal diseases.

(i) GINGIVAL DISEASES

1. Gingival inflammation
2. Clinical features of gingivitis
3. Gingival enlargement
4. Acute gingival infections
5. Desquamative gingivitis and oral mucous membrane diseases
6. Gingival diseases in the childhood

(ii) PERIODONTAL DISEASES

1. Periodontal pocket
2. Bone loss and patterns of bone destruction
3. Periodontal response to external forces
4. Masticatory system disorders
5. Chronic periodontitis
6. Aggressive periodontitis
7. Necrotising ulcerative periodontitis
8. Interdisciplinary approaches
 - Orthodontic
 - Endodontic

(iii) TREATMENT OF PERIODONTAL DISEASES

- A. History, examination, diagnosis, prognosis and treatment planning
 1. Clinical diagnosis
 2. Radiographic and other aids in the diagnosis of periodontal diseases
 3. Advanced diagnostic techniques
 4. Risk assessment
 5. Determination of prognosis
 6. Treatment plan
 7. Rationale for periodontal treatment
 8. General principles of anti-infective therapy with special emphasis on infection control in periodontal practice
 9. Halitosis and its treatment
 10. Bruxism and its treatment
- B. Periodontal instrumentation
 1. Periodontal Instruments
 2. Principles of periodontal instrumentation
- C. Periodontal therapy
 1. Preparation of tooth surface
 2. Plaque control
 3. Anti microbial and other drugs used in periodontal therapy and wasting diseases of teeth
 4. Periodontal management of HIV infected patients
 5. Occlusal evaluation and therapy in the management of periodontal diseases
 6. Role of orthodontics as an adjunct to periodontal therapy
 7. Special emphasis on precautions and treatment for medically compromised patients
 8. Periodontal splints

9. Management of dentinal hypersensitivity
- D. Periodontal surgical phase – special emphasis on drug prescription
 1. General principles of periodontal surgery
 2. Surgical anatomy of periodontium and related structures
 3. Gingival curettage
 4. Gingivectomy technique
 5. Treatment of gingival enlargements
 6. Periodontal flap
 7. Osseous surgery (resective and regenerative)
 8. Furcation; Problem and its management
 9. The periodontic – endodontic **continuum**
 10. Periodontic plastic and esthetic surgery
 11. Recent advances in surgical techniques
 - E. Future directions and controversial questions in periodontal therapy
 1. Future directions for infection control
 2. Research directions in regenerative therapy
 3. Future directions in anti-inflammatory therapy
 4. Future directions in measurement of periodontal diseases
 - F. Periodontal maintenance phase
 1. Supportive periodontal treatment
 2. Results of periodontal treatment

(iv) ORAL IMPLANTOLOGY

1. Introduction and historical review
2. Biological, clinical and surgical aspects of dental implants
3. Diagnosis and treatment planning
4. Implant surgery
5. Prosthetic aspects of dental implants
6. Diagnosis and treatment of Peri implant complications
7. Special emphasis on plaque control measures in implant patients
8. Maintenance phase

(v) MANAGEMENT OF MEDICAL EMERGENCIES IN PERIODONTAL PRACTICE

Periodontology treatment should be practiced by various treatment plans and more number of patients to establish skill for diagnosis and treatment and after care with bio-mechanical, biological, bio-esthetics, bio-phonetics and all treatment should be carried out in more number for developing clinical skill.

TEACHING / LEARNING ACTIVITIES:

The post graduate is expected to complete the following at the end of :

S.NO	Year Wise	ACTIVITIES WORKS TO BE DONE
1.	Module 1 (First Year)	Orientation to the PG program Pre-clinical work (4 months) a. Dental 1. Practice of incisions and suturing techniques on the typodont models. 2. Fabrication of bite guards and splints. 3. Occlusal adjustment on the casts mounted on the

		<p>articulator</p> <ol style="list-style-type: none"> 4. X-ray techniques and interpretation. 5. Local anaesthetic techniques. 6. Identification of Common Periodontal Instruments. 7. To learn science of Periodontal Instruments maintenance (Sharpening , Sterilization and Storage) 8. Concept of Biological width <p>a. Typhodont Exercise</p> <ol style="list-style-type: none"> (i) Class II Filling with Band and Wedge Application (ii) Crown cuttings <p>b. Medical</p> <ol style="list-style-type: none"> 1. Basic diagnostic microbiology and immunology, collection and handling of sample and culture techniques. 2. Introduction to genetics, bioinformatics. 3. Basic understanding of cell biology and immunological diseases. <p>Clinical work</p> <ol style="list-style-type: none"> 1. Applied periodontal indices 10 cases 2. Scaling and root planning:- with Proper written history <ol style="list-style-type: none"> a. Manual 20 Cases b. Ultrasonic 20 Cases 3. Observation / assessment of all periodontal procedures including implants
2.	Module 2 (First Year)	<ol style="list-style-type: none"> 1. Interpretation of various bio-chemical investigations. 2. Practical training and handling medical emergencies and basic life support devices. 3. Basic biostatistics – Surveying and data analysis. <p>Clinical</p> <ol style="list-style-type: none"> 1. Case history and treatment planning 10 cases 2. Root planning 50 cases 3. Observation / assessment of all periodontal procedures including implant. 4. Selection of topic for Library dissertation and submission of Dissertation Synopsis.
3.	Module 3 (First Year)	<p>Minor surgical cases 20 cases</p> <ol style="list-style-type: none"> (i) Gingival Depigmentation 3 Cases (ii) Gingival Curettage no limits (iii) ENAP 1 Case (iv) Gingivectomy/ Gingivoplasty 5 cases (v) Operculectomy 3 cases <p>Poster Presentation at the Speciality conference</p>
4.	Module 4 (Second Year)	<p>Clinical work</p> <ol style="list-style-type: none"> 1. Case history and treatment planning 10 cases 2. Occlusal adjustments 10 cases 3. Perio splints 10 cases 4. Local drug delivery techniques 5 cases 5. Screening cases for dissertation
5.	Module 5 (Second Year)	<ol style="list-style-type: none"> 1. Periodontal surgical procedures. <ol style="list-style-type: none"> a. Basic flap procedures 20 cases 2. Periodontal plastic and esthetic 10 cases <ol style="list-style-type: none"> a. Increasing width of attached gingival 5 cases

		b. Root coverage procedures / Papilla Preservation and Reconstruction 5 cases c. Crown lengthening procedures 5 cases d. Frenectomy 5 cases e. Vestibuloplasty 5 cases 3. Furcation treatment (Hemisection, Rootsection, Tunelling) 5 cases 4. Surgical closure of diastema. 2 cases
6.	Module 6 (Third Year)	1. Ridge augmentation procedures 5 cases 2. Implants Placements and monitoring 5 cases 3. Sinus lift procedures 2 cases 4. Case selection, preparation and investigation of implants. 5. Interdisciplinary Periodontics 2 each (i) Ortho – Perio (ii) Endo – Perio (iii) Restorative Perio (iv) Preprosthetic (v) Crown Prep 6. Osseous Surgery 2 each (i) Resective (ii) Regenerative 7. Scientific paper/ poster presentation at the conference.
7.	Module 7 (Third Year)	Clinical work 1. Flap surgeries & regenerative techniques 25 cases (using various grafts & barrier membranes) 2. Assistance / observation of advanced surgical procedure 5 each 3. Micro Surgery 5 each 4. Record maintenance & follow-up of all treated cases including implants. 5. Submission of dissertation – 6 months before completion of III year. 6. Scientific paper presentation at conferences.
8.	Module 8 (Third Year)	1. Refining of surgical skills. 2. Publication of an article in a scientific journal. 3. Preparation for final exams.
9.	Module 9 (Third Year)	1. Preparation for final exams. 2. University exam

Note: Maintenance of Work Diary / Check list / Log books as prescribed.

ASSESSMENT EXAMINATION:

In addition to regular evaluation, log book etc., Assessment examination should be conducted after every 3 modules & progress of the student monitored.

MONITORING LEARNING PROGRESS:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects.

SCHEME OF EXAMINATION:

A. Theory: Part-I: Basic Sciences Paper - 100 Marks

Part-II: Paper-I, Paper-II & Paper-III - **300 Marks** (100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

Part-I : Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

Part-II

Paper I: Normal Periodontal structure, Etiology & Pathogenesis of Periodontal diseases, epidemiology as related to Periodontics

Paper II: Periodontal diagnosis, therapy & Oral Implantology

Paper III: Essays (descriptive and analyzing type questions)

**The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical / Clinical Examination :

200 Marks

The clinical examination shall be of two days duration

1st day

Case discussion

- Long case - One
- Short case - One

Periodontal surgery – Periodontal Surgery on a previously prepared case after getting approval from the examiners

2nd day

Post-surgical review and discussion of the case treated on the 1st day

Presentation of dissertation & discussion

All the examiners shall participate in all the aspects of clinical examinations / Viva Voce

Distribution of Marks for Clinical examination (recommended)

a) Long Case discussion	75		
b) 1 short case	25		
c) Periodontal surgery	1.	Anesthesia	10
	2.	Incision	20
	3.	Post Surgery Evaluation	25
	4.	Sutures	10

	5.	Pack (if any)	10
Post – operative review		25	
Total		200	

C. Viva Voce : **100**

Marks

i. Viva-Voce examination: **80**
marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy Exercise : **20**
marks

A topic will be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

3. ORAL AND MAXILLOFACIAL SURGERY

OBJECTIVES:

The training program in Oral and Maxillofacial Surgery is structured to achieve the following five objectives-

- Knowledge
- Skills
- Attitude
- Communicative skills and ability
- Research

Knowledge:

- To have acquired adequate knowledge and understanding of the etiology, pathophysiology and diagnosis, treatment planning of various common oral and Maxillofacial surgical problems both minor and major in nature
- To have understood the general surgical principles like pre and post surgical management, particularly evaluation, post surgical care, fluid and electrolyte management, blood transfusion and post surgical pain management.
- Understanding of basic sciences relevant to practice of oral and maxillofacial surgery
- Able to identify social, cultural, economic, genetic and environmental factors and their relevance to disease process management in the oral and Maxillofacial region.
- Essential knowledge of personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste keeping in view the high prevalence of hepatitis and HIV.

Skills:

- To obtain proper clinical history, methodical examination of the patient, perform essential diagnostic procedures and order relevant laboratory tests and interpret them and to arrive at a reasonable diagnosis about the surgical condition.
- To perform with competence minor oral surgical procedures and common maxillofacial surgery. To treat both surgically and medically the problems of the oral and Maxillofacial and the related area.
- Capable of providing care for maxillofacial surgery patients.

Attitude:

- Develop attitude to adopt ethical principles in all aspect of surgical practice, professional honesty and integrity are to be fostered. Surgical care is to be delivered irrespective of the social status, caste, creed or religion of the patient.
- Willing to share the knowledge and clinical experience with professional colleagues.
- Willing to adopt new techniques of surgical management developed from time to time based on scientific research which are in the best interest of the patient
- Respect patient right and privileges, including patients right to information and right to seek a second opinion.
- Develop attitude to seek opinion from an allied medical and dental specialists as and when required.

Communication Skills:

- Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular surgical problem and obtain a true informed consent from them for the most appropriate treatment available at that point of time
- Develop the ability to communicate with professional colleagues.
- Develop ability to teach undergraduates.

COURSE CONTENT:

The speciality of Oral & Maxillofacial Surgery deals with the diagnosis and management of the diseases of stomatognathic system, jaw bones, cranio-maxillofacial region, salivary glands and temporomandibular joints etc. Within this framework it also supports many vital organs like eye, oropharynx, nasopharynx and major blood vessels and nerves. The traumatic injuries of maxillofacial skeleton are independently managed by Oral & Maxillofacial Surgeons. Whenever there are orbital injuries the ophthalmologists are trained only to tackle injuries of the eye ball (globe) but if there are associated injuries of the orbital skeleton, the Maxillofacial Surgeon is involved in its re-construction. Similarly, nasal bone fracture may be managed by ENT surgeons. Most of the time nasal bone fractures are associated with fractures of the maxilla, mandible and zygomatic bones which are being managed by Oral & Maxillofacial Surgeons. The maxillofacial facial injuries at times are associated with head injuries also. The Oral & maxillofacial Surgeon is involved in the management of cleft lip & cleft palate, orthognathic surgery, micro vascular surgery, reconstructive and oncological surgical procedures of maxillofacial region. The speciality of Oral & Maxillofacial Surgery is a multi disciplinary speciality and needs close working in co-ordination with Neurosurgeons, Oncosurgeons, Ophthalmologists, ENT Surgeons and Plastic Surgeons. The Oral & Maxillofacial Surgeons, Ophthalmologist, ENT Surgeons, Plastic Surgeons, Neuro-Surgeons and Oncologists complement each other by performing Surgical Procedures with their respective expertise and knowledge thereby benefiting the patients and students of the respective specialities.

The program outline addresses both the knowledge needed in Oral and Maxillofacial Surgery and allied medical specialties in its scope. A minimum of three years of formal training through a graded system of education as specified will equip the trainee with skill and knowledge at its completion to be able to practice basic oral and Maxillofacial surgery competently and have the ability to intelligently pursue further apprenticeship towards advanced Maxillofacial surgery.

The topics are considered as under:-

- A) Applied Basic sciences
- B) Oral and Maxillofacial surgery
- C) Allied specialties

A) Applied Basic Sciences:

Applied Anatomy, Physiology, Biochemistry, General and Oral Pathology and Microbiology, Pharmacology and Knowledge in Basic Statistics.

Applied Anatomy:

1. Surgical anatomy of the scalp, temple and face
2. Anatomy of the triangles of neck and deep structures of the neck
3. Cranial and facial bones and its surrounding soft tissues with its applied aspects in maxillofacial injuries.
4. Muscles of head and neck; chest, lower and upper extremities (in consideration to grafts/flaps)
5. Arterial supply, venous drainage and lymphatics of head and neck

6. Congenital abnormalities of the head and neck
7. Surgical anatomy of the cranial nerves
8. Anatomy of the tongue and its applied aspects
9. Surgical anatomy of the temporal and infratemporal regions
10. Anatomy and its applied aspects of salivary glands, pharynx, thyroid and parathyroid gland, larynx, trachea, esophagus
11. Tooth eruption, morphology, and occlusion.
12. Surgical anatomy of the nose.
13. The structure and function of the brain including surgical anatomy of intra cranial venous sinuses.
14. Autonomous nervous system of head and neck
15. Functional anatomy of mastication, deglutition, speech, respiration and circulation
16. Development of face, paranasal sinuses and associated structures and their anomalies
17. TMJ: surgical anatomy and function

Physiology:

1. Nervous system

- Physiology of nerve conduction, pain pathway, sympathetic and parasympathetic nervous system, hypothalamus and mechanism of controlling body temperature

2. Blood

- Composition
- Haemostasis, various blood dyscrasias and management of patients with the same
- Hemorrhage and its control
- Capillary and lymphatic circulation.
- Blood grouping, transfusing procedures.

3. Digestive system

- Saliva - composition and functions of saliva
- Mastication, deglutition, digestion, assimilation
- Urine formation, normal and abnormal constituents

4. Respiration

- Control of ventilation, anoxia, asphyxia, artificial respiration
- Hypoxia – types and management

5. CardioVascular System

- Cardiac cycle,
- Shock
- Heart sounds,
- Blood pressure,
- Hypertension:

6. Endocrinology

- General endocrinal activity and disorder relating to thyroid gland,
- Parathyroid gland, adrenal gland, pituitary gland, pancreas and gonads:
- Metabolism of calcium

7. Nutrition

- General principles of a balanced diet, effect of dietary deficiency, protein energy malnutrition, Kwashiorkor, Marasmus.
- Fluid and Electrolytic balance in maintaining haemostasis and significance in minor and major surgical procedures.

Biochemistry:

- General principles governing the various biological activities of the body, such as osmotic pressure, electrolytes, dissociation, oxidation, reduction etc.
- General composition of the body
- Intermediary metabolism
- Carbohydrates, proteins, lipids, and their metabolism
- Nucleoproteins, nucleic acid and nucleotides and their metabolism
- Enzymes, vitamins and minerals
- Hormones
- Body and other fluids.
- Metabolism of inorganic elements.
- Detoxification in the body.
- Antimetabolites.

Pathology:**1. Inflammation –**

- Repair and regeneration, necrosis and gangrene
- Role of component system in acute inflammation,
- Role of arachidonic acid and its metabolites in acute inflammation,
- Growth factors in acute inflammation
- Role of molecular events in cell growth and intercellular signaling cell surface receptors
- Role of NSAIDs in inflammation,
- Cellular changes in radiation injury and its manifestation:

2. Haemostasis

- Role of endothelium in thrombogenesis,
- Arterial and venous thrombi,
- Disseminated Intravascular coagulation

3. Shock:

- Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock
- Circulatory disturbances, ischemia, hyperemia, venous congestion, edema, infarction

4. Chromosomal abnormalities:

- Marfans Syndrome, Ehler's Danlos Syndrome, Fragile X- Syndrome

5. Hypersensitivity:

- Anaphylaxis, type 2 hypersensitivity, type 3 hyper sensitivity and cell mediated reaction and its clinical importance, systemic lupus erythematosus.
- Infection and infective granulomas.

6. Neoplasia:

- Classification of tumors.
- Carcinogenesis and carcinogens- chemical, viral and microbial
- Grading and staging of cancers, tumor Angiogenesis, Paraneoplastic syndrome, spread of tumors
- Characteristics of benign and malignant tumors

7. Others:

- Sex linked agammaglobulinemia.
- AIDS
- Management of immuno deficiency patients requiring surgical procedures
- De George Syndrome

- Ghons complex, post primary pulmonary tuberculosis – pathology and pathogenesis.

Oral Pathology:

- Developmental disturbances of oral and Para oral structures
- Regressive changes of teeth.
- Bacterial, viral and mycotic infections of oral cavity
- Dental caries,, diseases of pulp and periapical tissues
- Physical and chemical injuries of the oral cavity
- Oral manifestations of metabolic and endocrinal disturbances
- Diseases of jawbones and TMJ
- Diseases of blood and blood forming organs in relation to oral cavity
- Cysts of the oral cavity
- Salivary gland diseases
- Role of laboratory investigations in oral surgery

Microbiology:

- Immunity
- Knowledge of organisms commonly associated with diseases of oral cavity.
- Morphology cultural characteristics of strepto, staphylo, pneumo, gono, meningo, clostridium group of organisms, spirochetes, organisms of TB, leprosy, diphtheria, actinomycosis and moniliasis
- Hepatitis B and its prophylaxis
- Culture and sensitivity test
- Laboratory determinations
- Blood groups, blood matching, RBC and WBC count
- Bleeding and clotting time etc, smears and cultures,
- Urine analysis and cultures.

Applied Pharmacology and Therapeutics:

1. Definition of terminologies used
2. Dosage and mode of administration of drugs.
3. Action and fate of drugs in the body
4. Drug addiction, tolerance and hypersensitivity reactions.
5. Drugs acting on the CNS
6. General and local anesthetics, hypnotics, analeptics, and tranquilizers.
7. Chemo therapeutics and antibiotics
8. Analgesics and antipyretics
9. Antitubercular and antisyphilitic drugs.
10. Antiseptics, sialogogues and antisialogogues
11. Haematinics
12. Antidiabetics
13. Vitamins A, B-complex, C, D, E, K

B) Oral and Maxillofacial Surgery:

- Evolution of Maxillofacial surgery.
- Diagnosis, history taking, clinical examination, investigations.
- Informed consent/medico-legal issues.
- Concept of essential drugs and rational use of drugs.

- Communication skills with patients- understanding, clarity in communication, compassionate explanations and giving emotional support at the time of suffering and bereavement
- Principles of surgical audit – understanding the audit of process and outcome. Methods adopted for the same. Basic statistics.
- Principles of evidence based surgery- understanding journal based literature study; the value of textbook, reference book articles, value of review articles; original articles and their critical assessment, understanding the value of retrospective, prospective, randomized control and blinded studies, understanding the principles and the meaning of various Bio-statistical tests applied in these studies.
- Principles of surgery- developing a surgical diagnosis, basic necessities for surgery, aseptic technique, incisions, flap designs, tissue handling, hemostasis, dead space management, decontamination and debridement, suturing, edema control, patient general health and nutrition.
- Medical emergencies – Prevention and management of altered consciousness, hyper sensitivity reaction, chest discomfort, respiratory difficulty.
- Pre operative workup – Concept of fitness for surgery; basic medical work up; work up in special situation like diabetes, renal failure, cardiac and respiratory illness; risk stratification
- Surgical sutures, drains
- Post operative care- concept of recovery room care, Airway management, Assessment of Wakefulness, management of cardio vascular instability in this period, Criteria for shifting to the ward, pain management
- Wound management- Wound healing, factors influencing healing, basic surgical techniques, Properties of suture materials, appropriate use of sutures.
- Surgical Infections – Asepsis and antisepsis, Microbiological principles, Rational use of antibiotics, special infections like Synergistic Gangrene and Diabetic foot infection, Hepatitis and HIV infection and cross infection.
- Airway obstruction/management – Anatomy of the airway, principles of keeping the airway patent, mouth to mouth resuscitation, Oropharyngeal airway, endotracheal intubation, Cricothyroidectomy, Tracheostomy.
- Anesthesia – stages of Anesthesia, pharmacology of inhalation, intravenous and regional anesthetics, muscle relaxants.
- Facial pain; Facial palsy and nerve injuries.
- Pain control – acute and chronic pain, cancer and non-cancer pain, patient controlled analgesia
- General patient management – competence in physical assessment of patients of surgery, competence in evaluation of patients presenting with acute injury, particularly to maxillofacial region. Competence in the evaluation of management of patients for Anesthesia
- Clinical oral surgery – all aspects of dento alveolar surgery
- Pre-prosthetic surgery – A wide range of surgical reconstructive procedures involving their hard and soft tissues of the edentulous jaws.
- Temporomandibular joint disorders – TMJ disorders and their sequelae need expert evaluation, assessment and management. It is preferable to be familiar with diagnostic and therapeutic arthroscopic surgery procedures.
- Tissue grafting – Understanding of the biological mechanisms involved in autogenous and heterogeneous tissue grafting.
- Reconstructive oral and maxillofacial surgery – hard tissue and soft tissue reconstruction.
- Cyst and tumors of head and neck region and their management – including principles of tumor surgery, giant cell lesion of jaw bones, fibro osseous lesions of jaw.

- Neurological disorders of maxillofacial region-diagnosis and management of Trigeminal Neuralgia, MPDS, Bells palsy, Frey's Syndrome, Nerve injuries
- Maxillofacial trauma – basic principles of treatment, primary care, diagnosis and management of hard and soft tissue injuries, Comprehensive management including polytrauma patients
- Assessment of trauma-multiple injuries patient, closed abdominal and chest injuries, penetrating injuries, pelvic fractures, urological injuries, vascular injuries.
- Orthognathic surgery – The trainee must be familiar with the assessment and correcting of jaw deformities
- Laser surgery – The application of laser technology in the surgical treatment of lesions amenable to such therapy
- Distraction osteogenesis in maxillofacial region.
- Cryosurgeries – Principles, the application of cryosurgery in the surgical management of lesions amenable to such surgeries.
- Cleft lip and palate surgery- detailed knowledge of the development of the face, head and neck, diagnosis and treatment planning, Current concepts in the management of cleft lip and palate deformity, knowledge of nasal endoscopy and other diagnostic techniques in the evaluation of speech and hearing, concept of multi disciplinary team management.
- Aesthetic facial surgery – detailed knowledge of structures of face & neck including skin and underlying soft tissues, diagnosis and treatment planning of deformities and conditions affecting facial skin, underlying facial muscles, bone, eyelids, external ear etc., surgical management of post acne scaring, face lift, blepharoplasty, otoplasty, facial bone recountouring etc.
- Craniofacial surgery – basic knowledge of developmental anomalies of face, head and neck, basics concept in the diagnosis and planning of various head and neck anomalies including facial cleft, craniosynostosis, syndromes, etc., Current concepts in the management of craniofacial anomalies.
- Head and neck oncology – understanding of the principles of management of head and neck oncology including various pre cancerous lesions, Experience in the surgical techniques of reconstruction following ablative surgery.
- Micro vascular surgery.
- Implantology – principles, surgical procedures for insertion of various types of implants.
- Maxillofacial radiology/ radio diagnosis
- Other diagnostic methods and imaging techniques

C) Allied Specialties:

- General medicine: General assessment of the patient including children with special emphasis on cardiovascular diseases, endocrinal, metabolic respiratory and renal diseases, Blood dyscrasias
- General surgery: Principles of general surgery, exposure to common general surgical procedures.
- Neuro – surgery: Evaluation of a patient with head injury, knowledge & exposure of various Neuro – surgical procedures
- ENT/Ophthalmology: Examination of ear, nose, throat, exposure to ENT surgical procedures, ophthalmic examination and evaluation, exposure to ophthalmic surgical procedures.

- Orthopedic: basic principles of orthopedic surgery, bone diseases and trauma as relevant to Maxillofacial surgery, interpretation of radiographs, CT, MRI and ultrasound
- Anesthesiology: Evaluation of patients for GA technique, general anesthetic drugs use and complications, management of emergencies, various IV sedation techniques.
- Plastic Surgery- Basic Principles

TEACHING / LEARNING ACTIVITIES:

The post graduate is expected to complete the following at the end of :

I Year

Study of applied basic sciences including practicals (wherever necessary), basic computer sciences, exodontia, seminars on basic topics, selection of dissertation topic, library assignment topic, attending O.T, ward rounds, Medical Record keeping, Pre-clinical exercises, preparation of synopsis and its submission within the six months after admission to the university as per calendar of events.

Rotation and postings in other departments:

General medicine	- 1 month
General surgery	- 1 month
Ophthalmology	- 15 days
Neuro Surgery	- 15 days
ENT	- 15 days
Orthopedic	- 15 days
Plastic Surgery	- 15 days
Casualty	- 15 days
Anesthesia (ICU)	- 15 days
Radiology (CT, MRI, USG)	- 15 days

II Year

- Minor oral surgery and higher surgical training
- Submission of library assignment
- Oncology posting – 1 month

III Year

- Maxillofacial surgery
- Submission of dissertation to the university, six months before the final examination.

It is desirable to enter general surgical skills and operative procedures that are observed, assisted or performed in the log book in the format as given below:-

Sl.No	Procedure	Category	Number
1	Injection I.M. and I.V.	PI	50, 20
2	Minor suturing and removal of sutures	PI	N,A
3	Incision & drainage of an abscess	PI	10
4	Surgical extraction	PI	15
5	Impacted teeth	PI, A	30,20

6	Pre prosthetic surgery- corrective procedures ridge extension ridge reconstruction	PI A A	10 3 3
7	OAF closure	PI, A	3,2
8	Cyst enucleation	PI,A	5,5
9	Mandibular fractures	PI,A	10,10
10	Peri-apical surgery	PI,A	5
11	Infection management	PI,A	3,3
12	Biopsy procedures	PI, A	10, 3
13	Removal of salivary calculi	A	3
14	Benign tumors	A	3,3
15	mid face fractures	PI,A	3,5
16	Implants	PI,A	5,5
17	Tracheotomy	A	2
18	Skin grafts	PI,A	2,2
19	Orthognathic surgery	A,O	3,5
20	Harvesting bone & cartilage grafts	A,O A,O	3,5 3,3
	Iliac crest	A,O	2,2
	Rib	A,O	2,2
	Calvarial		
	Fibula		
21	T.M. Joint surgery	A	3
22	Jaw resections	A,O	3,5
23	Onco surgery	A,O	3,3
24	Micro vascular anastomosis	A,O	2,2
25	Cleft lip & palate	A,O	3,5
26	Distraction osteogenesis	A,O	2,3
27	Rhinoplasty	A,O	2,3
28	Access osteotomies and base of skull surgeries	A,O	1,3
29	Emergency Management for OMFS Patients in Casualty / Accident & Emergency	PI,O	5,5

PI:- Performed Independently

A:- Assisted

O:- Observed

Monitoring Learning Progress:

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

Paper wise distribution of syllabus:

PART- I :

Applied Basic Sciences

PART-II:**Paper– I: Minor Oral Surgery and Maxillofacial Trauma****Minor Oral Surgery:**

- **Principles of Surgery:** Developing A Surgical Diagnosis, Basic Necessities For Surgery, Aseptic Technique, Incisions, Flap Design Tissue Handling, Haemostasis, Dead Space Management, Decontamination And Debridement, Suturing, Oedema Control, Patient General Health And Nutrition.
- **Medical Emergencies:** Prevention and management of altered consciousness (syncope, orthostatic hypotension, seizures, diabetes mellitus, adrenal insufficiency), hypersensitivity reactions, chest discomfort, and respiratory difficulty.
- **Examination and Diagnosis:** Clinical history, physical and radiographic, clinical and laboratory diagnosis, oral manifestations of systemic diseases, implications of systemic diseases in surgical patients.
- **Haemorrhage and Shock:** Applied physiology, clinical abnormalities of coagulation, extra vascular hemorrhage, and hemorrhagic lesions, management of secondary hemorrhage, shock.
- **Exodontia:** Principles of extraction, indications and contraindications, types of extraction, complications and their management, principles of elevators and elevators used in oral surgery.
- **Impaction:** Surgical anatomy, classification, indications and contraindications, diagnosis, procedures, complications and their management.
- **Surgical aids to eruption of teeth:** Surgical exposure of unerupted teeth, surgical repositioning of partially erupted teeth.
- **Transplantation of teeth**
- **Surgical Endodontics:** Indications and contraindications, diagnosis, procedures of periradicular surgery
- **Preprosthetic Surgery:** Requirements, types (alvoplasty, tuberosity reduction, mylohyoid ridge reduction, genial reduction, removal of exostosis, vestibuloplasty)
- **Procedures to Improve Alveolar Soft Tissues:** Hypermobility tissues- operative / sclerosing method, epulis fissuratum, frenectomy and frenotomy
- **Infections of Head and Neck:** Odontogenic and non Odontogenic infections, factors affecting spread of infection, diagnosis and differential diagnosis, management of facial space infections, Ludwig angina, cavernous sinus thrombosis.
- **Chronic infections of the jaws:** Osteomyelitis (types, etiology, pathogenesis, management) osteoradionecrosis
- **Maxillary Sinus:** Maxillary sinusitis – types, pathology, treatment, closure of Oro – antral fistula, Caldwell- luc operation
- **Cysts of the Orofacial Region:** Classification, diagnosis, management of OKC, dentigerous, radicular, non Odontogenic, ranula
- **Neurological disorders of the Maxillofacial Region:** Diagnosis and management of trigeminal neuralgia, MPDS, bell's palsy, Frey's syndrome, nerve injuries.
- **Implantology:** Definition, classification, indications and contraindications, advantages and disadvantages, surgical procedure.
- **Anesthesia**

Local Anesthesia:

Classification of local anesthetic drugs, mode of action, indications and contra indications, advantages and disadvantages, techniques, complications and their management.

General Anesthesia:

Classification, stages of GA, mechanism of action, indications, and contra indications, advantages and disadvantages, post anesthetic complications and emergencies, anesthetic for dental procedures in children, pre medication, conscious sedation, legal aspects for GA

Maxillofacial Trauma:

- Surgical Anatomy of Head and Neck.
- Etiology of Injury.
- Basic Principles of Treatment
- Primary Care: resuscitation, establishment of airway, management of hemorrhage, management of head injuries and admission to hospital.
- Diagnosis: clinical, radiological
- Soft Tissue Injury of Face and Scalp: classification and management of soft tissue wounds, injuries to structure requiring special treatment.
- Dento Alveolar Fractures: examination and diagnosis, classification, treatment, prevention.
- Mandibular Fractures: classification, examination and diagnosis, general principles of treatment, complications and their management
- Fracture of Zygomatic Complex: classification, examination and diagnosis, general principles of treatment, complications and their management.
- Orbital Fractures: blow out fractures
- Nasal Fractures
- Fractures of Middle Third of the Facial Skeleton: emergency care, fracture of maxilla, and treatment of Le Fort I, II, III, fractures of Naso orbito ethmoidal region.
- Ophthalmic Injuries: minor injuries, non-perforating injuries, perforating injuries, retro bulbar hemorrhage, and traumatic optic neuropathy.
- Traumatic Injuries To Frontal Sinus: diagnosis, classification, treatment
- Maxillofacial Injuries in Geriatric and Pediatric Patients.
- Gun Shot Wounds and War Injuries
- Osseointegration in Maxillofacial Reconstruction
- Metabolic Response to Trauma: neuro endocrine responses, inflammatory mediators, clinical implications
- Healing of Traumatic Injuries: soft tissues, bone, cartilage, response of peripheral nerve to injury
- Nutritional consideration following Trauma.
- Tracheostomy: indications and contraindications, procedure, complications and their management.

Paper – II :Maxillofacial Surgery**a) Salivary gland**

- Sialography
- Salivary fistula and management
- Diseases of salivary gland – developmental disturbances, cysts, inflammation and sialolithiasis
- Mucocele and Ranula
- Tumors of salivary gland and their management
- Staging of salivary gland tumors
- Parotidectomy

b) Temporomandibular Joint

- Etiology, history signs, symptoms, examination and diagnosis of temporomandibular joint disorders
- Ankylosis and management of the same with different treatment modalities
- MPDS and management
- Condylectomy – different procedures
- Various approaches to TMJ
- Recurrent dislocations – Etiology and Management

c) Oncology

- Biopsy
- Management of pre-malignant tumors of head and neck region
- Benign and Malignant tumors of Head and Neck region
- Staging of oral cancer and tumor markers
- Management of oral cancer
- Radical Neck dissection
- Modes of spread of tumors
- Diagnosis and management of tumors of nasal, paranasal, neck, tongue, cheek, maxilla and mandible
- Radiation therapy in maxillofacial regions
- Lateral neck swellings

d) Orthognathic surgery

- Diagnosis and treatment planning
- Cephalometric analysis
- Model surgery
- Maxillary and mandibular repositioning procedures
- Segmental osteotomies
- Management of apertognathia
- Genioplasty
- Distraction osteogenesis

e) Cysts and tumors of oro facial region

- Odontogenic and non-Odontogenic tumors and their management
- Giant Cell lesions of jawbone
- Fibro osseous lesions of jawbone
- Cysts of jaw

f) Laser surgery

- The application of laser technology in surgical treatment of lesions

g) Cryosurgery

- Principles, applications of cryosurgery in surgical management

h) Cleft lip and palate surgery

- Detailed knowledge of the development of the face, head and neck
- Diagnosis and treatment planning
- Current concepts in the management of cleft lip and palate deformity
- Knowledge of Naso endoscopy and other diagnostic techniques in the evaluation of speech and hearing
- Concept of multidisciplinary team management

i) Aesthetic facial surgery

- Detailed knowledge of the structures of the face and neck including skin and underlying soft tissue
- Diagnosis and treatment planning of deformities and conditions affecting facial skin
- Underlying facial muscles, bone, Eyelids, external ear
- Surgical management of post acne scarring, facelift, blepharoplasty, otoplasty, facial bone recontouring, etc

j) Craniofacial surgery

- Basic knowledge of developmental anomalies of the face, head and neck
- Basic concepts in the diagnosis and planning of various head and neck anomalies including facial clefts, craniosynostosis, syndromes, etc.
- Current concept in the management of Craniofacial anomalies

Paper – III : Essays (descriptive and analyzing type questions)

Scheme of Examination:

A. Theory: Part-I: Basic Sciences Paper	-	100 Marks
Part-II: Paper-I, Paper-II & Paper-III	-	300 Marks
		(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

PART-I : Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

PART- II

Paper – I : Minor Oral Surgery and Maxillofacial Trauma

Paper – II : Maxillofacial Surgery

Paper – III : Essays (descriptive and analyzing type questions)

**The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical / Clinical Examination	-	200 Marks
1. Minor Oral Surgery	-	100 Marks

Each candidate is required to perform the minor oral surgical procedures under local anaesthesia. The minor surgical cases may include removal of impacted lower third

molar, cyst enucleation, any similar procedure where students can exhibit their professional skills in raising the flap, removing the bone and suturing the wound.

2. Case presentation and discussion:	-	100 Marks
(a) One long case	-	60 Marks
(b) Two short cases	-	40 Marks (20 marks each)

C. Viva Voce - **100 Marks**

i. Viva-Voce examination: 80 Marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy: 20 Marks

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

4. CONSERVATIVE DENTISTRY AND ENDODONTICS

OBJECTIVES:

The following objectives are laid out to achieve the goals of the course. These are to be achieved by the time the candidate completes the course. These objectives may be considered under the following subtitles.

Knowledge:

At the end of 36 months of training, the candidates should be able to:

- Describe etiology, pathophysiology, periapical diagnosis and management of common restorative situations, endodontic situations that will include contemporary management of dental caries, management of trauma and pulpal pathosis including periodontal situations.
- Demonstrate understanding of basic sciences as relevant to conservative / restorative dentistry and Endodontics.
- Identify social, economic, environmental and emotional determinants in a given case or community and take them into account for planning and execution at individual and community level.
- Ability to master differential diagnosis and recognize conditions that may require multi disciplinary approach or a clinical situation outside the realm of the specialty, which he or she should be able to recognize and refer to appropriate specialist.
- Update himself by self-study and by attending basic and advanced courses, conferences, seminars, and workshops in the specialty of Conservative Dentistry-Endodontics-Dental Materials and Restorative Dentistry.
- Ability to teach/guide, colleagues and other students.
Use information technology tools and carry out research both basic and clinical with the aim of his publishing his work and presenting the same at scientific platform.

Skills:

- Take proper chair side history, examine the patient and perform medical and dental diagnostic procedures as well as perform relevant tests and interpret to them to come to a reasonable diagnosis about the dental condition in general and Conservative Dentistry – Endodontics in particular. And undertake complete patient monitoring including preoperative as well as post operative care of the patient.
- Perform all levels of restorative work, surgical and non-surgical Endodontics as well as endodontic-periodontal surgical procedures as part of multidisciplinary approach to clinical condition.
- Provide basic life saving support in emergency situations.
- Manage acute pulpal and pulpo periodontal situations.
- Have a thorough knowledge of infection control measures in the dental clinical environment and laboratories.
- Should have proper knowledge of sterilization procedures

Human Values, Ethical Practice and Communication Abilities

- Adopt ethical principles in all aspects of restorative and contemporary Endodontics including non-surgical and surgical Endodontics.
- Professional honesty and integrity should be the top priority.
- Dental care has to be provided regardless of social status, caste, creed or religion of the patient.
- Develop communication skills in particular to explain various options available for management and to obtain a true informed consent from the patient.
- Apply high moral and ethical standards while carrying on human or animal research.

- He/She shall not carry out any heroic procedures and must know his limitations in performing all aspects of restorative dentistry including Endodontics. Ask for help from colleagues or seniors when required without hesitation.
- Respect patient's rights and privileges including patients right to information.

COURSE CONTENTS:

PART-I:

Applied Basic Sciences:

Applied Anatomy of Head and Neck:

- Development of face, paranasal sinuses and the associated structures and their anomalies, cranial and facial bones, TMJ anatomy and function, arterial and venous drainage of head and neck, muscles of face and neck including muscles of mastication and deglutition, brief consideration of structures and function of brain. Brief consideration of all cranial nerves and autonomic nervous system of head and neck. Salivary glands, Functional anatomy of mastication, deglutition and speech. Detailed anatomy of deciduous and permanent teeth, general consideration in physiology of permanent dentition, form, function, alignment, contact, occlusion.
- Internal anatomy of permanent teeth and its significance.
- Applied histology – histology of skin, oral mucosa, connective tissue, bone, cartilage, blood vessels, lymphatics, nerves, muscles, tongue.

Anatomy and Development of Teeth:

- Enamel – development and composition, physical characteristics, chemical properties, structure.
- Age changes – clinical structure.
- Dentin – development, physical and chemical properties, structure type of dentin, innervations, age and functional changes and clinical considerations.
- Pulp – development, histological structures, innervations, functions, regressive changes, clinical considerations.
- Dentin and pulp complex.
- Cementum – composition, cementogenesis, structure, function, clinical considerations.
- Knowledge of internal anatomy of permanent teeth, anatomy of root apex and its implications in endodontic treatment.
- Periodontal ligament – development, structure, function and clinical considerations.
- Salivary glands – structure, function, clinical considerations.

Applied Physiology:

- Mastication, deglutition, digestion and assimilation, fluid and electrolyte balance.
- Blood composition, volume, function, blood groups, haemostasis, coagulation, blood transfusion, circulation, heart, pulse, blood pressure, shock, respiration-control, anoxia, hypoxia, asphyxia, artificial respiration, and endocrinology – general principles of endocrine activity and disorders relating to pituitary, thyroid, parathyroid, adrenals including pregnancy and lactation.
- Physiology of saliva – composition, function, clinical significance.
- Clinical significance of vitamins, diet and nutrition – balanced diet.
- Physiology of pain, sympathetic and Para sympathetic nervous system, pain pathways, physiology of pulpal pain, Odontogenic and non Odontogenic pain, pain disorders – typical and atypical.
- Biochemistry such as osmotic pressure, electrolytic dissociation, oxidation, reduction etc. Carbohydrates, proteins, lipids and their metabolism, nucleoproteins, nucleic acid and

their metabolism. Enzymes, vitamins and minerals, metabolism of inorganic elements, detoxification in the body, anti metabolites, chemistry of blood lymph and urine.

Pathology:

- Inflammation, repair, degeneration, necrosis and gangrene.
- Circulatory disturbances – ischemia, hyperemia, edema, thrombosis, embolism, infarction, allergy and hypersensitivity reaction.
- Neoplasms – classifications of tumors, characteristics of benign and malignant tumors, spread of tumors.
- Blood dyscrasias.
- Developmental disturbances of oral and Para oral structures, dental caries, regressive changes of teeth, pulp, periapical pathology, pulp reaction to dental caries and dental procedures.
- Bacterial, viral, mycotic infections of the oral cavity.

Microbiology:

- Pathways of pulpal infection, oral flora and micro organisms associated with endodontic diseases, pathogenesis, host defense, bacterial virulence factors, healing, theory of focal infections, microbes relevance to dentistry – strepto, staphylococci, lactobacilli, corynebacterium, actinomycetes, clostridium, neisseria, vibrio, bacterioids, fusobacteria, spirochetes, mycobacterium, virus and fungi.
- Cross infection, infection control, infection control procedure, sterilization and disinfection.
- Immunology – antigen antibody reaction, allergy, hypersensitivity and anaphylaxis, auto immunity, grafts, viral hepatitis, HIV infections and aids. Identification and isolation of microorganisms from infected root canals. Culture medium and culturing technique (Aerobic and anaerobic interpretation and antibiotic sensitivity test).

Pharmacology:

- Dosage and route of administration of drugs, actions and fate of drug in body, drug addiction, tolerance of hypersensitivity reactions.
- Local anesthesia – agents and chemistry, pharmacological actions, fate and metabolism of anaesthetic, ideal properties, techniques and complications.
- General anesthesia – pre medications, neuro muscular blocking agents, induction agents, inhalation anesthesia, and agents used, assessment of anesthetic problems in medically compromised patients.
- Anaesthetic emergencies
- Antihistamines, corticosteroids, chemotherapeutic and antibiotics, drug resistance, haemostasis, and haemostatic agents, anticoagulants, sympathomimetic drugs, vitamins and minerals (A, B, C, D, E, K IRON), anti sialogogue, immunosuppressants, drug interactions, antiseptics, disinfectants, anti viral agents, drugs acting on CNS.

Biostatistics:

- Introduction, Basic concepts, Sampling, Health information systems – collection, compilation, presentation of data. Elementary statistical methods – presentation of statistical data, Statistical averages – measures of central tendency, measures of dispersion, Normal distribution. Tests of significance – parametric and non – parametric tests (Fisher exact test, Sign test, Median test, Mann Whitney test, Kruskal Wallis one way analysis, Friedmann two way analysis, ANOVA, Regression analysis), Correlation and regression, Use of computers.

Research Methodology:

- Essential features of a protocol for research in humans
- Experimental and non-experimental study designs

- Ethical considerations of research

Applied Dental Materials:

- Physical and mechanical properties of dental materials, biocompatibility.
- Impression materials, detailed study of various restorative materials, restorative resin and recent advances in composite resins, bonding- recent developments, tarnish and corrosion, dental amalgam, direct filling gold, casting alloys, inlay wax, die materials, investments, casting procedures, defects, dental cements for restoration and pulp protection (luting, liners, bases) cavity varnishes.
- Dental ceramics-recent advances, finishing and polishing materials.
- Dental burs – design and mechanics of cutting – other modalities of tooth preparation. Methods of testing biocompatibility of materials used.

PART-II:

Paper-I: Conservative Dentistry

1. Examination, diagnosis and treatment plan
2. Occlusion as related to conservative dentistry, contact, contour, its significance. Separation of teeth, matrices, used in conservative dentistry.
3. Dental caries- epidemiology, recent concept of etiological factors, pathophysiology, histopathology, diagnosis, caries activity tests, prevention of dental caries and management – recent methods.
4. Hand and rotary cutting instruments, development of rotary equipment, speed ranges, hazards.
5. Dental burs and other modalities of tooth reparation- recent developments (air abrasions, lasers etc.)
6. Infection control procedures in conservative dentistry, isolation equipments etc.
7. Direct concepts in tooth preparation for amalgam, composite, GIC and restorative techniques, failures and management.
8. Biologic response of pulp to various restorative materials and operative procedures.
9. Direct and indirect composite restorations.
10. Indirect tooth colored restorations- ceramic, inlays and onlays, veneers, crowns, recent advances in fabrication and gingival tissue management.
11. Impression procedures used for indirect restorations.
12. Cast metal restorations, indications, contraindications, tooth preparation for class II inlay, onlay, full crown restorations.
Restorative techniques, direct and indirect methods of fabrication including materials used for fabrication like inlay wax, investment materials and casting.
13. Direct gold restorations.
14. Recent advances in restorative materials.
15. Esthetics including smile design
16. Management of non-cariou lesions.
17. Management of discolored tooth
18. Minimal intervention dentistry.
19. Recent advances in restoration of endodontically treated teeth and grossly mutilated teeth.
20. Hypersensitivity-theories, causes and management.
21. Lasers in Conservative Dentistry.
22. CAD-CAM in restorative dentistry.
23. Digital imaging and its applications in restorative dentistry.
24. Clinical Photography.

Paper-II: Endodontics

1. Rationale of endodontics.

2. Pulp and periapical pathology.
3. Pathobiology of periapex.
4. Diagnostic procedures – Orofacial dental pain emergencies: endodontic diagnosis and management, recent advances used for diagnosis.
5. Case selection and treatment planning.
6. Endodontic microbiology.
7. Infection control procedures used in Endodontics (aseptic techniques such as rubber dam, sterilization of instruments etc.)
8. Endodontic emergencies and management.
9. Access cavity preparation – objectives and principles
10. Endodontic instruments and instrumentation – recent developments, detailed description of hand, rotary, sonic, ultra sonic etc.
11. Working length determination, cleaning and shaping of root canal system and recent developments in techniques of canal preparation.
12. Root canal irrigants and intra canal medicaments.
13. Obturation materials, techniques and recent advances.
14. Traumatic injuries and management – endodontic treatment for young permanent teeth.
15. Endodontic surgeries, recent developments in technique and devices and wound healing.
16. Endoperio interrelationship and management.
17. Lasers in Endodontics.
18. Multidisciplinary approach to endodontic situations.
19. Radiology and CBCT in endodontic practice.
20. Procedural errors in endodontics and their management.
21. Endodontic failures and retreatment.
22. Resorptions and its management.
23. Microscopes and Microsurgery in endodontics.
24. Single visit endodontics, current concepts and controversies.
25. Regenerative Endodontics

Paper-III: Essays (descriptive and analyzing type questions)

TEACHING / LEARNING ACTIVITIES:

The post graduate is expected to complete the following at the end of :

The following is the minimum required to be completed before the candidate can be considered eligible to appear for final MDS exam.

First Year

- **Pre Clinical Work – Conservative and Endodontics**
 - **Preclinical work on typhodont teeth**
1. Class II amalgam cavities
 - a. Conservative preparation - 03
 - b. Conventional preparation - 03
 2. Inlay cavity preparation including wax pattern and casting on premolars and molars – MO, DO, MOD - 02
 3. Onlay preparation on molars including wax pattern and casting - 02
 4. Full Crown

- a. Anterior - 02
 - b. Posterior - 02
- (1 each to be processed)

● **Pre Clinical work on natural teeth**

1. Wax Carving of all permanent teeth
2. Inlay on molars and premolars MO, DO, and MOD including wax pattern and casting - 05
3. Amalgam cavity preparation
 - a. Conventional - 02
 - b. Conservative - 02
4. Complex amalgam on molar teeth - 02
5. Onlay on molars including wax pattern and casting - 02
(1 to be processed)
6. Full crown premolars and molars (metal, PFM & Ceramic) - 04
7. Full crown anterior (PFM, composite & Ceramic) - 03
8. Veneers anterior teeth - 02
9. Composite
 - a. Composite Filling (Class I,II,III & V) -05 (each)
 - b. Inlay (Class I & II) -02
 - c. Veneer -02
 - d. Diastema Closure -02
 - e. Angle Buildups -02

Endodontics:

1. Sectioning of all maxillary and mandibular teeth (vertical & horizontal).
2. Access cavity opening in relation to maxillary and mandibular permanent teeth.
3. Access cavity preparation, BMP and Obturation
 - a) Anterior (3 maxillary and 3 mandibular) - 06
 - Conventional prep - 02
 - Step back - 02
 - Crown down - 02
 - Obturation - 03
 (2 lateral compaction and 1 thermoplasticized)
 - b) Premolar - 04
(2 upper and 2 lower) obturation 1 each
 - c) Molar - 06
(3 upper – 2 first molars and 1 second molar
3 lower – 2 first molars and 1 second molar) obturation 1 each
4. Post and core preparation and fabrication in relation to anterior and posterior teeth
 - a. Anterior 10 (Cast Post 5 and prefabricated post 5)
 - b. Posterior 05 (Cast Post 2 and prefabricated post 5)
5. Removable dies - 04

Note : Technique work to be completed in the first four months

Clinical Work:

A	Composite restorations	30
B	GIC Restorations	30

C	Complex amalgam restorations	05
D	Composite inlay + veneers (direct and indirect)	10
E	Ceramic jacket crowns	05
F	Post and core for anterior teeth	10
G	Bleaching vital	05
	Non vital	05
H	RCT Anterior	20
I	Endo surgery – observation and assisting	05

Presentation of:

- Seminars – 5 seminars by each student – should include topics in dental materials, conservative dentistry and endodontics
- Journal clubs – 5 by each student
- Submission of synopsis at the end of 6 months
- Library assignment work
- Internal assessment – theory and clinicals.

Second Year**Case discussion- 5**

1	Ceramic jacket crowns	10
2	Post and core for anterior teeth	10
3	Post and core for posterior teeth	05
4	Composite restoration	15
5	Full crown for posterior teeth	15
6	Cast gold inlay	05
7	Other special types of work such as splinting - Reattachment of fractured teeth etc.	10
8	Anterior RCT	30
9	Posterior RCT	40
10	Endo surgery performed independently	05
11	Management of endo – Perio problems	05
12	Angle build up composite	05
13	Diastema closure	05
14	Composite Veneers	05

- Under graduate teaching program as allotted by the HOD
- Seminars – 5 by each student
- Journal club – 5 by each student
- Dissertation work
- Prepare scientific paper / poster and present in conference and clinical meeting
- Library assignment to be submitted 18 months after starting of the course
- Internal assessment – theory and clinical

Third Year

Dissertation work to be submitted 6 months before final examination.

Clinical work

- Cast gold inlay- Onlay, cuspal restoration 10
- Post and core 20
- Molar endodontics 50
- Endo surgery 05
- Diastema Closure 05

- Angle Build up 05
- All other types of surgeries including crown lengthening, perioesthetics, hemi sectioning, splinting, replantation.

Presentation of:

- Seminars – 5 by each student
- Journal club – 5 by each student
- Under graduate teaching program as allotted by the HOD
- Internal assessment – theory and clinical

Monitoring Learning Progress:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

Scheme of Examination:

A. Theory: Part-I: Basic Sciences Paper	-	100 Marks
Part-II: Paper-I, Paper-II & Paper-III	-	300 Marks
		(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

PART-I : Applied Basic Sciences: Applied Anatomy, Physiology, Pathology including Oral Microbiology, Pharmacology, Biostatistics and Research Methodology and Applied Dental Materials.

PART-II

Paper-I	:	Conservative Dentistry
Paper-II	:	Endodontics
Paper-III	:	Essays (descriptive and analyzing type questions)

**The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical / Clinical Examination : 200 Marks

The duration of Clinical and Viva Voce examination will be 2 days for a batch of four students. If the number of candidates exceeds 4, the programme can be extended to 3rd day.

Day 1

Clinical Exercise I – Random case discussion – (2) - 10+10 Marks

(Diagnosis, Treatment, Planning & Discussion)

Cast core preparation		
(i) Tooth Preparation	-	20 marks
(ii) Direct Wax Pattern	-	10 marks
(iii) Casting	-	10 marks
(iv) Cementation	-	05 marks
(v) Retraction & Elastomeric Impression	-	05 marks
Clinical Exercise II	-	30 Marks
(Inlay Exercise)		
(i) Tooth preparation for Class II Inlay (Gold or Esthetic)	-	20 marks
(ii) Fabrication of Indirect Pattern	-	10 marks
Day 2		
Clinical Exercise III	-	100 Marks
(Molar Endodontics)		
(i) Local Anaesthesia and Rubber Dam application	-	20 marks
(ii) Access Cavity	-	20 marks
(iii) Working length determination	-	20 marks
(iv) Canal Preparation	-	20 marks
(v) Master cone selection	-	20 marks
C. Viva Voce	:	100 Marks
<i>i. Viva-Voce examination</i>	:	80 marks
All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.		
<i>ii. Pedagogy Exercise</i>	:	20 marks
A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.		

5. ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

OBJECTIVES:

The training programme in Orthodontics is to structure and achieve the following four objectives

Knowledge:

1. The dynamic interaction of biologic processes and mechanical forces acting on the stomatognathic system during orthodontic treatment
2. The etiology, pathophysiology, diagnosis and treatment planning of various common Orthodontic problems
3. Various treatment modalities in Orthodontics – preventive, interceptive and corrective.
4. Basic sciences relevant to the practice of Orthodontics
5. Interaction of social, cultural, economic, genetic and environmental factors and their relevance to management of oro – facial deformities
6. Factors affecting the long-range stability of orthodontic correction and their management
7. Personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste, keeping in view the high prevalence of Hepatitis and HIV and other highly contagious diseases.

Skills:

1. To obtain proper clinical history, methodical examination of the patient, perform essential diagnostic procedures, and interpret them and arrive at a reasonable diagnosis about the Dento-facial deformities.
2. To be competent to fabricate and manage the most appropriate appliance – intra or extra oral, removable or fixed, mechanical or functional, and active or passive – for the treatment of any orthodontic problem to be treated singly or as a part of multidisciplinary treatment of oro-facial deformities.

Attitude:

1. Develop an attitude to adopt ethical principles in all aspects of Orthodontic practice.
2. Professional honesty and integrity are to be fostered
3. Treatment care is to be delivered irrespective of the social status, cast, creed and religion of the patients.
4. Willingness to share the knowledge and clinical experience with professional colleagues
5. Willingness to adopt, after a critical assessment, new methods and techniques of orthodontic management developed from time to time based on scientific research, which are in the best interest of the patient
6. Respect patients' rights and privileges, including patients right to information and right to seek a second opinion
7. Develop attitude to seek opinion from allied medical and dental specialists as and when required

Communication Skills:

1. Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular Dento-facial problem and to obtain a true informed consent from them for the most appropriate treatment available at that point of time.
2. Develop the ability to communicate with professional colleagues, in Orthodontics or other specialties through various media like correspondence, Internet, e-video, conference, etc. to render the best possible treatment.

COURSE CONTENT:

The program outlined, addresses both the knowledge needed in Orthodontics and allied Medical specialties in its scope.

Spread of the Curriculum:**PART-I:****A. Applied Basic Sciences:****Applied Anatomy:**

- a. Prenatal growth of head:
Stages of embryonic development, origin of head, origin of face, origin of teeth.
- b. Postnatal growth of head:
Bones of skull, the oral cavity, development of chin, the hyoid bone, general growth of head, growth of the face.
- c. Bone growth:
Origin of bone, composition of bone, units of bone structure, schedule of Ossification, mechanical properties of bone, roentgen graphic appearance of bone
- d. Assessment of growth and development:
Growth prediction, growth spurts, the concept of normality and growth increments of growth, differential growth, gradient of growth, methods of gathering growth data. Theories of growth and recent advances, factors affecting physical growth.
- e. Muscles of mastication:
Development of muscles, muscle change during growth, muscle function and facial development, muscle function and malocclusion
- f. Development of dentition and occlusion:
Dental development periods, order of tooth eruption, chronology of permanent tooth formation, periods of occlusal development, pattern of occlusion.
- g. Assessment of skeletal age.

Physiology:

- a. Endocrinology and its disorders:
Growth hormone, thyroid hormone, parathyroid hormone, ACTH.
- b. Calcium and its metabolism:
- c. Nutrition-metabolism and their disorders:
Proteins, carbohydrates, fats, vitamins and minerals
- d. Muscle physiology:
- e. Craniofacial Biology:
Adhesion molecules and mechanism of adhesion
- f. Bleeding disorders in orthodontics: Hemophilia

Dental Materials:

- a. Gypsum products:
Dental plaster, dental stone and their properties, setting reaction etc.
- b. Impression materials:
Impression materials in general and particularly of alginate impression material.
- c. Acrylics:
Chemistry, composition physical properties

- d. Composites:
Composition types, properties, setting reaction
- e. Banding and bonding cements:
- f. Wrought metal alloys:
Deformation, strain hardening, annealing, recovery, recrystallization, grain growth, properties of metal alloys
- g. Orthodontic arch wires
- h. Elastics:
Latex and non-latex elastics.
- i. Applied physics, Bioengineering and metallurgy:
- j. Specification and tests methods used for materials used in Orthodontics:
- k. Survey of all contemporary literature and recent advances in above mentioned materials:

Genetics:

- a. Cell structure, DNA, RNA, protein synthesis, cell division
- b. Chromosomal abnormalities
- c. Principles of orofacial genetics
- d. Genetics in malocclusion
- e. Molecular basis of genetics
- f. Studies related to malocclusion
- g. Recent advances in genetics related to malocclusion
- h. Genetic counseling
- i. Bioethics and relationship to Orthodontic management of patients.

Physical Anthropology:

- a. Evolutionary development of dentition
- b. Evolutionary development of jaws.

Pathology:

- a. Inflammation
- b. Necrosis

Biostatistics:

- a. Statistical principles
 - Data Collection
 - Method of presentation
 - Method of Summarizing
 - Methods of analysis – different tests/errors
- b. Sampling and Sampling technique
- c. Experimental models, design and interpretation
- d. Development of skills for preparing clear concise and cogent scientific abstracts and publication

Applied Research Methodology In Orthodontics:

- a. Experimental design
- b. Animal experimental protocol
- c. Principles in the development, execution and interpretation of methodologies in Orthodontics
- d. Critical Scientific appraisal of literature.

Applied Pharmacology

Definitions & terminologies used – Dosage and mode of administration of drugs. Action and fate of drugs in the body, Drug addiction, tolerance and hypersensitive reactions, Drugs acting on the central nervous system, general anesthetics hypnotics, analeptics and tranquilizers. Local anesthetics, Chemotherapeutics and antibiotics. Vitamins: A, D, B – complex group, C & K etc.

PART-II:

Paper-I:Basic Orthodontics

OrthodonticHistory:

- a. Historical perspective,
- b. Evolution of orthodontic appliances,
- c. Pencil sketch history of Orthodontic peers
- d. History of Orthodontics in India

Concepts of Occlusion and Esthetics:

- a. Structure and function of all anatomic components of occlusion,
- b. Mechanics of articulation,
- c. Recording of masticatory function,
- d. Diagnosis of Occlusal dysfunction,
- e. Relationship of TMJ anatomy and pathology and related neuromuscular physiology.

Etiology and Classification of Malocclusion:

- a. A comprehensive review of the local and systemic factors in the causation of malocclusion
- b. Various classifications of malocclusion

Dentofacial Anomalies:

- a. Anatomical, physiological and pathological characteristics of major groups of developmental defects of the orofacial structures.

Diagnostic Procedures and Treatment Planning in Orthodontics:

- a. Emphasis on the process of data gathering, synthesis and translating it into a treatment plan
- b. Problem cases – analysis of cases and its management
- c. Adult cases, handicapped and mentally retarded cases and their special problems
- d. Critique of treated cases.

Cephalometrics

- a. Instrumentation
- b. Image processing
- c. Tracing and analysis of errors and applications
- d. Radiation hazards
- e. Advanced Cephalometrics techniques including digital cephalometrics
- f. Comprehensive review of literature
- g. Video imaging principles and application.

Practice Management in Orthodontics:

- a. Economics and dynamics of solo and group practices
- b. Personal management
- c. Materials management
- d. Public relations

- e. Professional relationship
- f. Dental ethics and jurisprudence
- g. Office sterilization procedures
- h. Community based Orthodontics.

Paper-II: Clinical Orthodontics

Myofunctional Orthodontics:

- a. Basic principles
- b. Contemporary appliances –design, manipulation and management
- c. Case selection and evaluation of the treatment results
- d. Review of the current literature.

Dentofacial Orthopedics:

- a. Principles
- b. Biomechanics
- c. Appliance design and manipulation
- d. Review of contemporary literature

Cleft lip and palate rehabilitation:

- a. Diagnosis and treatment planning
- b. Mechanotherapy
- c. Special growth problems of cleft cases
- d. Speech physiology, pathology and elements of therapy as applied to orthodontics
- e. Team rehabilitative procedures.

Biology of tooth movement:

- a. Principles of tooth movement-review
- b. Review of contemporary literature
- c. Applied histophysiology of bone, periodontal ligament
- d. Molecular and ultra cellular consideration in tooth movement

Orthodontic / Orthognathic surgery:

- a. Orthodontist's role in conjoint diagnosis and treatment planning
- b. Pre and post-surgical Orthodontics
- c. Participation in actual clinical cases, progress evaluation and post retention study
- d. Review of current literature

Ortho / Perio / Prostho/Endo inter relationship:

- a. Principles of interdisciplinary patient treatment
- b. Common problems and their management

Basic principles of mechanotherapy includes removable appliances and fixed appliances:

- a. Design
- b. Construction
- c. Fabrication
- d. Management
- e. Review of current literature on treatment methods and results

Applied preventive aspects in Orthodontics:

- a. Caries and periodontal disease prevention
- b. Oral hygiene measures

- c. Clinical procedures

Interceptive Orthodontics:

- a. Principles
- b. Growth guidance
- c. Diagnosis and treatment planning
- d. Therapy emphasis on:
 - Dento-facial problems
 - Tooth material discrepancies
 - Minor surgery for Orthodontics

Evidence Based Orthodontics:

Different types of fixed Mechanotherapy:

Orthodontic Management of TMJ problems, sleep-apnoea etc.:

Retention and relapse:

- a. Mechanotherapy – special reference to stability of results with various procedures
- b. Post retention analysis
- c. Review of contemporary literature

Recent Advances :

- a. Use of implants
- b. Lasers
- c. Application of F.E.M.
- d. Distraction Osteogenesis
- e. Invisible Orthodontics
- f. 3D imaging Digital Orthodontics, Virtual Treatment Planning
- g. CAD-CAM bracket Customization
- h. Robotic Wire Bending
- i. Accelerated Orthodontics
 - Surgical
 - Device assisted or mechanical stimulation
 - Biochemical Mediators
- j. Lingual Orthodontics

Paper-III: Essays (descriptive and analyzing type questions)

PRE – CLINICAL EXERCISES

(Should be completed within 3 months)

A general outline of the type of exercises is given here:

1. General Wire bending exercises to develop the manual dexterity.
2. Clasps, Bows and springs used in the removable appliances.
3. Soldering and welding exercises.
4. Fabrication of removable, habit breaking, mechanical and functional appliances, also all types of space maintainers and space regainers.
5. Bonwill Hawley Ideal arch preparation.
6. Construction of orthodontic models trimmed and polished.
7. Cephalometric tracing and various Analyses, also superimposition methods –
8. Fixed appliance typodont exercises.

- a) Training shall be imparted in one basic technique i.e. Standard Edgewise / Begg technique or its derivative / Straight wire etc., with adequate exposure to other techniques.
- b) Typodont exercise
 - Band making
 - Bracket positioning and placement
 - Different stages in treatment appropriate to technique taught
9. Clinical photography
10. Computerized imaging
11. Preparation of surgical splints, and splints for TMJ problems.
12. Handling of equipment like vacuum forming appliances and hydro solder etc.

Basic Pre-Clinical Exercise Work for the MDS Students:

1. Clasps:

Sl.No	Exercise	No.
1	¾ Clasps	1
2.	Triangular Clasps	1
3.	Adam's clasp	2
4.	Modification of Adam's – With Helix	2
5.	Southend Clasp	1

2. Labial Bows:

Sl.No.	Exercise	No.
1	Short labial bow (upper & lower)	1
2	Long labial bow (upper & lower)	1
3.	Split high labial bow	1

3. Springs:

Sl.No.	Exercise	No.
1	Double cantilever spring	1
2	Coffin spring	1
3	T spring	1

4. Appliances:

Sl.No.	Exercise	No.
1.	Hawley's retention appliance with anterior bite plane	1
2.	Upper Hawley's appliance with posterior bite plane	1
3.	Upper expansion appliance with expansion screw	1
4.	Habit breaking appliance with tongue crib	1
5.	Oral screen and double oral screen	1
6.	Lip bumper	1
7.	Splint for Bruxism	1
8.	Catalans appliance	1
9.	Activator	1
10.	Bionator	1
11.	Frankel-FR 1 & 2 appliance	2
12.	Twin block	1
13.	Lingual arch	1
14.	TPA	1

15.	Quad helix	1
16.	Utility arches	1
17.	Pendulum appliance	1
18.	Canine Retractor(Marcotte & PG Spring)	1

5. Soldering exercises:

Sl.No.	Exercise	No.
1	Star/Comb/Christmas tree	1

6. Study model preparation:

7. Model analysis – Mixed and permanent Dentition:

8. Cephalometrics:

Sl.No.	Exercise
1	Lateral cephalogram to be traced in different colors and super imposed to see the accuracy of tracing
2	Vertical and Antero-Posterior Cephalometric analysis
3	Soft tissue analysis – Holdaway and Burstone
4	Various superimposition methods

9. Basics of Clinical Photography including Digital Photography:

10. Typodont exercises: Begg or P.E.A. method/Basic Edgewise:

Sl.No	Exercise
1	Teeth setting in Class-II division I malocclusion with maxillary anterior Proclination and mandibular anterior crowding
2	Band pinching, welding brackets and buccal tubes to the bands
3	Different Stages dependent on the applied technique

CLINICAL WORK:

Once the basic pre-clinical work is completed in three months, the students can take up clinical cases and the clinical training.

Each postgraduate student should start with a minimum of 50 fixed orthodontics cases and 20 removable including myofunctional cases of his/her own. Additionally he/she should handle a minimum of 25 transferred cases.

The type of cases can be as follows:

- Removable active appliances
- Class-I malocclusion with Crowding
- Class-I malocclusion with bi-maxillary protrusion
- Class-II division – 1
- Class-II division – 2
- Class-III (Orthopedic, Surgical, Orthodontic cases)
- Inter disciplinary cases
- Removable functional appliance cases like activator, Bionator, functional regulator, twin block and new developments
- Fixed functional appliances – Herbst appliance, jasper jumper etc
- Dento-facial orthopedic appliances like head gears, rapid maxillary expansion, NiTi expander etc.,
- Appliance for arch development such as molar distalization

- Fixed mechano therapy cases (Begg, PEA, Tip edge, Edgewise, lingual)
- Retention procedures of above treated cases.

Scheme of examination:

A. Theory: Part-I: Basic Sciences Paper	-	100 Marks
Part-II: Paper-I, Paper-II & Paper-III	-	300 Marks
		(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

PART-I: Applied Basic Sciences: Applied anatomy, Physiology, Dental Materials, Genetics, Pathology, Physical Anthropology, Applied Research methodology, Bio-Statistics and Applied Pharmacology.

PART-II

Paper I: Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of malocclusion, Dentofacial Anomalies, Diagnostic procedures and treatment planning in Orthodontics, Practice management in Orthodontics

Paper II : Clinical Orthodontics

Paper III : Essays (descriptive and analyzing type questions)

* *The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical / Clinical Examination : **200 Marks**

Exercise No: 1 **50 Marks**

Functional Case :

Selection of case for functional appliance and recording of construction bite.
Fabrication and delivery of the appliance the next day.

Exercise No: 2 : **50 Marks**

1. III stage with auxiliary springs/Wire bending of any stage of fixed orthodontics (OR)
2. Bonding of SWA brackets and construction of suitable arch wire.

Exercise No. 3 **75 Marks**

Display of records of the treated cases
(Minimum of 5 cases)

Exercise No: 4 **25 Marks**

Long case discussions

Time allotted for each exercise:

No	Exercise	Marks allotted	Approximate Time
1	Functional appliance	50	1 hour (each day)
2	III stage mechanics / Bonding and arch wire fabrication	50	1 hr 30 min
3	Display of case records (a minimum of 5 cases to be presented along with all the patients and records)	75	1 hour
4	Long cases	25	2 hours

Note: The complete records of all the cases should be displayed (including transferred cases)

C. Viva Voce : **100 Marks**
i. Viva-Voce examination: **80 marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy Exercise: **20 marks**
 A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

6. ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY

Objectives:

- To train a post graduate dental surgeon so as to ensure higher competence in both general and special pathology dealing with the nature of oral diseases, their causes, processes and effects.
- An oral pathologist is expected to perform routine histopathological evaluation of specimens relating to oral and perioral tissues, to carry out routine diagnostic procedures including hematological, cytological, microbiological, Immunological and ultra structural investigations.
- He/she is expected to have an understanding of current research methodology, collection and interpretation of data, ability to carry out research projects on clinical and or epidemiological aspects, a working knowledge on current databases, automated data retrieval systems, referencing and skill in writing scientific papers.
- He/she is expected to present scientific data pertaining to the field, in conferences both as poster and verbal presentations and totake part in group discussions.

Teaching / Learning Activities:

Broad Outline of Theoretical, Clinical and Practical Courses

I MDS:

1. Biostatistics and Research Methodology:

- Basic principles of biostatistics and study as applied to dentistry and research
- Collection/ organization of data/ measurement scales / presentation of data and analysis
- Measures of central tendency
- Measures of variability
- Sampling and planning of health survey
- Probability, normal distribution & indicative statistics
- Estimating population values
- Tests of significance(parametric/non-parametric qualitative methods)
- Analysis of variance
- Association, correlation and regression

Approach:

- Didactic Lectures

2. Applied Gross Anatomy of head and neck, histology and genetics :

- Temporo-mandibular joint
- Trigeminal nerve and facial nerve
- Muscles of mastication
- Tongue
- Salivary glands
- Nerve supply, blood supply, lymphatic drainage & venous drainage of oro-dental tissues
- Development of face, palate, mandible, maxilla, tongue and applied aspects of the same
- Development of teeth & dental tissues and developmental defects of oral and maxilla-facial region & abnormalities of teeth
- Maxillary sinus
- Jaw muscles and facial muscles

- Introduction to genetics
- Modes of inheritance
- Chromosomal anomalies of oral tissues & single gene disorders

Approach:

- Didactic Lectures
- Postings in the Department of Anatomy for dissection of Head, Face and Neck

3. *Physiology (General & Oral) :*

- Saliva
- Pain
- Mastication
- Taste
- Deglutition
- Wound healing
- Vitamins (influence on growth, development and structure of oral soft and hard tissues & paraoral tissues)
- Calcium metabolism
- Theories of mineralization
- Tooth eruption and shedding
- Blood and its constituents
- Hormones (influence on growth, development and structure of oral soft and hard tissues & paraoral tissues)

Approach:

- Didactic Lectures

4. *Cell Biology :*

- Cell structure and function (ultra structural & molecular aspects)
- Intercellular junctions
- Cell cycle and division
- Cell cycle regulators
- Cell–cell & cell-extracellular matrix interactions
- Detailed molecular aspects of DNA,RNA and intracellular organelles, transcription and translation and molecular biology techniques

Approach:

- Seminars & Didactic Lectures

5. *General Histology :*

- Light & electron microscopy considerations of epithelial tissues and glands,bone.
- Light & electron microscopy considerations of hemopoetic system, lymphatic system, muscle, neural tissue, endocrinal system (thyroid, pituitary, parathyroid)

Approach:

- Didactic Lectures
- Postings in the Department of Anatomy & Histology for slide discussion
- Record book to be maintained

6. *Biochemistry :*

- Chemistry of carbohydrates, lipids and proteins

- Methods of identification and purification
- Metabolism of carbohydrates, lipids and proteins
- Biological oxidation
- Various techniques-cell fractionation and ultra filtration, centrifugation, electrophoresis, spectrophotometry and radioactive techniques

Approach:

- Didactic Lectures
- Postings in the Department of Biochemistry to familiarize with various techniques
- Record book to be maintained

7. General Pathology :

- Inflammation and chemical mediator
- Thrombosis
- Embolism
- Necrosis
- Repair
- Degeneration
- Shock
- Hemorrhage
- Pathogenic mechanisms at molecular level
- Blood dyscrasias
- Carcinogenesis and neoplasia

Approach:

- Didactic Lectures & Seminars

8. General Microbiology :

- Definitions of various types of infections
- Routes of infection and spread
- Sterilization ,disinfection and antiseptics
- Bacterial genetics
- Physiology, growth of microorganisms

Approach:

- Didactic Lectures & Seminars

9. Basic Immunology :

- Basic principles of immunity, antigen and antibody reaction
- Cell mediated and humoral immunity
- Immunology of hypersensitivity
- Immunological basis of auto immune phenomena
- Immunodeficiency with relevance to opportunistic infections
- Basic principles of transplantation and tumor immunity

Approach:

- Didactic Lectures & Seminars

10. Systemic Microbiology / Applied Microbiology :

Morphology, classification, pathogenicity, mode of transmission, methods of prevention, collection and transport of specimen for laboratory diagnosis, staining methods, common culture media, interpretation of laboratory reports and antibiotic sensitivity tests.

- Staphylococci
- Streptococci
- Corynebacterium diphtheria
- Mycobacteria
- Clostridia, bacteroids & fusobacteria
- Actinomycetales
- Spirochetes
- General structure, broad classification of viruses, pathogenesis, pathology of viral infections
- Herpes virus
- Hepatitis virus
- HIV
- General properties of fungi
- Superficial, subcutaneous, deep opportunistic infections
- General principles of fungal infections, method of collection of samples, diagnosis and examination of fungi

Approach:

- Didactic Lectures & Seminars
- Postings in the Department of Microbiology to familiarize with relevant diagnostic methods
- Record book to be maintained

11. Oral biology (Oral and Dental Histology) :

- Study of morphology of permanent and deciduous teeth
- Structure and function of oral, dental and paraoral tissues including their ultra structure, molecular and biochemical aspects

Approach:

- Didactic Lectures & Seminars
- Slide discussion on histological appearance of normal oral tissues
- Record book to be maintained

12. Basic Histo-Techniques and Microscopy :

- Routine hematological tests and clinical significance of the same
- Biopsy procedures for oral lesions
- Tissue processing
- Microtome and principles of microtomy
- Various stains used in histopathology and their applications
- Microscope, principles and theories of microscopy
- Light microscopy and various other types including electron microscopy
- Fixation and fixatives
- Ground sections and decalcified sections
- Cytological smears

Approach:

- Didactic Lectures & Seminars
- Postings in Clinical Pathology and Microbiology for relevant training
- Preparation of Ground and decalcified sections, tissue processing, sectioning and staining
- Tooth Carving (Permanent Dentition)
- Record book to be maintained

II MDS:**1. Oral and Dental Pathology:**

- Developmental disorders of oral and paraoral structures
- Potentially malignant disorders
- Benign and malignant tumors of the oral cavity
- Odontogenic cysts and tumors
- Pathology of salivary glands
- Regressive alterations of teeth
- Bacterial, fungal, viral and protozoal infections of the oral cavity
- Dental caries
- Diseases of pulp and periapical region
- Spread of oral infection
- Healing of oral wounds
- Physical and chemical injuries of oral cavity
- Oral aspects of metabolic diseases
- Diseases of bones and joints
- Diseases of skin and mucous membrane
- Diseases of periodontia
- Diseases of blood and blood forming organs
- Diseases of nerves and muscles
- Oro-facial pain
- Immunological diseases of oral cavity including tumor immunology
- Molecular pathology
- Oral Microbiology

Approach:

- Didactic Lectures & Seminars
- Postings in the Department of Dermatology of a Medical College
- Postings in a Cancer Centre

2. Basic histo-techniques and microscopy:

- Enzyme histochemistry
- Principles, techniques and applications of immunofluorescence
- Principles, techniques and applications of immunohistochemistry
- Preparation of frozen sections
- Museum set up
- Quality control
- Animal models

Approach:

- Didactic Lectures & Seminars
- Training to be imparted in the Department or in other institutions having the facility
- Visit to the centre of animal experimentation to be familiarize with laboratory techniques, upkeep and care of animals
- Record book to be maintained

3. Recent Molecular Techniques:

- Basic principles, techniques and applications of –
 - PCR
 - BLOTS
 - Hybridization
 - Recombinant DNA technology
 - Micro array
 - DNA sequencing
 - Cell culture and cloning

Approach:

- Didactic Lectures & Seminars
- Training to be imparted in the Department or in other institutions having the facility
- Record book to be maintained

4. Recording of Case History and Clinico-Pathological Discussions:

Approach:

- Postings in the Department of Oral Medicine, Diagnosis & Radiology
- Record of minimum 10 case histories to be maintained

5. Histopathology – Slide discussion:

- Record book to be maintained

III MDS:

- Forensic odontology
- Giant cell lesions
- Clear cell lesions
- Round cell lesions
- Spindle cell lesions
- Pigmented lesions
- Fibro-osseous lesions
- Mechanism of formation and expansion of cysts of orofacial region
- Mechanism of growth and metastasis of tumors
- Lab diagnosis of bacterial infections
- Lab diagnosis of viral infections
- Lab diagnosis of fungal infections
- Hamartomas
- Phakomatoses
- Vascular tumors of oro-facial region
- Genodermatoses
- Tumor markers
- Histogenesis of salivary gland tumors
- Tumor angiogenesis
- Concept of premalignancy
- Blue cell lesions
- Molecular basics of oral squamous cell carcinoma
- Matrix remodelling in pathological condition
- Etiopathogenesis of developmental defects of teeth
- Viral oncogenesis
- Lesions associated with impacted and missing teeth
- Syndromes affecting oro-facial region
- Hereditary oral defects

- Techniques to assess the prognosis of neoplastic lesions
- Vesiculo-bullous lesions
- Lymphoreticular malignancy
- Haemopoietic malignancy
- Micronutrients
- Oral aspects of metabolic disorders
- Hormones and oro-maxillofacial lesions
- Matrix metalloproteinases
- Current concepts in HIV related oral diseases
- Current concepts in OSMF
- Epithelial –connective tissue interaction
- Stem cell research

Approach:

- Didactic Lectures & Seminars
- Postings in the Department of Forensic Medicine / Sciences
- Record book to be maintained

Monitoring Learning Progress:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring should be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment is done using checklists that assess various aspects. Checklists are given in Section IV.

Scheme of Examination:

A. Theory: Part-I: Basic Sciences Paper	-	100 Marks
Part-II: Paper-I, Paper-II & Paper-III	-	300 Marks
		(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. Three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

PART-I : Applied Basic Sciences: Applied Anatomy, Physiology (General and oral), Cell Biology, General Histology, Biochemistry, General Pathology, General Pharmacology specially related to drug induced oral mucosal lesions, General and systemic Microbiology, Virology, Mycology, Basic Immunology, Oral Biology (Oral and Dental Histology), Biostatistics and Research Methodology

PART-II

Paper-I : Oral pathology, Oral Microbiology & Immunology and Forensic Odontology
Paper-II : Laboratory techniques & Diagnosis and Oral Oncology
Paper-III : Essays (descriptive and analyzing type questions)

* The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.

B. Practical/Clinical Examination	– 200 Marks
1. Case Presentation	
a) Long case	– 20 marks
b) Short case	– 10 marks
2. Clinical Hematology (any two investigations)	– 20 Marks
Hb%, bleeding time, clotting time, Total WBC count, Differential WBC count and ESR	
3. Smear Presentation	– 20 marks
Cytology or microbial smear and staining	
4. Paraffin sectioning and H & E Staining	– 30 Marks
5. Histopathology slide discussion	– 100 Marks
C. Viva Voce	– 100 Marks
i. Viva-Voce examination	– 80 marks
All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents.	
ii. Pedagogy Exercise	– 20 marks
A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.	

7. PUBLIC HEALTH DENTISTRY

OBJECTIVES:

At the end of 3 years of training the candidate should be able to:

Knowledge:

- Applied basic sciences knowledge regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level.
- Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of Community Oral Health Program.
- Ability to conduct Oral Health Surveys in order to identify all the oral health problems affecting the community and find solutions using multi – disciplinary approach.
- Ability to act as a consultant in community Oral Health, teach, guide and take part in research (both basic and clinical), present and publish the outcome at various scientific conferences and journals, both national and international level.

Skills:

The candidate should be able to

1. Take history, conduct clinical examination including all diagnostic procedures to arrive at diagnosis at the individual level and conduct survey of the community at state and national level of all conditions related to oral health to arrive at community diagnosis.
2. Plan and perform all necessary treatment, prevention and promotion of Oral Health at the individual and community level.
3. Plan appropriate Community Oral Health Program, conduct the program and evaluate, at the community level.
4. Ability to make use of knowledge of epidemiology to identify causes and plan appropriate preventive and control measures.
5. Develop appropriate person power at various levels and their effective utilization.
6. Conduct survey and use appropriate methods to impart Oral Health Education.
7. Develop ways of helping the community towards easy payment plan, and followed by evaluation for their oral health care needs.
8. Develop the planning, implementation, evaluation and administrative skills to carry out successful community Oral Health Programs.

Values:

1. Adopt ethical principles in all aspects of Community Oral Health Activities.
2. To apply ethical and moral standards while carrying out epidemiological researches.
3. Develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient.
4. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed and promote teamwork approach.
5. Respect patient's rights and privileges including patients right to information and right to seek a second opinion.

COURSE CONTENTS:

A) Applied Basic Sciences:**Applied Anatomy and Histology:**

a) Applied Anatomy in relation to:

- Development of face
- Bronchial arches
- Muscles of facial expression
- Muscles of mastication
- TMJ
- Salivary gland
- Tongue
- Hard and soft palate
- Infratemporal fossa
- Paranasal air sinuses
- Pharynx and larynx
- Cranial and spinal nerves- with emphasis on trigeminal, facial, glossopharyngeal and hypoglossal nerve
- Osteology of maxilla and mandible
- Blood supply, venous and lymphatic drainage of head and neck
- Lymph nodes of head and neck
- Structure and relations of alveolar process and edentulous mouth
- Genetics-fundamentals

b) Oral Histology:

- Development of dentition, Innervations of dentin and pulp
- Periodontium-development, histology, blood supply, nerve supply and lymphatic drainage
- Oral mucous membrane
- Pulp-periodontal complex

Applied Physiology and Biochemistry:

- Cell
- Mastication and deglutition
- Food and nutrition
- Metabolism of carbohydrates, proteins and fats
- Vitamins and minerals
- Saliva and Oral health
- Fluid and electrolyte balance
- Pain pathway and mechanism-types, properties
- Blood composition and functions, clotting mechanism and erythropoiesis, Blood groups and transfusions, Pulse and blood pressure,
- Dynamics of blood flow
- Cardiovascular homeostasis-heart sounds
- Respiratory system: Normal physiology and variations in health and diseases, Asphyxia and artificial respiration
- Endocrinology: thyroid, parathyroid, adrenals, pituitary, sex hormones and pregnancy, Endocrine regulation of blood sugar.

Applied Pathology:

- Pathogenic mechanism of molecular level
- Cellular changes following injury
- Inflammation and chemical mediators
- Oedema, thrombosis and embolism
- Hemorrhage and shock
- Neoplasia and metastasis
- Blood disorders
- Histopathology and pathogenesis of dental caries, periodontal disease, oral mucosal lesions, and malignancies
- HIV
- Propagation of dental infection

Microbiology:

- Microbial flora of oral cavity
- Bacteriology of dental caries and periodontal disease
- Methods of sterilization
- Infection control in dental office / camps
- Virology of HIV, herpes, hepatitis
- Parasitology
- Basic immunology – basic concepts of immune system in human body
 - Cellular and humoral immunity
 - Antigen and antibody system
 - Hypersensitivity
 - Autoimmune diseases

Oral Pathology:

- Detailed description of diseases affecting the oral mucosa, teeth, supporting tissues and jaws.

Physical and Social Anthropology:

Anthropology is a part of Social Sciences, which also constitutes behavioral sciences i.e., Psychology and Sociology. Behavioral Sciences has been mentioned in Public Health.

- Introduction and definition
- Appreciation of the biological basis of health and disease
- Evolution of human race, various studies of different races by anthropological methods

Applied Pharmacology:

- Definition, scope and relations to other branches of medicine, mode of action, bioassay, standardization, pharmacodynamics, pharmacokinetics.
- Chemotherapy of bacterial infections and viral infections – sulphonamides and antibiotics.
- Local anesthesia
- Analgesics and anti-inflammatory drugs
- Hypnotics, tranquilizers and antipyretics
- Important hormones-ACTH, cortisone, insulin and oral antidiabetics.
- Drug addiction and tolerance
- Important pharmacological agents in connection with autonomic nervous system-adrenaline, noradrenaline, atropine
- Brief mention of antihypertensive drugs
- Emergency drugs in dental practice
- Vitamins and haemopoietic drugs

- Effect of drugs on oral health

Research Methodology and Biostatistics:

Health Informatics– basic understanding of computers and its components, operating software (Windows), Microsoft office, preparation of teaching materials like slides, project, multimedia knowledge. Operative skills in analyzing the data.

Research Methodology – definitions, types of research, designing written protocol for research, objectivity in methodology, quantification, records and analysis.

Biostatistics – introduction, applications, uses and limitations of bio – statistics in Public Health dentistry, collection of data, presentation of data, measures of central tendency, measures of dispersion, methods of summarizing, parametric and non parametric tests of significance, correlation and regression, multivariate analysis, sampling and sampling techniques – types, errors, bias, trial and calibration

B) Public Health

Public Health:

- Definition, concepts and philosophy of dental health
- History of public health in India and at international level
- Terminologies used in public health

Health:

- Definition, concepts and philosophy of health
- Health indicators
- Health determinants
- Community and its characteristics and relation to health

Disease:

- Definition, concepts
- Multifactorial causation, natural history, risk factors
- Disease control and eradication, evaluation and causation, infection of specific diseases
- Vaccines and immunization

General Epidemiology:

- Definition and aims, general principles
- Multifactorial causation, natural history, risk factors
- Methods in epidemiology, descriptive, analytical, experimental and classic epidemiology of specific diseases, uses of epidemiology
- Duties of epidemiologist
- General idea of method of investigating chronic diseases, mostly non-infectious nature, epidemic, endemic, and pandemic.
- Ethical conversation in any study requirement
- New knowledge regarding ethical subjects
- Screening of diseases and standard procedures used

Environmental Health:

- Impact of important components of the environment of health
- Principles and methods of identification, evaluation and control of such health hazards
- Pollution of air, water, soil, noise, food
- Water purification, international standards of water
- Domestic and industrial toxins, ionizing radiation

- Occupational hazards
- Waster disposal- various methods and sanitation

Public Health Education:

- Definition, aims, principles of health education
- Health education, methods, models, contents, planning health education programs

Public Health Practice and Administration System in India.

Ethics and Jurisprudence:

- Basic principles of law
- Contract laws- dentist – patient relationships & Legal forms of practice
- Dental malpractice
- Person identification through dentistry
- Legal protection for practicing dentist
- Consumer protection act

Nutrition in Public Health:

- Study of science of nutrition and its application to human problem
- Nutritional surveys and their evaluations
- Influence of nutrition and diet on general health and oral health, dental caries, periodontal disease and oral cancers
- Dietary constituents and cariogenicity
- Guidelines for nutrition

Behavioral Sciences:

- Definition and introduction
- Sociology: social class, social group, family types, communities and social relationships, culture, its effect on oral health.
- Psychology: definition, development of child psychology, anxiety, fear and phobia, intelligence, learning, motivation, personalities, fear, dentist-patient relationship, modeling and experience

Hospital Administration:

- Departmental maintenance, organizational structures
- Types of practices
- Biomedical waste management

Health Care Delivery System:

- International oral health care delivery systems – Review
- Central and state system in general and oral health care delivery system if any
- National and health policy
- National health programmes
- Health Planning and Evaluation
- Primary health care – concepts, oral health in PHC and its implications
- National and international health organizations
- Dentists Act 1928, Dental council of India, Ethics, Indian Dental Association
- Role of W.H.O. and Voluntary organizations in Health Care for the Community

Oral Biology and Genetics:

- A detailed study of cell structure
- Introduction to Genetics, Gene structure, DNA, RNA
- Genetic counseling, gene typing
- Genetic approaches in the study of oral disorders

- Genetic Engineering - Answer to current health problems

Demography & Family Planning:

Demographic trends, family planning methods, milestones in population control in India.

Health Economics:

Health benefit analysis and Cost effective analysis

C) Dental Public Health:

Dental Public Health:

- History
- Definition and concepts of dental public health
- Differences between clinical and community dentistry
- Critical review of current practice
- Dental problems of specific population groups such as chronically ill, handicapped and institutionalized group

Epidemiology of Oral Diseases and Conditions:

- Dental caries, gingival, periodontal disease malocclusion, dental Fluorosis, oral cancer, TMJ disorders and other oral health related problems.

Oral Survey Procedures:

- Planning
- Implementation
- WHO basic oral health methods 1997
- Indices for dental diseases and conditions
- Evaluation

Delivery of Dental Care:

- Dental person power – dental auxiliaries
- Dentist – population ratios,
- Public dental care programs
- School dental health programs- Incremental and comprehensive care
- Private practice and group practice
- Oral health policy – National and international policy

Payment for Dental Care:

- Prepayment
- Post-payment
- Reimbursement plans
- Voluntary agencies
- Health insurance

Evaluation of Quality of Dental Care:

- Problems in public and private oral health care system program
- Evaluation of quality of services, governmental control

Preventive Dentistry:

- Levels of prevention
- Preventive oral health programs screening, health education and motivation
- Prevention of all dental diseases-dental caries, periodontal diseases, oral cancer, malocclusion and Dentofacial anomalies
- Role of dentist in prevention of oral diseases at individual and community level.
- Fluoride

- History
- Mechanism of action
- Metabolism
- Fluoride toxicity
- Fluorosis
- Systemic and topical preparations
- Advantages and disadvantages of each
- Update regarding Fluorosis
- Epidemiological studies
- Methods of fluoride supplements
- Defluoridation techniques
- Antifluoridation lobby
- Plaque control measures-
 - Health Education
 - Personal oral hygiene
 - Tooth brushing technique
 - Dentifrices, mouth rinses
- Pit and fissure sealant, ART, Preventive resin restoration
- Preventive oral health care for medically compromised individual
- Update on recent preventive modalities
- Caries vaccines
- Dietary counseling

Practice Management:

- Definition
- Principles of management of dental practice and types
- Organization and administration of dental practice
- Ethical and legal issues in dental practice
- Current trends
- Infection control in dental practice

Tobacco Counseling:

- Health Consequences
- Tobacco dependence
- Benefits of intervention
- Tobacco cessation
- Role of dentist

Health Man Power Planning:

Structured Training Schedule:

FIRST YEAR

Seminars:

- 5 seminars in basic sciences subject,
- To conduct 10 journal clubs
- Library assignment on assigned topics – 2
- Submission of synopsis for dissertation-within 6 months
- Periodic review of dissertation at two monthly intervals

Clinical Training:

1. Clinical assessment of patient

2. Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, flourosis and malocclusion – 5 cases each
 - Oral Hygiene Index – Greene and Vermillion
 - Oral Hygiene Index – Simplified
 - DMF – DMF (T), DMF (S)
 - def t/s
 - Fluorosis Indices – Dean’s Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
 - Community Periodontal Index (CPI)
 - Plaque Index-Silness and Loe, gingival index – Loe and Silness
 - Russels periodontal disease index
 - WHO Oral Health Assessment Form – 1997
 - Carrying out treatment (under comprehensive oral health care) of 10 patients
 - maintaining complete records.

Field Programme:

- Carrying out preventive programs and health education for school children of the adopted school.
- School based preventive programs-
 - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
 - Pit and Fissure Sealant – chemically cured (GIC), light cured
 - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
 - Organizing and carrying out dental camps in both urban and rural areas.
- 3. Visit to slum, water treatment plant, sewage treatment plant, and Milk dairy, Public Health Institute, Anti-Tobacco Cell, Primary Health Center and submitting reports.
- 4. In additions the postgraduate shall assist and guide the under graduate students in their clinical and field programs.

SECOND YEAR

Seminars:

- Seminars in Public Health and Dental Public Health topics
- Conducting journal clubs
- Short term research project on assigned topics – 2
- Periodic review of dissertation at monthly reviews

Clinical Training-Continuation of the Clinical Training:

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, flourosis and malocclusion – 5 each
 - Oral Hygiene Index – Greene and Vermillion
 - Oral Hygiene Index – Simplified
 - DMF – DMF (T), DMF (S)
 - def t/s
 - Fluorosis Indices – Dean’s Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
 - Community Periodontal Index (CPI)
 - Plaque Index-Silness and Loe, gingival index – Loe and Silness
 - Russels periodontal disease index

- WHO Oral Health Assessment Form – 1987
- Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records

Field Program – Continuation of Field Program:

- Carrying out school dental health education
- School based preventive programs-
 - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
 - Pit and Fissure Sealant – chemically cured (GIC), light cured
 - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
 - Organizing and carrying out dental camps in both urban and rural areas.
- Assessing oral health status of various target groups like School children, Expectant mothers Handicapped, Underprivileged, and geriatric populations. Planning dental manpower and financing dental health care for the above group.
- Application of the following preventive measures in clinic-10 Cases each.
 - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
 - Pit and Fissure Sealant
- Planning total health care for school children in an adopted school:
 - Periodic surveying of school children
 - Incremental dental care
 - Comprehensive dental care
- Organizing and conducting community oral health surveys for all oral conditions-3 surveys
- In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs
- To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic.

THIRD YEAR:

Seminars:

- Seminars on recent advances in Preventive Dentistry and Dental Public Health
- Critical evaluation of scientific articles – 10 articles
- Completion and submission of dissertation

Clinical Training:

- Clinical assessment of patient
- Learning different criteria and instruments used in various oral indices assessing oral hygiene, periodontal disease, wasting disease, fluorosis and malocclusion – 5 each
 - Oral Hygiene Index – Greene and Vermillion
 - Oral Hygiene Index – Simplified
 - DMF – DMF (T), DMF (S)
 - def t/s
 - Fluorosis Indices – Dean’s Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
 - Community Periodontal Index (CPI)
 - Plaque Index-Silness and Loe, gingival index – Loe and Silness
 - Russels periodontal disease index

- WHO Oral Health Assessment Form – 1987
- Carrying out treatment (under comprehensive oral health care) of 10 patients – maintaining complete records
- Carrying out school dental health education
- School based preventive programs-
 - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
 - Pit and Fissure Sealant
 - Minimal Invasive Techniques – Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
- To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic
- Exercise on solving community health problems – 10 problems
- Application of the following preventive measures in clinic – 10 cases each.
 - Topical Fluoride application – Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations
 - Pit and Fissure sealants
- Dental – health education training of school teachers, social workers, health workers,
- Posting at dental satellite centers/ nodal centers
- In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs.

Monitoring Learning Process:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

Scheme of Examination

A. Theory: Part-I: Basic Sciences Paper	- 100 Marks
Part-II: Paper-I, Paper-II & Paper-III	- 300 Marks
	(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

PART-I : Applied Basic Sciences: Applied Anatomy and Histology, Applied Physiology and Biochemistry, Applied Pathology, Microbiology, Oral Pathology, Physical and Social Anthropology, Applied Pharmacology and Research Methodology and Biostatistics.

PART-II :

Paper-I : Public Health

Paper-II : Dental Public Health

Paper-III : Essays (descriptive and analyzing type questions)

** The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical / Clinical Examination : 200 Marks

1. Clinical examination of at least 2 patients representing the community – includes history, main complaints, examination and recording of the findings, using indices for the assessment of oral health and presentation of the observation including diagnosis, comprehensive treatment planning. (50 Marks – 1 ½ Hrs)
2. Performing (50 Marks– 1 ½ Hrs)
 - a. One of the treatment procedures as per treatment plan. (Restorative, surgical, rehabilitation)
 - b. Preventive oral health care procedure.
 - c. One of the procedures specified in the curriculum
3. Critical evaluation of a given research article published in an international journal
 - Marks – 1 Hour)
4. Problem solving – a hypothetical oral health situation existing in a community is given with sufficient data. The student as a specialist in community dentistry is expected to suggest practical solutions to the existing oral health situation of the given community. (50 Marks – 1 ½ Hours)

C. Viva Voce : 100 Marks

- i. Viva-Voce examination : 80 marks**
All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.
- ii. Pedagogy Exercise : 20 marks**
A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

8. PEDIATRIC AND PREVENTIVE DENTISTRY

OBJECTIVES:

At the end of 3 years of training the candidate should be able to

1. Create not only a good oral health in the child but also a good citizen tomorrow.
2. Instill a positive attitude and behavior in children
3. Understand the principles of prevention and preventive dentistry right from birth to adolescence
4. Guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry
5. Prevent and intercept developing malocclusion

Skills:

1. Obtain proper clinical history, methodological examination of the child patient, perform essential diagnostic procedures and interpret them. and arrive at a reasonable diagnosis and treat appropriately
2. Be competent to treat dental diseases which are occurring in child patient.
3. Manage to repair and restore the lost / tooth structure to maintain harmony between both hard and soft tissues of the oral cavity.
4. Manage the disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.
5. To acquire skills in managing efficiently life threatening conditions with emphasis on basic life support measures.

Attitudes:

1. Develop an attitude to adopt ethical principles in all aspects of Pedodontic practice.
2. Professional honesty and integrity are to be fostered
3. Treatment care is to be delivered irrespective of the social status, cast, creed, and religion of the patients.
4. Willingness to share the knowledge and clinical experience with professional colleagues.
5. Willingness to adopt, after a critical assessment, new methods and techniques of Pedodontic management developed from time to time, based on scientific research, which are in the best interest of the child patient.
6. Respect child patient's rights and privileges, including child patients right to information and right to seek a second opinion.
7. Develop an attitude to seek opinion from allied medical and dental specialities, as and when required

COURSE CONTENTS:

A) Applied Basic Sciences:

Applied Anatomy of Head and Neck:

- Anatomy of the scalp, temple and face
- Anatomy of the triangles of neck and deep structures of the neck
- Cranial and facial bones and its surrounding soft tissues with its applied aspects
- Muscles of head and neck
- Arterial supply, venous drainage and lymphatics of head and neck
- Congenital abnormalities of the head and neck
- Anatomy of the cranial nerves

- Anatomy of the tongue and its applied aspects
- Anatomy and its applied aspects of salivary glands, pharynx, thyroid and parathyroid gland, larynx, trachea, esophagus
- Autonomous nervous system of head and neck
- Functional anatomy of mastication, deglutition, speech, respiration and circulation
- TMJ: anatomy and function

Applied Physiology:

Introduction, Mastication, deglutition, digestion and assimilation, Homeostasis, fluid and electrolyte balance. Blood composition, volume, function, blood groups and hemorrhage, Blood transfusion, circulation, Heart, Pulse, Blood pressure, Normal ECG, capillary and lymphatic circulation, shock, respiration, control, anoxia, hypoxia, asphyxia, artificial respiration. Endocrine glands in particular reference to pituitary, parathyroid and thyroid glands and sex hormones. Role of calcium and Vit D in growth and development of teeth, bone and jaws. Role of Vit. A, C and B complex in oral mucosal and periodontal health. Physiology and function of the masticatory system. Speech mechanism, swallowing and deglutition mechanism, salivary glands and Saliva

Applied Pathology:

Inflammation and chemical mediators, Thrombosis, Embolism, Necrosis, Repair, Degeneration, Shock, Hemorrhage, Blood dyscrasias, Pathogenesis of Dental Caries, Periodontal diseases, tumors, oral mucosal lesions etc. in children

Applied Microbiology:

Microbiology & Immunology as related to Oral Diseases in Children: Basic concepts, immune system in human body, Auto Immune diseases and Immunology of Dental caries.

Applied Nutrition & Dietetics:

- General principles, balanced diet, effect of dietary deficiencies and starvation, protein energy, malnutrition, Kwashiorkor, Marasmus.
- Fluid and Electrolytic balance in maintaining haemostasis
- Diet, digestion, absorption, transportation and utilization

Genetics:

- Introduction to genetics
- Cell structure, DNA, RNA, protein synthesis, cell division
- Modes of inheritance
- Chromosomal anomalies of oral tissues & single gene disorders

Growth & Development:

Prenatal and Postnatal development of cranium, face, jaws, teeth and supporting structures. Chronology of dental development and development of occlusion. Dimensional changes in dental arches. Cephalometric evaluation of growth.

B) Pediatric Dentistry:

- Child Psychology:
Development & Classification of behavior, personality, intelligence in children, theories of child psychology, stages of psychological child development, fear, anxiety, apprehension & its management.
- Behavior Management: Non- pharmacological & Pharmacological methods.

- Child Abuse & Dental Neglect:
- Conscious Sedation:
- Deep Sedation & General Anesthesia in Pediatric Dentistry: (Including Other Drugs, Synergic & Antagonistic Actions of Various Drugs Used in Children)

Preventive Pedodontics:

Concepts, chair side preventive measures for dental diseases, high-risk caries including rampant & extensive caries – Recognition, Features & Preventive Management, Pit and Fissures Sealants, Oral Hygiene measures, Correlation of brushing with dental caries and periodontal diseases. Diet & Nutrition as related to dental caries. Diet Counseling

Dental Plaque:

Definition, Initiation, Pathogenesis, Biochemistry, and Morphology & Metabolism.

Gingival & Periodontal diseases in Children:

- Normal Gingiva & Periodontium in children.
- Gingival & Periodontal diseases – Etiology, Pathogenesis, Prevention & Management

Pediatric Operative Dentistry:

- Principle of Operative Dentistry along with modifications of materials/past, current & latest including tooth colored materials.
- Modifications required for cavity preparation in primary and young permanent teeth.
- Various Isolation Techniques
- Restorations of decayed primary, young permanent and permanent teeth in children using various restorative material like Glass Ionomer, Composites, Silver, Amalgam & latest material (gallium)
- Stainless steel, Polycarbonate & Resin Crowns / Veneers & fibre post systems.

Pediatric Endodontics:

- Primary Dentition: - Diagnosis of pulpal diseases and their management – Pulp capping, Pulpotomy, Pulpectomy (Materials & Methods), Controversies & recent concepts.
- Young permanent teeth and permanent teeth, Pulp capping, Pulpotomy, Apexogenesis, Apexification, Concepts, Techniques and Materials used for different procedures.
- Recent advances in Pediatric diagnosis and Endodontics.
Prosthetic consideration in Pediatric Dentistry.

Traumatic Injuries in Children:

- Classifications & Importance.
- Sequelae & reaction of teeth to trauma.
- Management of Traumatized teeth with latest concepts.
- Management of jaw fractures in children.

Interceptive Orthodontics:

- Concepts of occlusion and esthetics: Structure and function of all anatomic components of occlusion, mechanics of articulations, recording of masticatory function, diagnosis of Occlusal dysfunction, relationship of TMJ anatomy and pathology and related neuromuscular physiology.

- A comprehensive review of the local and systemic factors in the causation of malocclusion.
- Recognition and management of normal and abnormal developmental occlusions in primary, mixed and permanent dentitions in children (Occlusal Guidance).
- Biology of tooth movement: A comprehensive review of the principles of teeth movement. Review of contemporary literature. Histopathology of bone and Periodontal ligament, Molecular and ultra cellular consideration in tooth movement.
- Myofunctional appliances: Basic principles, contemporary appliances: Design & Fabrication
- Removable appliances: Basic principles, contemporary appliances: Design & Fabrication
- Case selection & diagnosis in interceptive Orthodontics (Cephalometrics, Image processing, Tracing, Radiation hygiene, Video imaging & advance Cephalometric techniques).
- Space Management: Etiology, Diagnosis of space problems, analysis, Biomechanics, Planned extraction in interceptive orthodontics.

Oral Habits in Children:

- Definition, Etiology & Classification
- Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
- Management of oral habits in children

Dental care of Children with special needs:

Definition, Etiology, Classification, Behavioral, Clinical features & Management of children with:

- Physically handicapped conditions
- Mentally compromising conditions
- Medically compromising conditions
- Genetic disorders

Oral manifestations of Systemic Conditions in Children & their Management

Management of Minor Oral Surgical Procedures in Children

Dental Radiology as related to Pediatric Dentistry

Cariology:

- Historical background
- Definition, Aetiology & Pathogenesis
- Caries pattern in primary, young permanent and permanent teeth in children.
- Rampant caries, early childhood caries and extensive caries. Definition, aetiology, Pathogenesis, Clinical features, Complications & Management.
- Role of diet and nutrition in Dental Caries
- Dietary modifications & Diet counseling.
- Subjective & objective methods of Caries detection with emphasis on Caries Activity tests, Caries prediction, Caries susceptibility & their clinical Applications

Pediatric Oral Medicine & Clinical Pathology: Recognition & Management of developmental dental anomalies, teething disorders, stomatological conditions, mucosal lesions, viral infections etc.

Congenital Abnormalities in Children: Definition, Classification, Clinical features & Management.

Dental Emergencies in Children and their Management.

Dental Materials used in Pediatric Dentistry.

C) Preventive Dentistry:

- Definition
- Principles & Scope
- Types of prevention
- Different preventive measures used in Pediatric Dentistry including fissure sealants and caries vaccine.

Dental Health Education & School Dental Health Programmes:

Dental health concepts, Effects of civilization and environment, Dental Health delivery system, Public Health measures related to children along with principles of Pediatric Preventive Dentistry

Fluorides:

- Historical background
- Systemic & Topical fluorides
- Mechanism of action
- Toxicity & Management.
- Defluoridation techniques.

Medico legal aspects in Pediatric Dentistry with emphasis on informed consent.

Counseling in Pediatric Dentistry

Case History Recording: Outline of principles of examination, diagnosis & treatment planning.

Epidemiology: Concepts, Methods of recording & evaluation of various oral diseases. Various national & global trends of epidemiology of oral diseases.

Comprehensive Infant Oral Health Care.

Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography

Comprehensive cleft care management with emphasis on counseling, feeding, nasoalveolar bone remodeling, speech rehabilitation.

Setting up of Pediatric Dentistry Clinic.

Emerging concepts in Pediatric Dentistry of scope of lasers / minimum invasive procedures in Pediatric Dentistry.

Preclinical Work

(Duration – first 6 Months of First Year MDS)

(One on Each Exercise)

1. Carving of all deciduous teeth
2. Basic wire bending exercises (Clasps, Bows, Retractors and Springs, etc., on patient models)
3. Basics for Spot welding exercises
4. Fabrication of
 - a. Maxillary bite plate / Hawley's'
 - b. Maxillary expansion screw appliance
 - c. Canine retractor appliance

- d. All habit breaking appliances
 - Removable type
 - Fixed type
 - Partially fixed and removable
- e. Myofunctional appliances – Twin block, Activator, Lip bumper, Oral Screen
- f. Making of inclined plane appliance
- g. Feeding appliances
5. Basic soldering exercises – making of a lamppost of stainless steel wire pieces of different gauges soldered on either side of heavy gauge main post.
6. Fabrication of space maintainers
 - a. Removable type-
 - Unilateral Non – Functional space maintainer
 - Bilateral Non-Functional space maintainer
 - b. Space Regainers –
 - Gerber or Opencoil space regainer
 - c. Fixed Space maintainers
 - Band & loop space maintainer
 - Transpalatal arch space maintainer
 - Nance Palatal holding arch
 - Distal shoe appliance
7. Basics for spot welding exercise
8. Collection of extracted deciduous and permanent teeth
 - a. Sectioning of the teeth at various levels and planes
 - b. Drawing of section and shapes of pulp
 - c. Phantom Head Exercises : Performing ideal cavity preparation for various restorative materials for both Deciduous and permanent teeth
 - d. Performing pulpotomy, root canal treatment and Apexification procedure
 - i) Tooth preparation and fabrication of various temporary and permanent restorations on fractured anterior teeth.
 - ii) Preparation of teeth for various types of crowns
 - iii) Laminates/veneers
 - iv) Bonding & banding exercise
9. Performing of behavioral rating and IQ tests for children.
10. Computation of: -
 - a. Caries index and performing various caries activity tests.
 - b. Oral Hygiene Index
 - c. Fluorosis Index
11. Surgical Exercises :
 - a. Fabrication of splints
 - b. Type of Wiring
 - c. Suturing
12. a. Taking of periapical, occlusal, bitewing radiographs of children
 - b. Developing and processing of films, thus obtained
 - c. Tracing of soft tissue dental and skeletal landmarks as observed on Cephalometric radiographs and drawing of various planes and angles, further interpretation of Cephalometric radiographs.
 - d. Mixed dentition cast analysis
13. Library assignment
14. Synopsis

Clinical work Requirements from 7 to 36 months

The following is the minimum requirement to be completed before the candidate can be considered eligible to appear in the final M.D.S Examinations:

S.	Clinical Work	Total	7 To 12	13 To 24	25 To 36
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			Months	Months	Months
1.	Behavior Management of different age groups children with complete records.	17	2	10	5
2.	Detailed Case evaluation with complete records, treatment planning and presentation of cases with chair side and discussion	17	2	10	5
3.	Step-by-step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases & Dental Caries	11	1	5	5
4.	Practical application of Preventive dentistry concepts in a class of 35-50 children & Dental Health Education & Motivation.	7	1	4	2
5.	Pediatric Operative Dentistry with application of recent concepts.				
	(a). Management of Dental Caries				
	(I) Class I	50	30	10	10
	(II) Class II	100	40	50	10
	(III) Other Restorations	100	20	50	30
	(b). Management of traumatized anterior teeth	15	04	06	05
	(c) Aesthetic Restorations	25	05	10	10
	(d). Pediatric Endodontic Procedures				
	Deciduous teeth				
	Pulpotomy / Pulpectomy	150	30	50	70
	Permanent Molars	20	3	7	10
	Permanent Incisor	15	2	3	10
	Apexification & Apexogenesis	20	02	08	10
6.	Stainless Steel Crowns	50	10	20	20
7.	Other Crowns	05	01	02	02
8.	Fixed : Space Maintainers Habit breaking appliances	30	08	12	10
9.	Removable : Space Maintainers Habit breaking appliances	20	05	07	08
10.	Functional Appliances	05	01	02	02
11.	Preventive measures like fluoride applications & Pit & Fissure Sealants applications with complete follow-up and diet counseling	20	08	08	04
12.	Special Assignments	03	01	01	01
	(i) School Dental Health Programmes				
	(ii) Camps etc.,	02	01	01	-
13	Library usage				
14	Laboratory usage				
15	Continuing Dental Health Programmes				

(The figures given against Sl. No. 4 to 12 are the minimum number of recommended procedures to be performed)

Monitoring Learning Progress:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be

structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV

Scheme of Examination:

A. Theory: Part-I: Basic Sciences Paper	-	100 Marks
Part-II: Paper-I, Paper-II & Paper-III	-	300 Marks
		(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

Part-I: Applied Basic Sciences – Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics Growth & Development and Dental plaque, Genetics.

Part-II:

Paper-I : Clinical Paedodontics

1. Conscious sedation, Deep Sedation & General Anesthesia in Pediatric Dentistry
2. Gingival & Periodontal Diseases in Children
3. Pediatric Operative Dentistry
4. Pediatric Endodontics
5. Traumatic Injuries in Children
6. Interceptive Orthodontics
7. Oral Habits in children
8. Dental Care of Children with special needs
9. Oral Manifestations of Systemic Conditions in Children & their Management
10. Management of Minor Oral Surgical Procedures in Children
11. Dental Radiology as Related to Pediatric Dentistry
12. Pediatric Oral Medicine & Clinical Pathology
13. Congenital Abnormalities in Children
14. Dental Emergencies in Children & Their Management
15. Dental Materials Used in Pediatric Dentistry
16. Case History Recording
17. Setting up of Paedodontic & Preventive Dentistry Clinic

Paper-II: Preventive and Community Dentistry as applied to Pediatric Dentistry

1. Child Psychology
2. Behavior Management
3. Child Abuse & Dental Neglect
4. Preventive Paedodontics
5. Cariology
6. Preventive Dentistry
7. Dental Health Education & School Dental Health Programmes:
8. Fluorides
9. Epidemiology
10. Comprehensive Infant Oral Health Care/Comprehensive cleft care
11. Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography

Paper-III: Essays (descriptive and analyzing type questions)

* *The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical / Clinical Examination : 200 Marks

The Clinical / Practical and Viva-Voce Examinations are conducted for a minimum of two days.

First Day:

1. Case Discussion, Pulp Therapy i.e. Pulpectomy on a Primary Molar.

Case Discussion	:	20 marks
Rubber Dam application	:	10 marks
Working length X-ray	:	20 marks
Obturation	:	20 marks
Total		<u>70 marks</u>

2. Case Discussion, Crown preparation on a Primary Molar for Stainless steel crown and cementation of the same.

Case discussion	:	10 marks
Crown Preparation	:	20 marks
Crown selection and Cementation	:	20 marks
Total		<u>50 marks</u>

3. Case Discussion, band adaptation for fixed type of space maintainer and impression making.

Case discussion	:	20 marks
Band adaptation	:	20 marks
Impression	:	20 marks
Total		<u>60 marks</u>

Second Day:

1. Evaluation of Fixed Space Maintainer and Cementation : 20 marks

C. Viva Voce : 100 Marks

***i. Viva-Voce examination* : 80 marks**

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

***ii. Pedagogy Exercise* : 20 marks**

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

9. ORAL MEDICINE AND RADIOLOGY

OBJECTIVES:

At the end of 3 years of training the candidate should be able to acquire adequate knowledge of the discipline.

Knowledge:

Theoretical, Clinical and practical knowledge of all oral mucosal lesions, skeletal involvement of maxillofacial region, diagnostic procedures pertaining to them and latest information of imaging modules.

Skills:

Three important skills need to be imparted in maxillofacial diseases

1. Diagnostic skill in recognition of oral diseases with radiographic diagnosis and their management
2. Research skills in handling scientific problems pertaining to oral treatment
3. Clinical and Didactic skills in encouraging younger doctors to attain learning objectives

Attitudes:

The positive mental attitude and the persistence of continued learning need to be inculcated

COURSE CONTENTS:

A) Applied Basic Sciences:

Applied Anatomy:

1. Gross anatomy of the face:
 - a. Muscles of Facial Expression and Muscles of Mastication
 - b. Facial nerve
 - c. Facial artery
 - d. Facial vein
 - e. Parotid gland and its relations
 - f. Sub mandibular salivary gland and its relations
2. Neck region:
 - a. Triangles of the neck with special reference to Carotid, Digastric triangles and midline structures
 - b. Facial spaces
 - c. Carotid system of arteries, Vertebral Artery, and Subclavian arteries
 - d. Jugular system
 - Internal jugular
 - External jugular
 - e. Lymphatic drainage
 - f. Cervical plane
 - g. Muscles derived from Pharyngeal arches
 - h. Infratemporal fossa in detail and temporomandibular joint
 - i. Endocrine glands
 - Pituitary
 - Thyroid
 - Parathyroid
 - j. Exocrine glands
 - Parotid
 - Thyroid

- Parathyroid
- k. Sympathetic chain
- l. Cranial nerves- V, VII, IX, XI, & XII
- 3. Oral Cavity:
 - a. Vestibule and oral cavity proper
 - b. Tongue and teeth
 - c. Palate – soft and hard
- 4. Nasal Cavity
 - a. Nasal septum
 - b. Lateral wall of nasal cavity
 - c. Paranasal air sinuses
- 5. Pharynx:
- 6. Gross salient features of brain and spinal cord with references to attachment of cranial nerves to the brainstem
Detailed study of the cranial nerve nuclei of V, VII, IX, X, XI, XII
- 7. Osteology:
 - a) Comparative study of fetal and adult skull
 - b) Mandible: Development, ossification, age changes and evaluation of mandible in detail

Embryology:

1. Development of face, palate, nasal septum and nasal cavity, paranasal air sinuses
2. Pharyngeal apparatus in detail including the floor of the primitive pharynx
3. Development of tooth in detail and the age changes
4. Development of salivary glands
5. Congenital anomalies of face must be dealt in detail.

Histology:

1. Study of epithelium of oral cavity and the respiratory tract
2. Connective tissue
3. Muscular tissue
4. Nervous tissue
5. Blood vessels
6. Cartilage
7. Bone and tooth
8. Tongue
9. Salivary glands
10. Tonsil, thymus, lymph nodes

Physiology:

1. General Physiology:
 - a. Cell
 - b. Body Fluid Compartments
 - c. Classification
 - d. Composition
 - e. Cellular transport
 - f. RMP and action potential
2. Muscle Nerve Physiology:
 - a. Structure of a neuron and properties of nerve fibers
 - b. Structure of muscle fibers and properties of muscle fibers
 - c. Neuromuscular transmission
 - d. Mechanism of muscle contraction
3. Blood:

- a. RBC and Hb
 - b. WBC – Structure and functions
 - c. Platelets – functions and applied aspects
 - d. Plasma proteins
 - e. Blood Coagulation with applied aspects
 - f. Blood groups
 - g. Lymph and applied aspects
4. Respiratory System:
 - a. Air passages, composition of air, dead space, mechanics of respiration with pressure and volume changes
 - b. Lung volumes and capacities and applied aspects
 - c. Oxygen and carbon dioxide transport
 - d. Neural regulation of respiration
 - e. Chemical regulation of respiration
 - f. Hypoxia, effects of increased barometric pressure and decreased barometric pressure
 5. Cardio-Vascular System:
 - a. Cardiac Cycle
 - b. Regulation of heart rate/ Stroke volume / cardiac output / blood flow
 - c. Regulation of blood pressure
 - d. Shock, hypertension, cardiac failure
 6. Excretory System:
 - a. Renal function tests
 7. Gastro – intestinal tract:
 - a. Composition, functions and regulation of:
 - Saliva
 - Gastric juice
 - Pancreatic juice
 - Bile and intestinal juice
 - Mastication and deglutition
 8. Endocrine System:
 - a. Hormones – classification and mechanism of action
 - b. Hypothalamic and pituitary hormones
 - c. Thyroid hormones
 - d. Parathyroid hormones and calcium homeostasis
 - e. Pancreatic hormones
 - f. Adrenal hormones
 9. Central Nervous System:
 - a. Ascending tract with special references to pain pathway
 10. Special Senses:
 - a. Gustation and Olfaction

Biochemistry:

1. Carbohydrates – Disaccharides specifically maltose, lactose, sucrose
 - a. Digestion of starch/absorption of glucose
 - b. Metabolism of glucose, specifically glycolysis, TCA cycle, gluconeogenesis
 - c. Blood sugar regulation
 - d. Glycogen storage regulation

- e. Glycogen storage diseases
 - f. Galactosemia and fructosemia
2. Lipids
 - a. Fatty acids- Essential/non essential
 - b. Metabolism of fatty acids- oxidation, ketone body formation, utilization ketosis
 - c. Outline of cholesterol metabolism- synthesis and products formed from cholesterol
 3. Protein
 - a. Amino acids- essential/non essential, complete/ incomplete proteins
 - b. Transamination/ Deamination (Definition with examples)
 - c. Urea cycle
 - d. Tyrosine-Hormones synthesized from tyrosine
 - e. In born errors of amino acid metabolism
 - f. Methionine and transmethylation
 4. Nucleic Acids
 - a. Purines/Pyrimidines
 - b. Purine analogs in medicine
 - c. DNA/RNA – Outline of structure
 - d. Transcription/translation
 - e. Steps of protein synthesis
 - f. Inhibitors of protein synthesis
 - g. Regulation of gene function
 5. Minerals
 - a. Calcium/Phosphorus metabolism specifically regulation of serum calcium levels
 - b. Iron metabolism
 - c. Iodine metabolism
 - d. Trace elements in nutrition
 6. Energy Metabolism
 - a. Basal metabolic rate
 - b. Specific dynamic action (SDA) of foods
 7. Vitamins
 - a. Mainly these vitamins and their metabolic role- specifically vitamin A, Vitamin C, Vitamin D, Thiamin, Riboflavin, Niacin, Pyridoxine

Pathology:

1. Inflammation:
 - a. Repair and regeneration, necrosis and gangrene
 - b. Role of complement system in acute inflammation
 - c. Role of arachidonic acid and its metabolites in acute inflammation
 - d. Growth factors in acute inflammation
 - e. Role of molecular events in cell growth and intercellular signaling cell surface receptors
 - f. Role of NSAIDS in inflammation
 - g. Cellular changes in radiation injury and its manifestations
2. Homeostasis:
 - a. Role of Endothelium in thrombo genesis
 - b. Arterial and venous thrombi
 - c. Disseminated Intravascular Coagulation

- d. Shock: Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock, circulatory disturbances, ischemic hyperemia, venous congestion, edema, infarction
3. Chromosomal Abnormalities:
 - a. Marfan's syndrome
 - b. Ehler's Danlos Syndrome
 - c. Fragile X Syndrome
 4. Hypersensitivity:
 - a. Anaphylaxis
 - b. Type II Hypersensitivity
 - c. Type III Hypersensitivity
 - d. Cell mediated Reaction and its clinical importance
 - e. Systemic Lupus Erythmatosus
 - f. Infection and infective granulomas
 5. Neoplasia:
 - a. Classification of Tumors
 - b. Carcinogenesis & Carcinogens – Chemical, Viral and Microbial
 - c. Grading and Staging of Cancer, tumor Angiogenesis, Paraneoplastic Syndrome
 - d. Spread of tumors
 - e. Characteristics of benign and malignant tumors
 6. Others:
 - a. Sex linked agamaglobulinemia
 - b. AIDS
 - c. Management of Immune deficiency patients requiring surgical procedures
 - d. De George's Syndrome
 - e. Ghons complex, post primary pulmonary tuberculosis – pathology and pathogenesis

Pharmacology:

1. Definition of terminologies used
2. Dosage and mode of administration of drugs
3. Action and fate of drugs in the body
4. Drugs acting on CNS
5. Drug addiction, tolerance and hypersensitive reactions
6. General and local anesthetics, hypnotics, antiepileptics and tranquilizers
7. Chemotherapeutics and antibiotics
8. Analgesics and anti – pyretics
9. Anti – tubercular and anti – syphilitic drugs
10. Antiseptics, sialogogues, and anti – sialogogues
11. Haematinics
12. Anti – diabetics
13. Vitamins – A, B Complex, C, D, E & K
14. Steroids

B) Oral and Maxillofacial Radiology:

Study includes Seminars / lectures / Demonstrations

1. History of radiology, structure of x – ray tube, production of x – ray, property of x – rays

2. Biological effects of radiation
3. Films and recording media
4. Processing of image in radiology
5. Design of x –ray department, dark room and use of automatic processing units
6. Localization by radiographic techniques
7. Faults of dental radiographs and concept of ideal radiograph
8. Quality assurance and audit in dental radiology
9. Extra – oral-imaging techniques
10. OPG and other radiologic techniques
11. Advanced imaging techniques like **CBCT**, CT Scan, MRI, Ultrasound
12. Basic Anatomy of sectional imaging with case interpretations of CT / CBCT / MRI
13. Radio nucleotide techniques
14. Contrast radiography in salivary gland, TMJ, and other radiolucent pathologies
15. Radiation protection and ICRP guidelines
16. Art of radiographic report, writing and descriptors preferred in reports
17. Radiograph differential diagnosis of radiolucent, radio opaque and mixed lesions
18. Digital radiology and its various types of advantages

C) Oral Medicine, therapeutics and laboratory investigations:

Study includes seminars / lectures / discussion

1. Methods of clinical diagnosis of oral and systemic diseases as applicable to oral tissues including modern diagnostic techniques
2. Laboratory investigations including special investigations of oral and oro – facial diseases
3. Teeth in local and systemic diseases, congenital, and hereditary disorders
4. Oral manifestations of systemic diseases
5. Oro – facial pain
6. Psychosomatic aspects of oral diseases
7. Management of medically compromised patients including medical emergencies in the dental chair
8. Congenital and Hereditary disorders involving tissues of oro facial region
9. Systemic diseases due to oral foci of infection
10. Hematological, Dermatological, Metabolic, Nutritional, & Endocrinal conditions with oral manifestations
11. Neuromuscular diseases affecting oro –facial region
12. Salivary gland disorders
13. Tongue in oral and systemic diseases
14. TMJ dysfunction and diseases
15. Concept of immunity as related to oro – facial lesions, including AIDS
16. Cysts, Neoplasms, Odontomes, and fibro – osseous lesions
17. Oral changes in Osteo – dystrophies and chondro – dystrophies
18. Pre malignant and malignant lesions of oro facial region
19. Allergy and other miscellaneous conditions
20. Therapeutics in oral medicine –clinical pharmacology
21. Forensic odontology
22. Computers in oral diagnosis and imaging
23. Evidence based oral care in treatment planning
24. Molecular Biology

Essential Knowledge:

Basic medical subjects, Oral Medicine, Clinical Dentistry, Management of Medical Emergencies, Oral Radiology techniques and Interpretation, Diagnosis of Oro – facial disorders

Procedural and Operative Skills:**1st Year:**

1. Examination of Patient	- Case history recordings	–	100
	- FNAC	–	50
	- Biopsy	–	50
	- Observe, Assist, & Perform under supervision		
2. Intra – oral radiographs:	- Perform and interpretation	–	500
3. Full mouth intra oral radiograph tracings		–	3
4. Age estimation using radiographs		–	10

2nd Year:

1. Dental treatment to medically compromised patients		–	2
	- Observe, assist, and perform under supervision		
2. Extra oral radiographs, digital radiography		–	20
	- Observe, assist and perform under supervision, Interpretation		
3. Extra Oral radiographs tracings		–	3
4. CBCT Interpretations		–	5

Operative skills:

1. Giving intra muscular and intravenous injections
2. Administration of oxygen and life saving drugs to the patients
3. Performing basic CPR and certification by Red Cross or similar authorized organization

3rd Year

All the above

- Performed independently – Case history: Routine cases	–	100
- Interesting Cases	–	25
- OPG	–	50
- Periapical view	–	100
- Bitewing view	–	50
- Occlusal view	–	50
- Extra – oral radiographs of different views	–	25
- CBCT Interpretations	–	10
- Treatment of mucosal lesions with LASER	–	3

Monitoring Learning Progress:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV

Schemes of Examination:

A. Theory: Part-I: Basic Sciences Paper	-	100 Marks
Part-II: Paper-I, Paper-II & Paper-III	-	300 Marks
		(100 Marks for each Paper)

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

PART-I : **Applied Basic Sciences:**Applied Basic Sciences:Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics

PART-II :

Paper-I : Oral and Maxillofacial Radiology

Paper-II : Oral Medicine, therapeutics and laboratory investigations

Paper-III : Essays (descriptive and analyzing type questions)

* *The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.*

B. Practical / Clinical Examination

: 200 Marks

1st Day

Clinical Case Presentation

2 Spotters 2 x 10 = 20 Marks

2 Short Cases 2 x 15 = 30 Marks

1 Long Case 1 x 50 = 50 Marks

Total = 100 Marks

Radiology Exercise

I. A) One Intra Oral Radiograph : 10 Marks

B) One Occlusal Radiograph :30 Marks

II. A) Two Extra Oral Radiograph :2 x 30 = 60 Marks

Including technique and interpretation

2nd Day

C. Viva Voce

: 100 Marks

i. Viva-Voce examination

: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy Exercise

: 20 marks

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

Revised Ordinance Governing
BACHELOR OF DENTAL SURGERY (BDS)
Degree Course 2011



**RAJIV GANDHI UNIVERSITY OF
HEALTH SCIENCES KARNATAKA**

4th 'T' Block, Jayanagar, Bangalore 560041

Revised Ordinance Governing
Bachelor of Dental Surgery (BDS)
Degree Course 2011

Printed : 2012

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SECTION II: Aims and Objectives of BDS Course

SECTION III: Regulation Relating to BDS Course

SECTION IV: B. D.S course Syllabus

I BDS

- I. General Human Anatomy including Embryology and Histology.
- ii. General Human Physiology , Biochemistry, Nutrition and Deities.
- iii. Dental Anatomy, Embryology and Oral Histology.
- iv. Dental Materials.
- v. Preclinical Prosthodontics and Crown & Bridge.

II BDS

- I. General Pathology and Microbiology.
- ii. General and Dental Pharmacology and Therapeutics.
- iii. Dental Materials.
- iv. Preclinical Conservative Dentistry.
- v. Preclinical Prosthodontics and Crown & Bridge.
- vi. Oral Pathology & Oral Microbiology.

III BDS

- I. General Medicine.
- ii. General Surgery.
- iii. Oral Pathology and Oral Microbiology.
- iv. Conservative Dentistry & Endodontics.
- v. Oral & Maxillofacial Surgery.
- vi. Oral Medicine and Radiology
- vii. Orthodontics & Dentofacial Orthopaedics.
- viii. Paediatric & Preventive Dentistry.
- ix. Periodontology.
- x. Prosthodontics and Crown & Bridge.
- xi. Public Health Dentistry.

IV BDS

- I. Orthodontics & Dentofacial Orthopaedics.
- ii. Oral Medicine and Radiology.
- iii. Paediatric & Preventive Dentistry.
- iv. Periodontology.
- v. Oral & Maxillofacial Surgery.
- vi. Prosthodontics and Crown and Bridge.
- vii. Conservative Dentistry & Endodontics.
- viii. Public Health Dentistry.

SECTION V: Ethics in Dentistry



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ

4ನೇ ಟಿ ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 041.

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website : www.rguhs.ac.in, E-mail : rguhsregistrar@gmail.com

AUTH/BDS-Regulation/172/2011-12

27/01/2012

Ref. :

NOTIFICATION

Date :

- Sub: Implementation of DCI Revised BDS Regulations 2011 – Reg.
Ref:1) RGUHS Notification No.AUTH/Revised BDS Regulation-317/2008-09, dated:04/08/2008
2) DCI Notification in Gazette of India extraordinary No.DE-130-2011, dated:25/08/2011.
3) DCI letter No.DE-130-2011/B.2211, dated:26/08/2011.
4) Letter of Dean, Faculty of Dentistry, RGUHS, Bangalore No.DAPM RVDC/928/2011-12, dated: 27/01/2012.
5) Orders of Hon'ble Vice-Chancellor dated:28/01/2011.

In exercise of the powers conferred under Section 13(2) of RGUHS Act, 1994, Hon'ble Vice-Chancellor is pleased to order the "Implementation of DCI Revised BDS Course (3rd Amendment) Regulations, 2011" applicable to the students admitted from the year 2008-09. The students appearing the for IV BDS examination are required to appear for examination in the following subjects.

1. Oral Medicine & Radiology
2. Oral & Maxillofacial Surgery
3. Periodontics
4. Prosthodontics Crown & Bridge
5. Conservative Dentistry & Endodontics
6. Community Dentistry
7. Orthodontics
8. Pedodontics

The above Ordinance shall come into force with immediate effect.

By Order,


REGISTRAR

To

Principals of all Dental Colleges affiliated to RGUHS.

Copy to:

1. The Secretary to Governor, Governor's Secretariat, Raj Bhavan, Bangalore – 560 001.
2. Principal Secretary to Government, Health & Family Welfare Department, (Medical Education), Vikasa Soudha, Bangalore –560 001.
3. The Director, Department of Medical Education, Anand Rao Circle, Bangalore – 560 009.
4. Secretary, DCI, Aiwan-E-Galib Marg, Kotla Road, New Delhi - 110002
5. Dean, Faculty of Dentistry, RGUHS, Bangalore
6. Director, Curriculum Development Cell, RGUHS, Bangalore
7. PA to Vice-Chancellor / Registrar / Registrar (Eva.) / Finance Officer.
8. The Home Page of RGUHS Website–
<http://www.rguhs.ac.in/Authoritysection/Fellowship.html>.
9. Office Copy/Guard File.

SECTION I

GOALS OF EDUCATION AND TRAINING IN DENTAL SCIENCE OF RGUHS

The Dental curriculum shall be oriented towards educating students of B.D.S. Course to:

1. Take up the responsibilities of dental surgeon of first contact and be capable of functioning independently in both urban and rural environment.
2. Provide educational experience that allows hands-on-experience both in hospital as well as in community setting.
3. Make maximum efforts to encourage integrated teaching and de-emphasize compartmentalisation of disciplines so as to achieve horizontal and vertical integration in different phases.
4. Offer educational experience that emphasizes health rather than only disease.
5. Teach common problems of health and disease and to the national programmes.
6. Use learner oriented methods, which would encourage clarity of expression, independence of judgement, scientific habits, problem solving abilities, self initiated and self-directed learning.
7. Use of active methods of learning such as group discussions, seminars, role play, field visits, demonstrations, peer interactions etc., which would enable students to develop personality, communication skills and other qualities which are necessary may be done.

Regular periodic assessment be done throughout the course. Examinations be designed with a view to assess not merely the knowledge but also practical and clinical skills, habits and values which are necessary for a graduate to carry out professional day to day work competently.

Towards achieving these goals every Dental College should:

- Evolve institutional objectives, which would be in consonance with the national goals and health policy. The institutional objectives should describe the attributes of their product.
- Shift the role of Dental teachers from merely imparting knowledge to that of a facilitator and motivator of student learning.
- Establish a Dental Education Unit for faculty development, preparation of learning resource materials and for improving evaluation methods.

SECTION II

AIMS AND OBJECTIVE OF BDS COURSE

Aims

The dental graduates during training in the institutions should acquire adequate knowledge, necessary skills and such attitudes which are required for carrying out all the activities appropriate to general dental practice involving the prevention, diagnosis and treatment of anomalies and diseases of the teeth, mouth, jaws and associated tissues. The graduate should also understand the concept of community oral health education and be able to participate in the rural health care delivery programmes existing in the country.

Objectives

The objectives are dealt under three headings namely (a) knowledge and understanding (b) skills and (c) attitudes.

a. Knowledge and understanding

The graduate should acquire the following during the period of training.

1. Adequate knowledge of the scientific foundations on which dentistry is based and good understanding of various relevant scientific methods, principles of biological functions and should be able to evaluate and analyse scientifically various established facts and data.
2. Adequate knowledge of the development, structure and function of the teeth, mouth and jaws and associated tissues both in health and disease and their relationship and effect on general-state of health and also the bearing on physical and social well-being of the patient.
3. Adequate knowledge of clinical disciplines and methods, which provide a coherent picture of anomalies, lesions and diseases of the teeth, mouth and jaws and preventive, diagnostic and therapeutic aspects of dentistry.
4. Adequate clinical experience required for general dental practice.
5. Adequate knowledge of biological function and behaviour of persons in health and sickness as well as the influence of the natural and social environment on the state of health so far as it affects dentistry.

b. Skills

A graduate should be able to demonstrate the following skills necessary for practice of dentistry.

1. Able to diagnose and manage various common dental problems encountered in general dental practice, keeping in mind the expectations and the right of the society to receive the best possible treatment available wherever possible.
2. Acquire skill to prevent and manage complications if encountered while carrying out various dental surgical and other procedures.
3. Possess skill to carry out required investigative procedures and ability to interpret laboratory findings.
4. Promote oral health and help to prevent oral diseases wherever possible.
5. Competent in control of pain and anxiety during dental treatment.

c. Attitudes

A graduate should develop during the training period the following attitudes.

1. Willing to apply current knowledge of dentistry in the best interest of the patients and the community.
2. Maintain a high standard of professional ethics and conduct and apply these in all aspects of professional life.
3. Seek to improve awareness and provide possible solutions for oral health problems and needs throughout the community.
4. Willingness to participate in the continuing education programmes to update knowledge and professional skills from time to time.
5. To help and to participate in the implementation of national health programmes.

SECTION III

REGULATION RELATING TO BDS COURSE

I. ELIGIBILITY:

1.1 Qualifying Examination:

A candidate seeking admission to first BDS course:

- a. Shall have passed the two years Pre-University Examination of Pre-University Board of Karnataka with English and Physics Chemistry and Biology as optional subjects. The candidate shall have passed subjects of English, Physics, Chemistry and Biology individually* also
OR
- b. Shall have passed any other examination conducted by Boards/Councils/Intermediate Education established by State Governments/ Central Government and recognised as equivalent to two year Pre University examination by the Rajiv Gandhi University of Health Sciences/Association of Indian Universities (AIU), with English as one of the subjects and Physics, Chemistry and Biology as optional subjects and the candidate shall have passed subjects of English, Physics, Chemistry and Biology individually.
OR
- c. Shall have passed Intermediate examination in Science of an Indian University/Board/Council or other recognised examining bodies with Physics, Chemistry and Biology, which shall include a practical test in these subjects and also English as compulsory subject. The candidate shall have passed subjects of English, Physics, Chemistry and Biology individually.
OR
- d. Shall have passed pre- professional/ pre- medical examination with Physics, Chemistry and Biology, after passing either the higher secondary school examination. The pre-professional/ pre-medical examination, shall include a practical test in Physics, Chemistry and Biology and also English as compulsory subject.
OR
- e. Shall have passed first year of the three year degree course of a recognised University with Physics, Chemistry and Biology including a practical test in these subjects provided the Examination is an 'University Examination' provided that the candidate shall have passed subjects of English, Physics, Chemistry and Biology individually in the pre university or other examinations mentioned in the clauses above.
OR
- f. Shall have passed B.Sc. Examination of an Indian University, provided that he/she has passed the B.Sc. examination with not less than two of the following subjects: Physics, Chemistry, Biology (Botany, Zoology) provided the candidate has passed subjects of English, Physics, Chemistry and Biology individually in the qualifying examinations mentioned in clauses (a), (b) and ©.

1.2 Qualifying Marks:

The selection of students to dental colleges shall be based on merit provided that:

- a. In case of admission on the basis of qualifying examination, a candidate for admission to BDS course must have passed individually in the subjects of Physics, Chemistry, Biology and English and must have obtained a minimum of 50% marks taken together in Physics, Chemistry and Biology in the qualifying examination. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or Other Backward Classes, the marks obtained in Physics, Chemistry and Biology taken together in qualifying examination be 40% instead of 50% as above and must have passing marks in English.
- b. In case of admission on the basis of competitive entrance examination, a candidate must have passed individually in the subjects of Physics, Chemistry, Biology and English and must have obtained a minimum of 50% marks in Physics, Chemistry and Biology taken together at the qualifying examination and in addition must have come in the merit list prepared as a result of such competitive entrance examination by securing not less than 50% marks in Physics, Chemistry and Biology taken together in the competitive examination. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or Other Backward Classes notified by the Government, the marks obtained in Physics, Chemistry and Biology taken together in qualifying examination and competitive entrance examination be 40% instead of 50% as stated above. (Vide Amendment to DCI Regulations, 2007, notified in Gazette of Government of India dated 10.09.2007).

II. Age Requirement:

The candidate shall have completed the age of 17 years at the time of admission or will complete this age on 31st December of the year in which he/she seeks admission.

III. Duration of the Course:

Four academic years with 240 teaching days in each academic year, and One year of internship.

IV. Attendance requirement, Progress and Conduct:

Attendance requirement shall be as follows:

- a. 75% in Theory and 75% in Practical/Clinicals in each subject in each year.
- b. In case of subject in which the instructional programme extends through more than one academic year and hence there is no University Examination in the subject (i.e. non-exam going subjects), the attendance requirement shall not be less than 70% in Theory and Practical/ Clinical. However, at the time of appearing for the professional examination in the subject the candidate should satisfy the condition (a) above.

V. Titles of subjects of study

First Year

- I. General Human Anatomy including Embryology and Histology.
- ii. General Human Physiology and Biochemistry, Nutrition and Dietics.
- iii. Dental Anatomy, Embryology and Oral Histology.
- iv. Dental Materials.
- v. Preclinical Prosthodontics and Crown & Bridge.

Second Year

- I. General Pathology and Microbiology.
- ii. General and Dental Pharmacology and Therapeutics.
- iii. Dental Materials.
- iv. Preclinical Conservative Dentistry.
- v. Preclinical Prosthodontics and Crown & Bridge.
- vi. Oral Pathology & Oral Microbiology.

Third Year

- I. General Medicine.
- ii. General Surgery.
- iii. Oral Pathology and Oral Microbiology.
- iv. Conservative Dentistry & Endodontics.
- v. Oral & Maxillofacial Surgery.
- vi. Oral Medicine and Radiology
- vii. Orthodontics & Dentofacial Orthopaedics.
- viii. Paediatric & Preventive Dentistry.
- ix. Periodontology.
- x. Prosthodontics and Crown & Bridge.
- xi. Public Health Dentistry.

Final Year

- I. Orthodontics & Dentofacial Orthopaedics.
- ii. Oral Medicine and Radiology.
- iii. Paediatric & Preventive Dentistry.
- iv. Periodontology.
- v. Oral & Maxillofacial Surgery.
- vi. Prosthodontics and Crown and Bridge.
- vii. Conservative Dentistry & Endodontics.
- viii. Public Health Dentistry.

VI. Teaching Hours

Teaching hours for each subject from first to final year - Theory and Practical are shown in the Tables-I to V

TABLE - I Subjects and Hours of Instruction (B.D.S Course)

Sl. No.	Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
1.	General Human Anatomy including Embryology, Osteology and Histology	100	175	--	275
2.	General Human Physiology, Biochemistry, Nutrition and Dietics	120 70	60 60	--	180 130
3.	Dental Materials	80	240	--	320
4.	Dental Anatomy, Embryology, and Oral Histology	105	250	--	355
5.	Dental Pharmacology and Therapeutics	70	20	--	90
6.	General Pathology & Microbiology	55 65	55 50	--	110 115
7.	General Medicine	60	--	90	150
8.	General Surgery	60	--	90	150
9.	Oral Pathology and Microbiology	145	130	--	275
10.	Oral Medicine and Radiology	65	--	170	235
11.	Paediatric & Preventive Dentistry	65	--	170	235
12.	Orthodontics & Dental Orthopaedics	50	--	170	220
13.	Periodontology	80	--	170	250
14.	Oral & Maxillofacial Surgery	70	--	270	340
15.	Conservative Dentistry and Endodontics	135	200	370	705
16.	Prosthodontics & Crown & Bridge	135	300	370	805
17.	Public Health Dentistry	60	--	200	260
	Total	1590	1540	2130	5200

Note: There should be a minimum of 240 teaching days every academic year consisting of 8 working hours including one hour of lunch break.
Internship-240x8 hours=1920 clinical hours.

**TABLE - II Subjects and Hours of Instruction for
First year B.D.S**

Sl. No.	Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
1.	General Human Anatomy including Embryology, Osteology and Histology	100	175	--	275
2.	General Human Physiology,	120	60	--	180
3.	Biochemistry, Nutrition and Dietics	70	60	--	130
4.	Dental Anatomy, Embryology, and Oral Histology	105	250	--	355
5.	Dental Materials	20	40	--	60
6.	Preclinical Prosthodontics and Crown & Bridge	--	100	--	100
	Total	415	685	--	1100

**TABLE - III Subjects and Hours of Instruction for
Second year B.D.S**

Sl. No.	Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
1.	General and Dental Pharmacology and Therapeutics	70	20	--	90
2.	General Pathology	55	55		110
3.	Microbiology	65	50	--	115
4.	Dental Materials	60	200	--	260
5.	Oral Pathology and Oral Microbiology	25	50	--	75
6.	Preclinical Prosthodontics and Crown & Bridge	25	200		225
7.	Preclinical conservative Dentistry	25	200	--	225
	Total	325	775	--	1100

TABLE - IV Subjects and Hours of Instruction for Third year B.D.S

Sl. No.	Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
1.	General Medicine.	60	--	90	150
2.	General Surgery.	60	--	90	150
3.	Oral Pathology and Oral Microbiology.	120	80	--	200
4.	Conservative Dentistry & Endodontics.	30	--	70	100
5.	Oral & Maxillofacial Surgery.	20	--	70	90
6.	Oral Medicine and Radiology	20	--	70	90
7.	Orthodontics & Dentofacial Orthopaedics.	20	--	70	90
8.	Paediatric & Preventive Dentistry.	20	--	70	90
9.	Periodontology.	30	--	70	100
10.	Prosthodontics and Crown & Bridge.	30	--	70	100
	Total	410	80	670	1160

TABLE - V Subjects and Hours of Instruction for Fourth year B.D.S

Sl. No.	Subject	Lecture Hours	Practical Hours	Clinical Hours	Total Hours
1.	Orthodontics & Dentofacial Orthopaedics.	30	--	100	130
2.	Oral Medicine and Radiology.	45	--	100	145
3.	Paediatric & Preventive Dentistry.	45	--	100	145
4.	Periodontology.	50	--	100	150
5.	Oral & Maxillofacial Surgery.	50	--	200	250
6.	Prosthodontics and Crown and Bridge.	80	--	300	380
7.	Conservative Dentistry & Endodontics.	80	--	300	380
8.	Public Health Dentistry.	60	--	200	260
	Total	440	--	1400	1840

VII. Schedule of Examinations

The University shall conduct two examinations annually at an interval of not less than four to six months as notified by the University from time to time.

A candidate who satisfies the requirement of attendance, progress, and conduct as stipulated by the university shall be eligible to appear in the University examination. Certificate to the above effect should be produced from the Head of the Institution along with the application for examination and the prescribed fee.

VIII. Scheme of Examination

The scheme of examination of B.D.S. course shall be divided into 4 professional examinations, viz., I.B.D.S. Examination at the end of first academic year, II B.D.S. at the end of second academic year, III B.D.S. at the end of third academic year and Final year B.D.S. examination at the end of fourth academic year.

VIII. i. Internal Assessment

The internal assessment need not be limited to written tests. It should relate to other items such as maintenance of records, participation in seminars and group discussions, clinical case study, proficiency in carrying out practical or clinical skill or participation in projects and assignments (even) during vacation. These be evaluated objectively and recorded. The weightage given to internal assessment is 10% out of total marks assigned for a subject separately for theory and practical/clinical examinations.

A minimum of three internal assessments to be held in an academic year and the average of these tests shall be sent to the university.

VIII. ii. University Examination:

There shall be two examinations annually conducted at an interval of not less than four to six months. The written examination in each subject shall consist of one paper of three hours duration and shall have maximum of 70 marks.

X. Type of questions and distribution of marks:

Each question paper shall be of 3 hours duration, carrying maximum marks of 70. There shall be three types of questions with distribution of marks as shown in Table VII:

Table - VII

Type of Questions	No. of Questions	Marks of Questions	Total Marks
Long Essay Type	2	10	20
Short Essay Type	8	5	40
Short Answer Type	5	2	10
GRAND TOTAL			70

Note: In case of Physiology & Biochemistry and Pathology & Microbiology
The distribution of marks and types of questions will be as follows:

1. In the subject of General Human Physiology and Biochemistry, Section 'A' (Gen. Physiology) shall contain one Long essay type question carrying 10 marks and second question containing three short Essay type questions carrying five marks each, third question containing five Short Answer questions carrying two marks each. Section 'B' (Biochemistry) shall contain one Long essay type question of 10 marks and second question containing three short Essay type questions of five marks each, third question containing five Short Answer type questions carrying two marks each. As shown in Table-VIII.
2. In the subject of Gen. Pathology, Section 'A' (Gen. Pathology) shall contain one Long essay type question carrying 10 marks and second question shall contain three Short Essay type question carrying five marks each, third question containing five Short Answer questions of two marks each. Section 'B' (Microbiology) shall contain one Long essay type question carrying 10 marks and second question shall contain three Short essay type questions carrying five marks each, third question containing five short answer questions of two marks each. As shown in Table-IX.

Table - VIII

	Type of Questions	No. of Questions	Marks of Questions	Total Marks
Physiology	Long Essay Type	01	10	10
	Short Essay Type	03	05	15
	Short Answer Type	05	02	10
	GRAND TOTAL			35

	Type of Questions	No. of Questions	Marks of Questions	Total Marks
Biochemistry Nutrition and Dietics	Long Essay Type	01	10	10
	Short Essay Type	03	05	15
	Short Answer Type	05	02	10
	GRAND TOTAL			35

TABLE - IX

	Type of Questions	No. of Questions	Marks of Questions	Total Marks
Pathology	Long Essay Type	01	10	10
	Short Essay Type	03	05	15
	Short Answer Type	05	02	10
GRAND TOTAL				35

	Type of Questions	No. of Questions	Marks of Questions	Total Marks
Microbiology	Long Essay Type	01	10	10
	Short Essay Type	03	05	15
	Short Answer Type	05	02	10
GRAND TOTAL				35

XI. Distribution of Marks in University Examination and Internal Assessment for various subjects from First year to Fifth year is shown in Table X:

TABLE-X
Distribution of Marks in University Examination and Internal Assessment
for various subjects from First year to Fifth year :

Subjects	THEORY				PRACTICALS / CLINICALS			Grand Total
	Univer sity Paper	Viva voce	Internal Assess ment	Total	Univer sity exami nation	Internal Assess ment	Total	
I BDS 1. General Anatomy including Embryology and Histology	70	20	10	100	90	10	100	200
2 . Section- A General Human Physiology And Section- B Biochemistry Nutrition and Dietics	35	10	05	50	45	05	50	200
	35	10	05	50	45	05	50	
3. Dental Anatomy, Embryology and Oral Histology.	70	20	10	100	90	10	100	200

II BDS Section - A 1. General Pathology Section - B & Microbiology	35	10	05	50	45	05	50	200
	35	10	05	50	45	05	50	
2. General and Dental Pharmacology and Therapeutics	70	20	10	100	90	10	100	200
3. Dental Materials	70	20	10	100	90	10	100	200
4. *Pre-clinical Conservative Dentistry	--	20		20	60	20	80	100
5. *Pre-clinical Prosthodontics * No theory paper, Practical/Viva voce only.	--	20		20	60	20	80	100
III BDS 1. General Medicine	70	20	10	100	90	10	100	200
2. General Surgery	70	20	10	100	90	10	100	200
3. Oral Pathology and Oral Microbiology	70	20	10	100	90	10	100	200
IV BDS 1. Oral Medicine and Radiology	70	20	10	100	90	10	100	200
2. Paediatric & preventive dentistry	70	20	10	100	90	10	100	200
3. Orthodontics & Dento-facial orthopaedics	70	20	10	100	90	10	100	200
4. Periodontology	70	20	10	100	90	10	100	200
5. Prosthodontics and Crown and Bridge	70	20	10	100	90	10	100	200
6. Conservative Dentistry and Endodontics	70	20	10	100	90	10	100	200
7. Oral and maxillofacial Surgery.	70	20	10	100	90	10	100	200
8. Public Health Dentistry	70	20	10	100	90	10	100	200

XII. Eligibility to appear in University examination:

A candidate who has failed in any one subject only in either I year B.D.S or II year B.D.S or III year BDS university examination shall be permitted to study in the next class provided that in order to avail the carry over facility such a candidate should fulfill the following requirements:

- a. student shall have not less than 75% of attendance in Theory and Practical separately in all the examination subjects prescribed for that year.
- b. should have appeared in all the examination subjects prescribed for that year in the University examination simultaneously.

A Candidate has to pass the carry over subject before being eligible to appear for higher B.D.S Examination.

XIII. Criteria for Pass in the University Examination:

1. For declaration of pass in a subject, a candidate shall secure 50% marks in the University examination both in Theory and Practical/Clinical examinations separately, as stipulated below :
 - a. For pass in Theory, a candidate shall secure 50% marks in aggregate in University theory examination i.e. marks obtained in University written examination, viva voce examination and internal assessment (theory) combined together i.e. fifty out of One hundred marks.
 - b. In the University Practical/clinical examination, a candidate shall secure 50% marks in aggregate i.e. Practical /Clinical and Internal Assessment combined together i.e. 50/100 marks.
 - c. In case of pre-clinical Prosthetic Dentistry and Pre-clinical Conservative Dentistry in II BDS, where there is no written examination, minimum for pass is 50% of marks in Practical and Viva voce combined together in University Examination including Internal Assessment i.e. 50/100 marks.
 - d. Successful candidates who obtain 65% of the total marks or more shall be declared to have passed the examination in First Class. Other successful candidates will be placed in Second Class. A candidate who obtains 75% and above is eligible for Distinction. Only those candidates who pass the whole examination in the first attempt will be eligible for distinction or class.

XIV. Field Programme in Community Dentistry:

As a part of community dentistry program, students in the Clinical years will have to attend the various dental camps/ field programmes as part fulfillment of requirements of BDS examination to the satisfaction of the head of the Institution.

XV. Miscellaneous:

A. Migration/ Transfer of Students

- a. A student studying in a recognized Dental College may be allowed to migrate/ transfer to another recognized Dental College under another/same University provided the candidate has passed I B.D.S. examination.
- b. The migration / transfer can be allowed by the University concerned within one month after the announcement of results of I B.D.S. examination. However, migration or transfer should be avoided in the middle of any year, and in no case before the completion of I BDS examination.
- c. The number of students migrating/ transferring from one Dental College to another Dental College during one year will be kept to the minimum but should not exceed the limit of 5% of its intake subject to a maximum of five students in any one Dental College in one year.
- d. Cases not covered under the above regulations may be referred to the Dental Council of India for consideration on individual merits.
- e. Intimation about the admissions of migrated transferred students into any dental college should be sent to the Dental Council of India immediately.

Note: In cases where a candidate who seeks admission to this university has already completed subject(s), exemption in the subject(s) will be given after admitting the student to the particular year.

B. Re-admission of candidates who discontinued the course:

A candidate who discontinues the course is eligible for re-admission subject to the following conditions:

1. Provision for re-admission is only once during the entire course.
2. He/she should seek readmission within three years from the date of discontinuation of the course.
3. He/she should pay the prescribed fees for the year for which he/she seeks admission and cannot claim readmission on the strength of fees paid earlier.
4. If the candidate discontinues after University Examination, he/she should reappear for the subjects in which he/she failed before seeking admission to the next higher class by paying examination fee etc.
5. He/she should put in two terms of attendance in the class for which he/she seeks readmission before appearing for the University Examination.

SECTION IV

B.D.S COURSE SYLLABUS

I BDS HUMAN ANATOMY INCLUDING EMBRYOLOGY, OSTEOLOGY & HISTOLOGY

Theory -100 Hrs.

I. Introduction: 10 hrs.

Scope, subdivisions, definitions and interpretation of anatomical terms, planes, anatomical positions, elements of anatomy including fascia muscles, blood vessels, nerves, joints and lymph vessels.

II. Osteology of Head & Neck: 20 hrs.

Skull - exterior - Norma and vault : Interior - Cranial fossae. Individual bones - mandible, maxilla, frontal, parietal, occipital, temporal, zygomatic, ethmoid, sphenoid, vomer, palatine, nasal bones.

Cervical vertebrae in general; C 1, C 2 & C 7 in particular Hyoid bone.

III. Gross Anatomy of Head and Neck: 30 hrs.

- a. Scalp - layers, blood supply, nerve supply, lymphatic drainage.
- b. Face - Muscles, blood supply, nerve supply, lymphatic drainage, lacrimal apparatus.
- c. Neck -
 - i. Cervical fascia
 - ii. Posterior triangle
 - iii. Anterior triangle - submental, digastric, carotid & muscular
 - iv. Midline structures of neck

- d. Cranial cavity - meninges; dural folds and sinuses; Hypophysis cerebri.
- e. Orbit - nerves, vessels, extrinsic muscles of eyeball.
- f. Parotid region - parotid gland.
- g. Temporal and infra-temporal fossae - muscles of mastication, Maxillary artery, maxillary nerve and mandibular nerve.
- h. Temporo-mandibular joint.
- i. Submandibular region - submandibular salivary gland.
- j. Thyroid and parathyroid glands.
- k. Vessels of head & neck - Carotid, subclavian arteries, Internal jugular vein.
- l. Mouth, tongue and palate.
- m. Pharynx.

- n. Larynx.
- o. Cervical part of trachea and oesophagus.
- p. Nasal cavity and para nasal air sinuses.
- q. Lymphatic drainage of head & neck.
- r. Joints of neck - atlanto - occipital, atlanto-axial.

IV. Neuroanatomy: 12 hrs.

- a. Detailed description of cranial nerves - V, VII, IX, X (in the region of head and neck) XI, XII including their nuclei of origin, intra and extra cranial courses.
- b. Cervical spinal nerves and cervical plexus.
- c. Autonomic nervous system of head and neck.

V. Embryology: 12 hrs.

- a. Gametogenesis - spermatogenesis and oogenesis, fertilisation implantation, germ layer formation, fetal membranes and placenta.
- b. Development of branchial apparatus, pharyngeal arches, pouches and clefts.
- c. Development of face, jaws, oral cavity, tongue, palate, nasal cavity, paranasal air sinuses, salivary glands, thyroid gland, hypophysis cerebri, temporo-mandibular joint.

VI. Histology: 16 hrs.

- a. Introduction of cytology and histology.
- b. Basic tissues - epithelial - simple; compound
- c. Connective tissue - cells, fibres - collagen, elastic, reticular
- d. Cartilage - hyaline, elastic, white fibro cartilages,
- e. Spongy and compact bones - TS, LS
- f. Muscular tissue - skeletal, cardiac and smooth,
- g. Nervous tissue - peripheral nerve and ganglia.
- h. Blood vessels - artery & vein.
- i. Glands - serous, mucous, mixed salivary glands.
- j. Lymphoid tissue - lymph node, palatine tonsil, thymus & Spleen.
- k. Skin - hairy and non hairy
- l. Endocrine glands - pituitary, thyroid, parathyroid, suprarenal & pancreas.
- m. Lip, tongue & oesophagus
- n. Trachea and lung.

PRACTICALS

70 Classes of (2 1/2 hrs. each) (175 hrs)

- The following topics are included for examination - MUST KNOW.

Dissection Topics:

1. Scalp
2. Face including deeper dissection
3. Posterior triangle of neck.
4. Anterior triangles of neck -
 - a. median region
 - b. digastric
 - c. Carotid triangles.
5. Deep dissection of neck -
 - a. Thyroid gland
 - b. Great vessels of neck.
6. Parotid region.
7. Infra temporal fossa -
 - a. Muscles of mastication
 - b. Mandibular nerve and its branches
 - c. Maxillary artery
 - d. Temporo mandibular joint
8. Sub mandibular region - gland, hyoglossus and its relations
9. Mouth, palate and pharynx.
10. Nasal cavity and paranasal air sinuses
11. Tongue
12. Larynx

Surface Anatomy: (to be included in practicals only)

MUST KNOW

Superior sagittal sinus; middle meningeal artery; pterion; facial artery; parotid gland and duct; facial nerve on face; common, external, internal carotid arteries; palatine tonsil; vocal cords; thyroid gland, Ext. Jng vein.

Radiological Anatomy: (Practicals only)

AP & Lateral views of head and neck. MUST KNOW Interpretation of normal radiological anatomy.

Histology Slides: - for Practical exam as Spotters & for Discussion.

1. Epithelium - simple squamous (mesentry)
2. Epithelium - simple Cuboidal (thyroid)
3. Epithelium - simple Columnar (Gallbladder)
4. Epithelium - simple Ciliated columnar
5. Epithelium - Pseudo-stratified ciliated columnar (Trachea)
6. Epithelium - Compound stratified squamous kertilinised (skin)
7. Epithelium - stratified squamous non keralinised- do -non-keratinised (oesophagus)
8. Compound - transitional (urinary bladder)
9. Areolar tissue.

10. Collagen fibres.
11. Elastic fibres.
12. Tendon.
13. Cartilage - hyaline
 - Elastic
 - White fibrous.
14. Bone - T.S.
 - L.S.
15. Muscle - Skeletal (LS/TS)
 - cardiac
 - smooth.
16. Blood vessels - large sized artery
 - Medium sized artery
 - large vein
 - Medium vein
17. Peripheral nerve & ganglia
18. Serous salivary gland.
19. Mucous Salivary Gland.
20. Mixed Salivary Gland.
21. Lymph node.
22. Palatine tonsil.
23. Thymus
24. Spleen
25. Skin - hairy
26. Skin - non hairy
27. Lip
28. Tooth
29. Tongue
30. Trachea
31. Oesophagus
32. Lung
33. Thyroid & parathyroid
34. Pituitary
35. Suprarenal gland.
36. Pancreas.

Desirable to Know (to be Demonstrated)

1. Ear - external, middle & internal.
2. Spinal cord;
- 3 Brain Stem
4. Cerebellum
5. Cerebral hemispheres - important gyri & sulci of superolateral, medial and inferior surfaces; functional areas - sensory, motor, auditory, visual, gustatory speech & splanchnic areas; blood supply of brain;
6. Cranial nerves in general with functions other than V, VII, IX, XII.

7. Genetics - definitions, chromosomes, chromosomal aberrations;
8. Anthropology
9. Organs of thorax and abdomen.
10. Extremities - upper & lower limbs
11. Histology of
 - a. Stomach - fundus and pylorus;
 - b. Small intestine - duodenum, jejunum & ileum;
 - c. Large intestine - colon and appendix
 - d. Liver and gall bladder

Scheme of Examination

A. Theory : 70 Marks

Distribution of Topics and Type of Questions:

Contents	Type of Questions and Marks	Marks
Gross Anatomy of Head and Neck - Scalp, Face, Triangles of Neck, Dural folds and Venous sinuses, contents of the Orbit excluding Eyeball, Parotid Gland, Infratemporal fossa, Temporo mandibular joint, Submandibular region, Thyroid gland, Pharynx, Tongue, Nasal Cavity and paranasal air sinuses. Cranial nerves - V, VII, IX and XII Development of Branchial arches poranecial pouches apparatus, Face Systemic Embryology and Systemic Histology.	Long Essays 2 x 10 marks	20
Gross Anatomy of Head and Neck - Scalp, Face, Cervical fascia, Midline structures of the neck, Vertebral Joints of Neck, Contents of the Orbit excluding Eyeball, Vessels of Head and Neck, Infratemporal fossa, Mouth, Palate, Pharynx, Nasal Cavity, Cervical Part of Trachea and Oesophagus, Lymphatic drainage of Head and Neck Cranial nerves - V, VII, IX, XI and XII and Cervical Plexus General and Systemic embryology and Histology, Osteology of Head and Neck	Short Essays 08 x 5 marks + Short Answers 05 x 2 marks	40 10
	Total	70

B. Viva Voce : **20 Marks**

- a. Osteology of Head and Neck - 05 marks
- b. Soft part from Head and Neck - 05 marks
- c. Embryology Models - 05 marks
- d. Radiological Anatomy - 05 marks

C. Internal Assessment - Theory : 10 Marks, Practical: 10 Marks

D. Practicals : **90 Marks**

Gross Anatomy

- a. Spotters carrying 2 marks each 02 x 10 = 20 marks
- b. Discussion on Two given dissected specimens 02 x 10 = 20 marks
- c. Surface Anatomy 10 x 1 = 10 marks

Histology

- a. Identification of 10 Slides of 02 mark each 02 x 10 = 20 marks
- b. Discussion on TWO given slides 10 x 2 = 20 marks
(One General and one Systemic)

Text Books Recommended :

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
Cunningham's Manual of practical Anatomy (Vol-I)	G.J. Romanes	15th	1998	ELBS Oxford	£ 3.95
Cunningham's manual of practical Anatomy (Vol-3)	G.J. Romanes	15th	1998	ELBS Oxford	£ 3.95
Essentials of Human Anatomy (Head & Neck)	A.K. Dutta	--	1999	Current Books International	Rs. 200/-
Human Embryology	Inderbir Singh	6th	1996	Mc Milan India Ltd. Delhi	Rs. 242/-
Langman's Medical Embryology	Langman	5th	Nov 1994	William & Wilkins Pub. Baltimore, USA	Rs. 899/-
Text Book of Human Histology	Inderbir Singh	3rd	1997	J.P Brothers Medical. Publishers Delhi	Rs. 200/-

Reference Books

Gray's Anatomy	Peter L. Williams	39th	1995	ELBS	£ 40.00
Last's Anatomy Regional and Applied	Mc Minn RMH	10th	1999	Churchill Livingston, Edinburgh	£ 35.00
Grant's Method Anatomy	John V. Basmajian	11th (Ind)	1997	D.I. Publishers	Rs. 725/-
Lee. Mc Gregor's Synopsis of Surgical Anatomy	G.A.G. Decker	12th	--	K.M. Varghese Bombay	Rs. 350/-

General Human Physiology

Theory : 120 Hrs

MUST KNOW		Hours
I.	General Physiology:	4
1.	Cell- Morphology - Functions of organelles: Cell membrane, nucleus, mitochondria. ribosomes. Lvsosomes.	
2.	Muscle nerve physiology: Neurons: Morphology, classification Nerve Fibres classification, resting membrane potential, action potential, properties, conduction of impulses in myelinated & nonmyelinated fibres.	8
3.	Neuroglia : Types & functions. Muscles: Types, structure of skeletal & smooth muscles, Sarcomere, mechanism of contraction, strength-duration curves, utilization time, rheobase & chronaxie.	
4.	Blood : Composition, properties, functions. RBC; Morphology, functions, count, physiological variations and life span Erythropoiesis - stages. essential factors. regulation.	15
5.	Haemoglobin: Function, concentration, physiological variations Fate of Hb - .Jaundice. tvenes Determination of color index, MCH, MCV, MCHC, PCV - normal values M = Mean, C = Corpuscular, H = Haemoglobin concentration.	
6.	WBCs Morphology, functions of all types including T & B lymphocytes, total and differential counts, physiological variations, leukocytosis & Leukopenia.	
7.	Platelets: Morphology, count, functions, thrombocytopenia & bleeding time.	

	Plasma proteins : Concentrations and functions. Blood groups " Basis of blood grouping, Landsteiner's laws, ABO system, determination of blood groups, blood transfusion, complications of incompatible blood transfusion, RH group, erythroblastosis foetalis, prevention and treatment.	
8.	Haemostasis : mechanisms. Clotting mechanism: factors, intrinsic and extrinsic pathways, Disorders of clotting - haemophilia, vitamin K deficiency. Anti-clotting mechanisms: Antithrombin III, heparin, thrombomodulin & plasminogen, anticoagulants.	
9.	Anaemias: nutritional, aplastic, megaloblastic, iron deficiency. Effects of anaemia.	
10.	Blood volume : Normal values, determination, regulation.	
11.	Lymph : formation, circulation, composition, functions.	
II.	Gastrointestinal System:	10
1.	Salivary secretion : composition, functions, regulation (Deglutition - DESIRABLE TO KNOW).	
2.	Stomach : functions. Gastric juice : composition, functions, regulation, gastrin, gastric emptying time.	
3.	Pancreas : composition, function, regulation of pancreatic juice secretion. Secretion, cholecystokinin - pacreozymmin.	
4.	Liver : functions. Bile : composition, functions, Gall bladder: functions, regulation of emptying	
5.	Succus entericus : composition, function, regulation of secretion.	
6.	Movements of small and large intestines. Defaecation.	
III.	Respiratory System :	12
1.	Physiological anatomy of the lungs.	
2.	Definitions of terms used in respiratory physiology : Eupnoea, Hyperpnoea, tachypnoea, apnoea, dyspnoea.	
3.	Mechanics of breathing - intrapulmonary and intrapleural pressure changes during a respiratory cycle.	
4.	Spirometry-lung volumes and capacities. Vital capacity, times vital capacity, maximal voluntary ventilation.	
5.	Dead space : types, measurement of anatomical dead space. Pulmonary & alveolar ventilation.	
6.	Surfactant : production, functions, respiratory distress syndrome. (Ventilation perfusion ration: DESIRABLE TO KNOW)	
7.	Oxygen transport : Oxy Hb dissociation curves, factors affecting it.	
8.	Carbon dioxide transport : forms. chloride shift (Hamburaers phenomenon)	

9.	Regulation of respiration : Neural regulation : centers - Dorsal Group of Respiratory Neurons (DRG), Ventral group of respiratory neurons (VRG), Nuclear Para Brachialis medialis (NPBL), Hering-breuer reflex.	
10.	Chemical regulation : peripheral and central chemoreceptors, ventilatory responses to oxygen lack, carbon-di-oxide and H ⁺ ions, effect of voluntary hyper ventilation.	
11.	Hypoxia : Types and effects, acclimatization to high attitudes. Cyanosis, asphyxia, Artificial respiration.	
IV.	Cardiovascular System:	
1.	Plan of CVS Greater and Lesser Circulation. Physiological anatomy of the heart, nerve supply. Origin and spread of cardiac impulse. Structure and properties of cardiac muscle. Cardiac cycle : Intraventricular pressure and volume curves Heart sounds, causes, characteristics and significance Normal ECG, leads causes of waves, P-R interval	15
2.	Cardiac output : Definitions, normal values, physiological variations, determination, (Principles underlying the methods only), regulation.	
3.	Arterial blood pressure : Definitions, normal values, physiological variations, factors maintaining blood pressure, Regulation - Vasomotor control, role of afferents to Vasomotor centre (VMC)-baro receptors, Bainbridge reflex, chemoreceptors, hypertension. Heart rate-physiological variations, sinus arrhythmia, Marey law, Bainbridge reflex, chemo receptors, radial pulse.	
4.	Hypovolaemic (Haemorrhagic) shock, physiological basis of signs and symptoms	
5.	Coronary circulation.	
V.	Renal System:	
1.	Functions of kidneys. Nephrons - cortical & juxtamedullary. Juxta glomerular apparatus - functions.	8
2.	Mechanism of urine formation : ultra filtration, GFR - Factors affecting, selective reabsorption- sodium, urea, water, glucose.	
3.	Tubular secretion	
4.	Water excretion, mechanism of urine concentration. Concept of clearance-insulin, PAH & urea clearances. Micturition, Innervation of bladder, cystometrogram, diuresis.	
VI.	Endocrinology:	
1.	Major endocrine glands. Hormone: definition, properties, mechanisms of action. Anterior pituitary : Hormones and their functions, regulation of each hormone, disorders - Gigantism, acromegaly, dwarfism.	14

2.	Posterior pitrtry : hormones - site of synthesis, regulation, diabetes insipidus.	
3.	Thyroid : synthesis of hormones, actions and functions, regulation, disorders : simple goitre, myxoedema, cretinism, Graves disease.	
4.	Adrenal cartex : classification of hormones, actions, functions, regulation of secretion of cortisol and aldosterone.	
5.	Adrenal medulla : actions of adrenaline and noradrenaline, regulation of secretion.	
6.	Endocrine pancreas : hormones, actions, functions, regulation of secretion. Regulation of blood glucose level, diabetes mellitus.	
7.	Parathyroids : hormones, actions of hormones, regulation of secretion. Hypo- & hyper parathyroid conditions, tetany - signs. Calcitonin - source, actions.	
8.	Regulation of blood calcium level - Calcitriol.	
VII.	Reproductive Physiology:	06
1.	Male reproductive system : functions of testes, puberty, spermatogenesis, actions of testosterone, regulation of secretion, of semen.	
2.	Female reproductive system : Structure of ovary & Uterus, hormones, actions, regulation. Menstrual cycle, Hormonal basis of changes in menstrual cycle physiological changes during pregnancy. Action of oestrogen and progesterone, Functions of placenta, Lactation, milk ejection reflex.	
3.	Family Planning Methods : In the males : Coitus interruptus, condoms, vasectomy.	
4.	In females: Rhythm method, Intra Uterine Contraceptive Devise (IUCD), oral contraceptives, tubectomy.	
VIII.	Nervous System:	10
1.	Synapse : Types, properties Sensory receptors : definition, classification, properties. Reflex action : Definition reflex arc, classification, general properties. Pathways for fine touch, pressure, proprioception, crude touch, thermal and pain sensations, referred pain.	
2.	Spino-cerebellar tracts : pathway and function. Pyramidal tracts: origin, course, termination and functions. Signs of upper & lower motor neurone lesions. Functions of Cerebellum, Basal ganglia, Thalamus, Hypothalamus. Signs of Cerebellar disorders & Parkinson's disease. (Reticular formation, EEG, Sleep (NREM, REM)) Functions of Limbic system, Higher function of Brain - Memory, Learning & Motivation. (DESIRABLE TO KNOW)	
3.	Cerebral cortex : lobes & functions.	
4.	Autonomic nervous system : Organization & functions.	
5.	Cerebrospinal fluid : formation, circulation, composition and function, Lumbar puncture.	

6.	Regulation of body temperature.	
IX.	Special Senses:	18
1.	Vision : physiological anatomy of eye ball, functions of iris, aqueous humor, lens, rods & cones. Accommodation to near vision.	
2.	Refractive errors : Myopia, hypermetropia, presbyopia & astigmatism. Visual acuity, pupillary reflexes.	
3.	Visual pathways.	
4.	Audition : Anatomic consideration, functions of outer, middle & inner ear, cochlea, organ of corti, mechanism of hearing.	
5.	Auditory pathways, deafness - types & tests	
6.	Taste : taste buds, primary taste sensation, pathway for taste sensation	
7.	Smell : receptors, olfactory pathways.	

Practicals :

60 Hours

Sl. No.	To be done by Students :	Hours
1.	Study of Microscope and its uses	02
2.	Collection of blood and study of haemocytometer	02
3.	Haemoglobinometry	02
4.	Determination of RBC count	08
5.	Determination of WBC count	04
6.	Determination of blood groups	02
7.	Leishman's staining and differential leucocyte count	10
8.	Calculation of blood indices	02
9.	Determination of bleeding time	01
10.	Determination of clotting time	01
11.	Blood pressure recording	04
12.	Auscultation of Heart sounds	04

Demonstrations (only)

Sl. No.	To be done by Students :	Hours
1.	Determination of Erythrocyte Sedimentation rate (ESR)	02
2.	Determination of packed cell volume (PCV)	02
3.	Determination of specific gravity of blood	02
4.	Fragility test for RBC	02
5.	Clinical examination of chest	02
6.	Determination of vital capacity	02
7.	Artificial respiration	02
8.	Demonstration of deep and superficial reflexes	02
9.	Activity of frog's heart and effects of Acetyl Choline, Atropine and Adrenaline.	02
	Total	60

DESIRABLE TO KNOW

Transport mechanisms

Neuromuscular junction, excitation contraction coupling, Myasthenia gravis, Rigor Mortis

Body fluid compartments

Principles of measurement, normal values

Blood:

Development of WBC's & platelets

Electrophoresis, Plasma pheresis

Blood bank.

Respiratory system:

Compliance of the lungs

P 50 value, Co-efficient of oxygen utilization

Dysbarism, Dyspnoea - Dyspnoeic index

Non-respiratory function of respiratory system.

Cardio vascular system :

Cardiovascular changes in muscular exercise.

Renal system:

TmG, renal threshold for glucose, tubular load for glucose.

Counter current mechanism

Endocrinology:

Synthesis of thyroid hormone.

Disorders - Addison's disease, Cushings syndrome, Conn's Syndrome,

Adrenogenital syndrome, Pheochromocytoma

Methods of study of endocrine glands.

Central nervous system.

Reflexes - Flexion reflex, stretch reflex, reverse stretch reflex.

Connections of cerebellum, basal ganglia, Thalamus & hypothalamus

Functions of Vestibular apparatus - Reticular formation

EEG - sleep, Wakefulness.

Methods of study of functions of nervous system special senses,

Effects of lesions of visual pathways.

Field of vision, colour vision, colour blindness.

Structure of thyroid, pituitary, pancreas, parathyroid, Adrenal cortex and medulla.

Gastrointestinal function : Deglutition.

Respiratory System: Ventilation perfusion ration.
 Nervous system: Reticular formation, EEG, Sleep (NREM, REM), functions of Limbic system, Higher functions of brain - Memory, Learning & Motivation.

Scheme of Examination

A. Theory :

35 Marks

Distribution of Topics and Types of Questions

Contents	Type of Questions and Marks	Marks
Long Essay Questions preferably from 1. Blood 2. Gastro intestinal tract 3. Cardio Vascular System 4. Respiratory System 5. Endocrines 6. Reproductive System	Long Essays 01 x 10 marks	10
Short Essay Questions should be set from all the chapters. (Except the chapter on which a Long Essay Question has been set)	Short Essay 03 X 5 marks	15
Short Answer Questions should be set from all the chapters. (Except the chapter on which a Long Essay Question has been set)	Short Answers 05 x 2 marks	10
	Total	35 marks

B. Viva Voce

: 10 Marks

C. Internal Assessment - Theory : 05 marks, Practicals

: 05 marks

D. Practicals

: 45 Marks

Major Experiments - 30 Marks

Any one of the Major Experiments

1. R.B.C. Count
2. W.B.C. Count
3. Differential Count
4. Blood Pressure Recording

Minor Experiments - 15 Marks

Any one of the minor Experiments

1. Determination of Blood Groups
2. Determination of Bleeding & Clotting time
3. Haemoglobin Estimation
4. Calculation of absolute Haematological Indices - MCH , MCV, MCHC

Text Books Recommended:

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
Text book of Medical Physiology.	Guyton Arthur	09th	1999	Prism & Sounder's Bangalore	Rs.515/-
Concise medical physiology	Chaudhuri Sujit. K	2nd	1998	Central Book Agency Calcutta	Rs.495/-
Human Physiology Vol - I	Chatterjee C. C.	11th	1998	Medical Allied Agency Calcutta	Rs.130/-
Human Physiology Vol - II	Chatterjee C. C.	10th	1998	Medical Allied Agency Calcutta	Rs.120/-

Reference Books:

Review of Medical Physiology	Ganong William. F	18th	1989	Appleton & Lang USA	\$18.00
Physiological basis of Medical practice	Best & Taylor	10th	1999	Willian & Wilkins Hongkong London	\$40.00

Biochemistry, Nutrition and Dietics
Theory : 70 hours

Sl.No	Must Know	Desirable to Know
1.		Introduction to biochemistry and its scope in dentistry. (1 hrs)
2.	<p>Carbohydrates: (4 Hrs.)</p> <ol style="list-style-type: none"> 1. Definition 2. Classification 3. Isomerism of Sugars 4. Physiologically important mono, di and polysaccharides 5. Glycogen, starch, cellulose 6. Mucopolysaccharides - hyaluronic acid, chondroitin sulphate, heparin 	
3.	<p>Amino Acids (6 Hrs.)</p> <ol style="list-style-type: none"> 1. Classification based on structure and nutritional importance 2. Optical activity 3. Isoelectric pH 4. Physiologically active peptides <p>Proteins-</p> <ol style="list-style-type: none"> 5. Definition 6. Functions 7. Classification 8. Structure 9. Denaturation 10. Plasma Proteins and their separation by electrophoresis 11. Immunoglobulins 12. Haemoglobin and its abnormal forms 	Special features and organisation of Proteins, collagen, structure and composition, muscle protein-actin and myosin
4.	<p>Lipids: (4 Hrs.)</p> <ol style="list-style-type: none"> 1. Definition 2. Classification 3. Functions 4. Fatty Acids 5. Neutral Fats 6. Phospholipids 7. Cholesterol 8. Lipoproteins 	
5.	<p>Nucleic Acids : (3 hrs)</p> <ol style="list-style-type: none"> 1. Composition 2. Structure & Types of Deoxy ribonucleic acid (DNA) & Ribonucleic acid (RNA) 3. Nucleosides and Nucleotides and their importance 	

Sl.No	Must Know	Desirable to Know
6.	<p>Vitamins: (8 Hrs.)</p> <ol style="list-style-type: none"> 1. Definition 2. Classification, Chemistry, Sources, Requirement, Function, Metabolic role and Deficiency signs of vitamins: A, D, E, K, C, Thiamin, Riboflavin, Niacin, Pyridoxine, Folic Acid, Cyanocobalamine. . 	Genetic Code
7.	<p>Enzymes: (6 Hrs.)</p> <ol style="list-style-type: none"> 1. Definition 2. Classification 3. Chemical nature 4. Enzyme specificity, mechanism of action 5. Properties of enzymes 6. Coenzymes and cofactors 7. Holoenzyme 8. Proenzyme 9. Isoenzyme 10. Factors influencing enzyme activity 11. Enzyme inhibition-types and examples 	Diagnostic enzymes
8.	<p>Carbohydrate Metabolism (8 Hrs.)</p> <ol style="list-style-type: none"> 1. Digestion and absorption of carbohydrates 2. Glycolysis 3. Cori's cycle 4. Citric acid cycle 5. Energetics of glucose oxidation 6. Glycogenolysis 7. Glycogenesis 8. Hexose monophosphate shunt 9. Regulation of blood glucose 	Fermentation, biochemical changes during muscular contraction, electron transport chain, oxidative phoaphorylation, respiratory poisons, oxygen toxicity, gluconeogenesis, glycogen storage disorders.
9.	<p>Lipid Metabolism (6 Hrs.)</p> <ol style="list-style-type: none"> 1. Digestion and absorption of lipid 2. Beta oxidation of fatty acids and its energetics 3. Ketone body formation 4. Utilization 5. Ketoacidosis 	Synthesis of palmitic acid and triglycerides, fatty liver, and lipotropic action, metabolism during starvation
10.	<p>Protein Metabolism (8 Hrs.)</p> <ol style="list-style-type: none"> 1. Digestion and absorption of Amino acids 2. Synthesis of Proteins 3. Deamination of Amino acids 4. Transamination 5. Decarboxylation 	Glycine metabolism Synthesis of important products like creatine, noradrenaline, adrenaline, thyroxin, serotonin, heme from amino acids

Sl.No	Must Know	Desirable to Know
	6. Production and fate of ammonia 7. Urea cycle pathway 8. Methionine metabolism 9. Phenylalanine metabolism 10. Phenylketonuria, albinism, Alkaptonuria	
11.	Nutrition and Diets (5 Hrs.) 1. Dietary factors 2. Basal metabolic rate 3. Biological value of protein 4. Glucose sparing action 5. Essential amino acids 6. Dietary fibre 7. Essential fatty acids 8. Balanced diet	Principles of calorimetry, Respiratory quotient, Specific Dynamic Action of foods, protein-calorie malnutrition (kwashiorkor and marasmus), nitrogen balance, milk-composition and functions, determination of Basal Metabolic Rate (BMR)
12.	Mineral metabolism (5 Hrs.) Distribution, sources, functions, requirements, absorption, metabolism, effect of deficiencies of 1. Calcium and phosphorus 2. Iron 3. Iodine 4. Fluorine	
13.	Liver Function Tests: (3 hrs) 1. Liver function tests 2. Importance of alkaline phosphatase 3. Galactose tolerance test	Van den Bergh reaction Albumin / Globulin Ratio Bromsulphthalein Excretion test Serum Glutamate Pyruvate Transaminase (SGPT) and other enzymes
14.	pH and its biological importance (2 Hrs.) 1. Acids and bases 2. Buffers 3. Acid base balance 4. Acidosis and alkalosis	Henderson-Hasselbatch equation, role of the kidney in acid base balance.
15.	Renal Function Test (1 Hr.) 1. Urea clearance test 2. Creatinine Clearance	
16.	Blood Constituents (1Hr.) Normal and abnormal variations of 1. Calcium and phosphorus 2. Creatinine 3. Alkaline and acid phosphatase	Normal and abnormal variations of Urea, cholesterol, bilirubin, uric acid, transaminases.

Practicals: 60 hrs

1. Reactions of monosaccharides - glucose & fructose
2. Reactions of disaccharides - lactose, maltose and sucrose.
3. Preparation of osazones from glucose, fructose, lactose & maltose
4. Reactions of polysaccharides - starch
5. Identification of unknown carbohydrate
6. Colour reactions of proteins - albumin.
7. Colour reactions of proteins - gelatin & peptone.
8. Colour reactions of proteins - casein.
9. Precipitation reactions of albumin
10. Precipitation reactions of gelatin and peptone
11. Precipitation reactions of - casein
12. Identification of unknown protein
13. Reactions of urea, uric acid and creatinine
14. Identification of physiologically important constituents.
15. Composition of saliva and starch digestion by salivary amylase.
16. Qualitative analysis of gastric juice - normal and abnormal contents
17. Urine analysis - normal constituents.
18. Urine analysis - abnormal or pathological constituents.
19. Determination of titrable acidity and ammonia content in urine.
20. Determination of creatinine content in urine, calculation of creatinine clearance.
21. Estimation of Blood glucose.

Demonstration Sessions : (Desirable to know)

1. Colorimeter
2. Electrophoresis & Chromatography
3. Estimation of Serum calcium and phosphorus
4. Estimation of Bilirubin
5. Estimation of Urea in blood
6. Estimation of total protein in blood serum
7. Preparation of haemin crystals
8. Discussion of clinical charts - Glucose Tolerance Test (GTT)
9. Spotting of specimens -
Haemin, Osazone - Microscopy, Ryle's tube, Folin -wu tube, Urinometer, Tests - Biuret reaction, Millon's reaction, Jaffe's reaction, Barfoed's reaction.

Scheme of Examination

A. Theory:

35 Marks

Distribution of Topics and Types of Questions

Contents	Type of Questions and Marks	Marks
Chemistry of Carbohydrates, proteins, lipids and amino acids. Fat soluble and water soluble vitamins. Enzymes. Metabolism of carbohydrates, proteins, lipids and minerals.	Long Essays 01 x 10 marks	10
Chemistry and metabolism of: carbohydrates, lipids, proteins, nucleic acids, minerals. Fats soluble and water soluble vitamins, Nutrition and dietetics, Liver function tests, pH and its biological importance, Renal function tests, Blood constituents, Biological oxidation.	Short Essay 03 X 5 marks	15
Chemistry and metabolism of: carbohydrates, lipids, proteins, nucleic acids, minerals. Fats soluble and water soluble vitamins, Nutrition and dietetics, Liver function tests, pH and its biological importance, Renal function tests, Blood constituents.	Short Answers 05 x 2 marks These questions may be selected from both 'must know' and 'desirable to know' category	10
	Total	35 marks

Preferably, 75% of questions can come from the 'must know' category which helps the candidate to pass, remaining may come from 'desirable to know' category, which places him/her in the merit category.

B. Viva - Voce:

10 Marks

C. Internal Assessment - Theory : 05 Marks, Practicals : 05 Marks

Internal Assessment (for theory):

75% - Questions from MUST KNOW Category

25% - Questions from DESIRABLE TO KNOW Category

D. Practicals:

45 Marks

- | | | |
|--|---|-----------------|
| 1. One procedure for quantitative estimation | = | 20 marks |
| 2. One procedure for qualitative analysis | = | 15 marks |
| 3. Interpretation of Laboratory results in a given chart | = | 10 marks |
| Total | | 45 marks |

The following are suggested:

Quantitative Estimation (Any ONE estimation to be done)

1. Estimation of Blood Glucose - using Folin-wu method, using deproteinized blood.
2. Determination of Creatinine in Urine - using Jaffes's method
3. Determination of Titrable acidity and Ammonia content of Urine - using Malfatti's Method

Qualitative Analysis (Any ONE analysis to be done)

1. Identification of Carbohydrates - glucose, fructose, sucrose, lactose, maltose, starch.
2. Colour Reactions - albumin
3. Precipitation Reactions - albumin
4. Identification of Proteins - albumin, gelatin, casein, peptone
5. Urine Analysis - normal constituents
6. Urine Analysis - pathological constituents

Chart Interpretation (Interpretation of ONE Clinical chart)

1. Glucose Tolerance Test
2. Values of Blood Constituents and their clinical variation: - urea, cholesterol, calcium, phosphorus, bilirubin.

Recommended Books:

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
A Text book of Biochemistry for Dental Students	Harbanslal	1st	1995	CBS Pub. New Delhi	Rs. 130/-
Concise Clinical Medical Biochemistry	Pattabhiraman	--	1986	Prithvi Pub.. Bangalore	Rs. 85/-
Fundamentals of Biochemistry	A. C. Deb	6th	1998	New Central Book Agency Calcutta	Rs. 395/-
Text Book of Biochemistry	AVS Rama Rao	7th	1995	UBSPD with LKS pub. Vishakapatnam	Rs. 135/-
Textbook of Medical Biochemistry	S. Ramakrishnan K.G.Prasanna R. Rajan	3rd	2001	Orient Longman Hyderabad	Rs. 410/-

Reference Books

Review of Biochemistry	Harpers	24th	1996	USA Appleton and Lange Pub.	US \$ 19.50
Basic and Applied Dental Biochemistry	William R.D & Elliot J.C.	2nd	1990	Singapore Langman Pub.	US \$ 19.50
Principles of Biochemistry	Albert Lehninger	2nd	1993	New Delhi CBS pub.	Rs. 695/-

I BDS

Human Oral and Dental Anatomy, Embryology, Physiology and Histology

Theory - 105 Hrs.

I. DENTAL ANATOMY:	
1. Introduction, Dental Anthropology & Comparative Dental Anatomy	Sl.No. 1 To 4 - 3 HRS.
2. Function of teeth.	
3. Nomenclature.	
4. Tooth numbering systems (Different system) (Dental formula).	
5. Chronology of deciduous and permanent teeth. (First evidence of calcification, crown completion, eruption and root completion).	2 Hrs
6. Deciduous teeth - a. Nomenclature. b. Importance of deciduous teeth. c. Form & function, comparative dental, Anatomy, fundamental curvature.	4 Hrs.
7. Gross morphology of deciduous teeth.	5 Hrs.
8. General differences between deciduous and permanent teeth.	
9. Morphology of permanent teeth. - Chronology, measurements, description of individual surface and variations of each tooth.	3 Hrs.
10. Morphological differences between incisors, premolars and molars of same arch.	10 Hrs.
11. Morphological differences between maxillary and mandibular. incisors, canines, premolars and molars of the opposite arch.	5 Hrs.
12. Internal Anatomy of Pulp.	1 Hr.
13. Occlusion: a. Development of occlusion. b. Dental arch form. c. Compensating curves of dental arches. d. Angulations of individual teeth in relation to various planes. e. Functional form of the teeth at their incisal and occlusal thirds. f. Facial relations of each tooth in one arch to its antagonist or antagonists in the opposing arch in centric occlusion. g. Occlusal contact and interscusp relations of all the teeth of one arch with those in the opposing arch in centric occlusion. h. Occlusal contact and interscusp relations of all the teeth during the various functional mandibular movements.	8 Hrs.

<p>i. Neurobehavioural aspect of occlusion. Temporomandibular Joint (T.M.J.):</p> <ul style="list-style-type: none"> - Gross Anatomy and articulation. - Muscles (Muscles of mastication). - Mandibular position and movements. - Histology. - Clinical considerations with special emphasis on Myofascial Pain Dysfunction Syndrome (MPDS) - (Desirable to Know) 	
ORAL PHYSIOLOGY:	
1. Theories of calcification.	01 hr.
2. Mastication and deglutition.	01 hr.
Oral Embryology, Anatomy and Histology:	
1. Development and growth of face and jaws.	1 hr.
2. Development of tooth.	6 hrs.
3. Cranial nerves with more emphasis on V.VII and IX.	1 hr.
4. Blood supply, nerve supply and lymphatic drainage of teeth and surrounding structures.	1 hr.
5. Cell - structure and function.	1 hr.
6. Maxillary sinus - Structure, Variations, Histology function and clinical considerations.	3 hrs.
7. Salivary Glands - Classification, structure, function, Histology, Clinical Considerations and age changes.	4 hrs.
8. Oral Mucous membrane: <ul style="list-style-type: none"> - Definitions, General consideration. - Functions and classifications. - Structure and microscopic appearance of gingiva, palate, lips, alveolar mucosa, tongue, floor of mouth. - Gingival sulcus and dento gingival junction. - Clinical considerations and age changes. 	8 hrs.
ENAMEL: <ul style="list-style-type: none"> - Physical characteristics, chemical properties structure. - Development - Life cycle of ameloblasts Amelogenesis and Mineralisation. - Clinical considerations. - Age changes. 	8 hrs.
DENTIN: <ul style="list-style-type: none"> - Physical characteristics, chemical properties, structure. - Types of dentin. - Dentin innervation and hypersensitivity. - Development - Dentinogenesis and mineralisation. - Clinical considerations. - Age Changes. 	6 hrs.

<p>PULP : Anatomy, structural features, functions, pulp organs.</p> <ul style="list-style-type: none"> - Developments. - Clinical consideration - Age changes. 	5 hrs.
<p>CEMENTIUM:</p> <ul style="list-style-type: none"> - Physical characteristics, chemical properties, structure. - Cementogenesis. - Clinical consideration - Age changes. 	5 hrs.
<p>PERIODONTAL LIGAMENT:</p> <ul style="list-style-type: none"> - Cells and fibers - Functions - Development - Clinical Considerations. - Age Changes 	5 hrs.
<p>ALVEOLAR BONE:</p> <ul style="list-style-type: none"> - Physical characteristics, chemical properties structure. - Structure - Development. - Internal reconstruction. - Clinical consideration. 	5 hrs.
<p>HISTOCHEMISTRY OF ORAL TISSUES. (Tissue processing)</p>	4 Hrs.
<p>THEORIES OF ERUPTION AND SHEDDING. (Physiological tooth movement)</p>	4 Hrs.

PRACTICAL : 250 Hours

Preparation of Ground sections, haematoxylin & Eosin sections & decalcified section - (Desirable to know).

<p>DENTAL ANATOMY:</p> <p>Carving on wax blocks:-</p> <ol style="list-style-type: none">Cube, rectangle, cone and cylinderIndividual tooth - Only permanent teeth of both arches. - Central, Incisors, Lateral, Canines, Premolars and 1st molar.	
<p>HISTOLOGY:</p> <p>List of Histology slides: Development of tooth:</p> <ol style="list-style-type: none">Bud stage of tooth development.Cap stage of tooth development.Early bell stage of tooth development.Late Bell stage of tooth development.Root formation.	
<p>ENAMEL :</p> <ol style="list-style-type: none">Enamel rod.Hunter-Schreger BandsTufts, Lamellae, Spindles.Incremental lines of Retzius.Neonatal line.Gnarled Enamel.	
<p>DENTIN :</p> <ol style="list-style-type: none">Dentino - Enamel junction.Dentinal Tubules.Incremental lines of Von Ebner.Contour lines of Owen.Neonatal line.Tomes granular layer.Interglobular Dentin.Secondary Dentin.Intratubular Dentin.Intertubular Dentin.Dead TractsTertiary DentinSclerotic Dentin	
<p>CEMENTUM:</p> <ol style="list-style-type: none">Cellular cementum.Acellular cementum.	

<p>3. Cemento enamel junction - Type 1 - 60% type - Overlapping. - Type 2 - 30% type - Butt - Type 3 - 10% type - GAP type 4. Sharpey's fibers. 5. Hypercementosis. 6. Cementum</p>	
<p>PULP: 1. Zones of Pulp. 2. Pulp stones.</p>	
<p>PERIODONTAL PRINCIPAL LIGAMENT: 1. Principal fibers of Periodontal ligament - Apical, Horizontal, Oblique, Alveolar crest, Interradicular, Transeptal</p>	
<p>ALVEOLAR BONE: 1. Haversian system. 2. Trabeculated bone. 3. Mature and immature bone.</p>	
<p>SALIVARY GLANDS: 1. Mucous gland. 2. Serous gland. 3. Mixed gland.</p>	
<p>MAXILLARY SINUS: Sinus lining (Pseudostratified ciliated columnar) (Desirable to know)</p>	
<p>ORAL MUCOUS MEMBRANE: 1. Parakeratinised epithelium. 2. Orthokeratinised epithelium. 3. Palate - Anterolateral zone. 4. Palate - Posterolateral zone. 5. Alveolar mucosa. 6. Vermilion border of lip. 7. Tongue - Circumvallate Papillae. - Fungiform Papillae - Filiform Papillae 8. Dentogingival junction. 9. Skin</p>	
<p>Temporo Mandibular Joint (T.M.J.): 1. Histological section (Desirable to know).</p>	

LECTURE DEMONSTRATION :

1. Identification of Individual teeth.
 - Deciduous.
 - Permanent.
2. Mixed dentition using study models.
3. Cross - Section & T.S. of mandible and maxilla with teeth present using study models.
Demonstration of preparation of ground section, Decalcification, Paraffin section & H & E Staining.

Scheme of Examination

A. Theory : 70 Marks
Distribution of Topics and Type of Questions

Contents	Type of Questions and Marks	Marks
A. Dental anatomy - one question - 10 marks B. Dental histology - one question - 10 marks	Long Essays 2 x 10 marks	20
A. Oral histology - five questions - 25 marks B. Dental anatomy - two questions - 10 marks C. Oral physiology - one question - 05 marks	Short Essays 08 x 5 marks	40
A. Oral histology - two questions - 04 marks B. Dental anatomy - one question - 02 marks C. Oral physiology - one question - 02 marks D. Oral embryology - one question - 02 marks	Short Answers 05 x 2marks	10
	Total	70

B. Viva Voce : 20 Marks

C. Internal Assessment - Theory : 10 marks, Practicals : 10 marks

D. Practicals : 90 Marks

1. Carving 30 marks 1 hour 15 min
2. Spotters 60 marks (20 spotter x 3 marks) 1 hour 15 min

- 13 histology and ground section slides
- 4 tooth identification
- 3 casts for identifications of teeth, numbering system and age assessment.

Text Books Recommended :

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
Orban's Oral Histology and Embryology	Orban's	10th	1990	American Publication Ontario, Canada	Rs. 350/-
Oral Histology - Development, Structure and Functions	A. R. Tencate	5th	1998	Mosby A Harcourt Health Science Company USA	\$ 25.00
Dental Anatomy, Physiology and Occlusion	Wheeler's	7th	1993	Prism Book Pvt. Ltd. Bangalore	Rs. 300/-

REFERENCE BOOK:

- Dental anatomy by Scoot & Simon.
- Oral Physiology by Lavelle.
- Oral Physiology by Jenkins.
- Dental Anatomy by Krauss.
- Dental Anatomy - It's relevance to dentistry 5th edition by Woelfel
- Illustrated Dental Embryology, Histology and Anatomy- 2nd edition By Bath- Balogh

I BDS DENTAL MATERIALS

Sl. No.	Theory - 20 Hrs. Practical - 40 Hrs.	Total 60 Hrs.
1.	Introduction: a. Brief History of the development of the science of Dental Materials b. Aim of studying the subject of Dental Materials. c. Scope and requirements of Dental materials d. Spectrum of materials - Classification Clinical and laboratory applications	01
2.	Structure and behaviour of matter: a. Basic principles - Physical and mechanical properties, Chemical properties, biological properties, rheological properties, thermal properties, light, colour and esthetics. Tarnish and corrosion, surface properties and adhesion, biocompatibility allergy, toxicity, setting reactions. b. Enamel and Dentine and bone. c. Polymers d. Metals and alloys e. Ceramics f. Composites g. Standardisation and assessment of dental materials.	02
3.	Impression materials and duplicating materials: a. Requirements, classification. b. Desirable properties, composition, setting properties, advantages, disadvantages, indications and manipulation of inelastic and elastic materials. (Tray compound, impression compound, Low fusing compound, Impression plaster, Zinc oxide Eugenol impression paste, Non Eugenol paste, Alginate, Agar Elastomeric impression materials) Comparative studies between all.	03
4.	Gypsum products (Detail), die, cast and model materials (including brief account of electroformed dies):	02
5.	Waxes and baseplate materials - Contents, properties, manipulation and uses (Modeling wax, casting wax, boxing wax, utility wax, Sticky wax, impression wax, carding wax, preformed wax patterns	02
6.	Denture base resins a. Tray materials. b. Temporary base materials - contents, properties, manipulation, advantages and disadvantages.	02

Sl. No.	Theory - 20 Hrs. Practical - 40 Hrs.	Total 60 Hrs.
	c. Permanent base resins - types, composition, properties and technical consideration (Flasking, packing, curing, deflasking and processing errors) d. Others - Tissue conditioners, soft liners and hard liners.	
7.	Tooth restorative materials - Classification and ideal properties : a. Dental cements - classification ideal requirements of liners, base and luting cements. Composition, properties, chemistry of setting, manipulation and uses of silicate and silico phosphate cements (in brief), zinc phosphate, zinc polycarboxylate, calcium hydroxide, glass ionomer, modified glass ionomer and resin cement. Comparative studies of mechanical, biological and esthetic properties of all cements.	10
8.	Metals and Alloys - Solidification and microstructure of metals, classification of alloys, relevant physical and mechanical properties, annealing, heat treatment, soldering, welding, fluxes and ant fluxes.	03

Practical Exercises : 40 Hours

II Exercises to be done by each student :

- a. Impression material - 20 hours
Manipulation and making impression and identifying setting time and defects.
(Comparative studies included)
- b. Gypsum products - 20 hours

Recommended Text Books

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
Science of Dental Materials	Kennet. J. Anusavice	11th	2007	W.B. Sunder's Company, USA	\$35.00
Notes on Dental Materials	E.C. Combe	06th	1992	Churchill Livingstone, UK	4.95 pounds
Applied Dental Material	John. F. Mc. Cabe	07th	1992	Oxford Blackwell Scientific pub. London	Rs. 320/-
Text Book of Dental Material	Craig. O. Brien	06th	1996	Mosby, USA	\$ 15.00
Restorative Dental Materials	Craig.	11th	2002	Mosby, USA	Rs. 675/-

I BDS

PRE-CLINICAL PROSTHODONTICS AND CROWN AND BRIDGE

Practical: 100 Hours

1. Preparation of special trays
2. Preparation of temporary and permanent denture bases
3. Preparation of occlusion rims
4. Orientation of occlusion rims on articulator
5. Arrangement of teeth
6. Processing of complete dentures

RECOMMENDED TEXT BOOKS

Author	Name of the Book & Title	Edition	Year. of Publ.	Publishers Name Place of Publ.	Price
Boucher	Prosthetic Treatment of Edentulous Patients	XI	1997	Mosby St. Louis, Missouri, USA	\$ 76
Heartwell	Syllabus of Complete Denture	IV	1992	Varghese Publishing House	Rs 595
Tylman	Theory and Practice of Fixed Prosthodontics	VIII	1993	Ishiyaku Euro America Inc. 716, Hanley Industrial Court St. Louis Missouri, USA	\$ 69
McCracken	Removable Partial Denture	VIII	1989	CBS Publishers & Distributors Shadara, Delhi	Rs 350
Skinner	Science of Dental Materials	X	1996	W.B Saunders Company, Philadelphia, USA	\$ 35
Craig	Dental Materials, Properties & Manipulation	VI	1996	Mosby, St. Louis Missouri, USA	\$ 35

II Year - BDS

DENTAL MATERIAL

	Theory - 60 Hrs. Practical - 200 Hrs.	
1.	Chemistry of synthetic resins used in dentistry.	02
2.	Dental porcelains - types, composition, role played by each ingredient, manipulation, advantages and disadvantages, aluminous, porcelain, castable porcelain, metal fused porcelain, and porcelain repair materials.	05
3.	Tooth restorative materials - Classification and ideal properties : b. Cavity bases, liners and varnishes. c. Restorative resins - Brief history of resins as tooth restorative materials, filled resins (composite resins) - classification, chemistry of setting, composition, properties, uses, manipulation advantages and disadvantages, acid etching, bonding agents (Enamel and dentin bonding systems), Pit and fissure sealants.	12
4.	Direct filling Gold - types, advantages, disadvantages, brief study of manipulation (cold welding).	03
5.	Silver amalgam alloy - Brief history, classification, composition, role played by each ingredient, setting reaction, properties, manipulation and uses, comparative study of all types of silver amalgams Mercury Hygiene and Toxicity	04
6.	Casting gold alloys - Classification, corrosion, contents and role played by each ingredient, indications, white gold, uses.	03
7.	Dental casting investments - (Refractory materials) Classification, composition, setting reaction, manipulation and technical consideration.	03
8.	Casting procedures and casting defects, in general	04
9.	Base metal casting alloys - properties, composition and uses of Co-Cr, St. steel.	04
10.	Materials used in orthodontia - Luting cements, direct bonding agents, St. Steel, properties and gauzes of wires of gold, st. steel, Co-Cr and titanium alloys, brackets, sensitization.	06
11.	Abrasives and polishing agents - a. Clinical b. Laboratory.	04

Sl. No.	Theory - 20 Hrs. Practical - 40 Hrs.	Total 60 Hrs.
12.	Dental implant materials - History, biological properties and different designs.	02
13.	Miscellaneous - a. Infection control b. Artificial tooth material. c. Separating media d. Die spacers e. Tray adhesives f. Petroleum jelly g. Articulating paper h. Pressure indicating paste i. Endodontic materials j. Comparative studies between metallic and nonmetallic denture base. k. Bioglass l. Sprues m. Setting expansion, hygroscopic expansion, thermal expansion n. Dentifrices.	08

Practical Exercises : 200 Hours

I Demonstration of manipulation of all materials for a batch not more than 8 students.

II Exercises to be done by each student:

- a. Manipulation and pouring impressions - identify setting time and working time and working time with reference to proportion, water temp, and spatulation time.
- b. Self-cure and heat cure acrylic resin manipulation and curing.
- c. Cements - manipulation and studying setting time and working time for luting, base & restoration.
- d. Silver Amalgam - manipulation, trituration.

Scheme of Examination

A. Theory : 70 Marks

Distribution of Topics and Type of Questions :

Contents	Type of Questions and Marks	Marks
Conservative Dentistry Topics	Long Essays 1 x 10 marks	10
Prosthodontics topics	Long Essays 1 x 10 marks	10
Conservative and Prosthetic topics (Four questions from each subject)	Short Essays 8 x 5 marks	40
Orthodontia*	Short Essays 2 x 2 marks	04
Conservative and Prosthetics topics* (Five questions from each subject)	Short Answers 3 x 2 marks	06
	Total	70

B. Viva Voce : **20 Marks**

C. Internal Assessment - Theory : 10 marks, Practicals : 10 marks

D. Practicals : **90 Marks**

1. Spotters: Identify and write the composition and two important uses:

Spotters - 25 Nos.

Marks - 01 Each

Time - 02 Minutes each - 25 Marks

2. Exercise No. 1 - 20 Marks

Any one exercise of the following:

- Manipulation of impression compound and preparation of a plaster cast of U/L arch.
- Manipulation of alginate impression material and preparation of plaster cast of U/L arch.
- Manipulation of Zinc Oxide Eugenol impression paste, and preparation of cast of U/L arch.
- Manipulation of Rubber Base impression material and preparation of Stone cast

3. Exercise No. 2 - 20 marks

Manipulation of any one of the following Dental Cements.

- ZOE (Luting and Filling consistency)
- Zinc Phosphate Cement (Luting and Base consistency)
- Glass Ionomer Cement Type I/II (Luting/Filling consistency)

d. Polycarboxylate Cement (Luting consistency).

(Cements which are mixed for filling consistency should be filled in the cavity prepared in the extracted natural tooth / typhodont.)

4. Exercise No. 3

- 25 marks

- a. Trituration of Silver Amalgam and Condensation into the cavity prepared in extracted natural tooth/typhodont.
- b. Mixing to heat cure Acrylic resin and recording of time taken for all stages.

Recommended Text Books

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
Science of Dental Materials	Kennet. J. Anusavice	11th	2008	W.B. Sunder's Company, USA	\$ 35.00
Notes on Dental Materials	E.C. Combe	06th	1992	Churchill Livingstone, UK	\$ 4.95
Applied Dental Material	John. F. Mc. Cabe	07th	1992	Oxford Blackwell Scientific Pub. London	Rs. 320/-
Text Book of Dental Material	Craig. O. Brien	06th	1996	Mosby, USA	\$ 15.00
Restorative Dental Materials	Craig.	11th	2002	Mosby, USA	Rs. 675

II B.D.S PRE-CLINICAL PROSTHODONTICS

THEORY : 25 hrs, PRACTICALS -200 hrs 10 hrs / week]

I. Introduction to Prosthodontics - Scope and Definition	
A. Masticatory apparatus and function: <ol style="list-style-type: none"> 1. Maxillae & Mandible with & without teeth. 2. Muscles of mastication and accessory muscles of mastication. 3. Brief anatomy of TMJ. 4. Mandibular movements. 5. Functions of teeth. 	Must Know 2 hrs
B. Various branches of Prosthodontics and prosthesis: <ol style="list-style-type: none"> 1. Scope & limitation. 2. Appliances v/s prosthesis. 3. Dental prosthesis v/s non-dental prosthesis. 	Must Know 1 hr
C. Effect of loss of teeth: <ol style="list-style-type: none"> 1. On general health. 2. On masticatory apparatus. 3. Need of replace lost teeth. 	Must Know 1 hr
D. Outline of Prosthodontics: <ol style="list-style-type: none"> 1. Types of Prosthesis. 2. Requirements of prosthesis- Physical, biological, esthetic considerations. 	Must Know 1 hr
II. Introduction to components of Prosthesis	
A. Complete Denture Prosthesis: <ol style="list-style-type: none"> 1. Various surfaces (Border and surface anatomy). 2. Components - Base and Teeth. 	Must Know 1 hrs
B. Removable Partial Denture: <ol style="list-style-type: none"> 1. Classification. 2. Major and minor Connectors. 3. Direct retainers. 4. Rests. 5. Indirect retainers. 6. Denture base. 7. Artificial teeth. 	Must Know 2 hrs
C. Fixed Partial Denture: <ol style="list-style-type: none"> 1. Classification. 2. Retainers. 	Must Know 1 hr

3. Pontics. 4. Connectors.	
III.All related definitions and terminologies from glossary <ul style="list-style-type: none"> • Model • Cast • Impression • Occlusion rim • Temporary denture base • Permanent denture base • Occlusion • Face Bow & Articulator • Jaw relation - orientation, vertical and centric • Christensen's phenomenon • Key of occlusion • Balanced occlusion • Abutment etc... 	Must Know 1 hr
IV. Introduction to mouth preparation - in brief A. Complete Dentures <ol style="list-style-type: none"> 1. General considerations 2. Pre-prosthetic surgery 	Must Know 1 hr
B. Removable partial dentures <ol style="list-style-type: none"> 1. General considerations 2. Occlusal rest preparation 3. Modifying contours of the abutments 4. Guide planes 5. Elimination of undercuts 	Desirable to Know 1 hr
C. Fixed Partial Dentures <ol style="list-style-type: none"> 1. Principles of tooth preparation - in brief 2. Retainers in brief 	Desirable to Know
V. Introduction to all steps involved in fabrication of Prosthesis	Must Know 1 hrs
Clinical Steps in brief and laboratory steps in detail	
Impression Making <ol style="list-style-type: none"> 1. Definition and requirements and types of impressions 2. Various materials used for different impressions 3. Different theories of impression making 	Must Know 2 hrs
Impression Trays <ol style="list-style-type: none"> 1. Definition, classification, materials, advantages and disadvantages 2. Selection of trays 3. Special trays 4. Spacer design 	Must Know 1 hr

<p>Introduction to jaw relation record</p> <ol style="list-style-type: none"> 1. Definition and type 2. Temporary denture base - Indications, Advantages, Disadvantages, materials used 3. Occlusion rims - materials, shape, dimensions 4. Clinical procedures of jaw relation recording in brief 	<p>Must Know 2 hrs.</p>
<p>Articulators and face bow</p> <ol style="list-style-type: none"> 1. Basic out line 2. Need for articulators 3. Definition, classification, parts, advantages, disadvantages of articulators 4. Definitions, classification, parts, advantages, disadvantages and purpose of face bow transfer 5. Demonstration of face bow transfer to an articulator on a dummy 	<p>Must Know 2 hrs.</p>
<p>Selection of Teeth</p> <ol style="list-style-type: none"> 1. Various guidelines for selection of teeth including dentogenic concept 2. Arrangement of teeth in detail with various factors of esthetics, overjet, overbite etc 	<p>Must Know 1 hr</p>
<p>Occlusion</p> <ol style="list-style-type: none"> 1. Balanced Occlusion - need and advantages 2. Various factors of balanced occlusion 	<p>Must Know 1 hrs</p>
<p>Try in Procedures</p> <ol style="list-style-type: none"> 1. Anterior try - in 2. Posterior try - in 3. Waxing, carvin, polishing and final try - in 	<p>Must Know 1 hr</p>
<p>Processing Procedures</p> <ul style="list-style-type: none"> • Flasking • Dewaxing • Packing • Curing • Finishing and polishing of acrylic dentures 	<p>Must Know 1 hr</p>
<p>VI. Casting Procedures</p> <ul style="list-style-type: none"> • Preparation of die • Wax pattern • Investing • Burnout • Casting • Finishing and polishing 	<p>Desirable to Know 1 hrs</p>

II BDS

PRACTICAL EXERCISES 200 hours

1. Arrangement of teeth - Must Know
2. Surveying of partially edentulous models and preparing modified master cast - Desirable to Know
3. Preparing of wax patterns spruing, casting and finishing (in batches of students not more than 8)
- Desirable to Know
4. Preparation of plaster models of various preparation of teeth to receive retainers for FPD
- Desirable to Know
5. Prepare wax patterns for minimum of 3 unit FPD and investing, casting and porcelain facing (for Batch of 8 students) - Desirable to Know

Note:

1. Students shall submit one processed denture mounted on an articulator to present on university practical exam along with record book.
2. Exercises of RPD and FPD to be submitted in groups along with the record book.

Scheme of Examination

A. Practical Exercise: (Duration- 3 hrs) : 60 Marks

Arrangement of teeth in class I relation, Waxing, Carving, Polishing

B. University Viva-Voce : 20 Marks

C. Internal Assessment : 20 Marks

RECOMMENDED TEXT BOOKS

Author	Name of the Book & Title	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
Boucher	Prosthodontic Treatment of Edentulous Patients	XI	1997	Mosby St.Louis, Missouri,USA	\$ 76
Heartwell	Syllabus of Complete Denture	IV	1992	Varghese Publishing House	Rs 595
Tylman	Theory and Practice of Fixed Prosthodontics	VIII	1993	Ishiyaku Euro America Inc. 716, Hanley Industrial Court St. Louis Missouri, USA	\$ 69
Mc Cracken	Removable Partial Denture	VIII	1989	CBS Publishers & Distributors Shadara, Delhi	Rs 350
Skinner	Science of Dental Materials	X	1996	W.B Saunders Company, Philadelphia, USA	\$ 35
Craig	Dental Materials, Properties & Manipulation	VI	1996	Mosby St. Louis Missouri,USA	\$ 35

II BDS PRE-CLINICAL CONSERVATIVE DENTISTRY

Theory : 25 Hours

Sl. No.		
1.	Introduction to Conservative Dentistry.	1 hour
2.	Definition, Aim & Scope of Conservative Dentistry & Endodontics	
3.	Classification of Cavities.	1 hour
4.	Nomenclature.	
5.	Various chair side positions.	1 hour
6.	Tooth Numbering.	
7.	Restoration - Definition & Objectives	
8.	Instruments - Classification, Nomenclature, Design, Formula of hand cutting instruments, Care, Grasps and Rests.	4 hours
9.	Rotary Cutting instruments - Burs, Design & use. Various speeds in Cavity preparation.	2 hours
10.	Principles of cavity /Tooth preparation for :	5 hours
	a. Silver Amalgam	
	b. Cast gold inlay	
	c. Composite resins.	
	d. Glass Ionomer	
11.	Matrices, Retainers, Wedges.	2 hours
12.	Separators - different methods of separation.	2 hours
13.	Finishing & polishing of restorations.	1 hours
14.	Management of deep carious lesions - pulp capping and pulpotomy.	3 hours
15.	Access cavity and brief introduction of root canal instruments.	3 hours

PRACTICAL EXERCISES - 200 Hours

Preparation of 1" cube in Plaster of paris - 6 Nos.

Preparation of geometric cavities in the above cubes.

Preparation of Tooth models in plaster and preparation of cavities and restoration with modeling wax.

- a. Incisors - 4 Nos.
- b. Pre-Molars - 2 Nos.
- c. Molars - 8 Nos.

30 Hours

Preparation of Cavities on Typhodont and/or Extracted Natural Teeth

I. CAVITIES	PREPARATION	RESTORATION	
Class I	6 with 2 extensions	4	25 Hours
Class II	5 DO Conventional 5 MO 5 Conservative	8	25 Hours
	2 MOD (1 Upper molar) (1 Lower Molar)	4 1	15 Hours 15 Hours
	3		
Class III	3 on Anteriors	All	15 Hours
Class V	2 on Posteriors	All	15 Hours
		All	15 Hours

II. INLAY PREPARATION :

Class I1		To prepare Wax patterns	15 Hours
Class II2+1 MOD		To prepare wax patterns and one to be casted	
Class V	1 (posterior)		

III. CUSPAL PREPARATION : (Demonstration)

- IV. a. Pulp capping : Direct/ Indirect on extracted teeth
- b. Pulpotomy on extracted posterior teeth
- c. Root canal access cavity opening on Upper Central incisor.
(Extracted Tooth)
- V. Demonstration of Light cure composite and Glass Ionomer Restorations.
- VI. Demonstration of Instrumentation and Obturation of root canal.
- VII. Demonstration - Wax pattern, investing, casting, polishing and cementation of cast restoration.

NOTE: The II year student should complete the prescribed quota of work before appearing for final internal assessment for the subject. This should be certified by the Head of the department before the candidate takes up final internal assessment exam.

Scheme of Examination

A. University Practicals : 60 Marks

Practical Exercise No.1 : 10 Marks

Spotters : 10 Nos., Marks : 01 Each, Time : 02 Minutes Each

Spotters

- a. Hand instruments used to prepare cavity and restoration
- b. Identification of Root Canal Instruments

Practical Exercise No.2 : 50 Marks

Preparation of Class II Conventional Cavity for Silver Amalgam in Maxillary or Mandibular I or II Molar tooth (Typhodont/Natural Tooth)

Cavity preparation	45 Minutes	25 Marks
Lining and Matrix	15 Minutes	10 Marks
Filling and carving	30 Minutes	15 Marks

B. University Viva-Voce : 20 Marks

C. Internal Assessment : 20 Marks

Total : 100 Marks

TEXT BOOKS RECOMMENDED :

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
The Art & Science of Operative Dentistry	Sturdevant	3rd	1997	Mosby, USA	\$ 30.00
Principle & Practice of Operative Dentistry	Charbeneau	3rd	1989	Varghese Publication, Bombay	Rs. 315/-
Endodontic Practice	Grossman	--	1988	Varghese Publication, Bombay	Rs. 323/-

II BDS GENERAL AND DENTAL PHARMACOLOGY AND THERAPEUTICS

Theory : 70 Hrs.

Sl. No.		
1.	General Pharmacology : a. Definitions : Pharmacology, drug, Pharmacy, sources of drugs with examples.	1 hour
	b. Pharmacokinetics with clinical implications.	2 hours
	c. Routes of administration : oral, inhalation, intradermal, Subcutaneous, intramuscular, intravenous intrathecal, perineural & Newer drug regimes (Advantages and disadvantages with the examples of drugs administered).	1 hour
	d. Pharmacodynamics : mechanism of action, factors modifying drug actions with emphasis on factors like - age, sex, dose, frequency & route of administration, presence of other drugs, Pharmacogenetics and Pathological conditions.	2 hours
	e. Therapeutics : Principles of drug therapy, Adverse drug reactions and drug interactions.	3 hours
2.	ANS drugs : Clinically used examples, their important pharmacological actions (which form the basis for the uses), clinical uses along with dental uses if any and specific adverse effects of - a. Sympathomimetics b. Sympatholytics - alpha blockers, Beta - blockers. c. Cholinomimetics. d. Anticholinergics.	1 hour 2 hours 2 hours 2 hours
3.	Detailed pharmacology of : A. a. Clinically used opiod and non-opiod analgesics. b. Clinically used local anesthetics.	2 hours 2 hours
	B. Enumeration of clinically used agents, their brief Pharmacology, clinical uses along with dental uses if any, and specific adverse effects of : a. Ethyl alcohol - actions, uses and drug interactions.	1 hour
B	. General anesthetics	2 hours
c.	Preanaesthetic medication.	
d.	Antipsychotics, antidepressants, anxiolytics.	2 hours
e.	Sedative hypnotics	2 hours
f.	Antiepileptics	1 hour

4.	CVS drugs : Enumeration/Classification of clinically used agents their important pharmacological actions (that form the basis of their uses) Clinical uses along with dental uses if any, and specific adverse effects of :	
	a. Cardiac glycosides	1 hour
	b. Antianginal drugs	1 hour
	c. Antihypertensives	1 hour
	d. Diuretics	1 hour
	e. Pharmacotherapy of shocks - anaphylactic, cardiogenic hypovolemic & Septic.	1 hour
5.	Drugs acting on blood : Detailed pharmacology of :	
	a. Coagulants, anticoagulants, fibrinolytics, anti platelet drugs and styptics	3 hours
	b. Hematinics : Iron preparation Vit.B12, Folic acid Vit. C	3 hours
	c. Vit.D and calcium preparations.	1 hour
6.	Endocrines : Enumeration/Classification of clinically used agents and their preparations, Mechanism of action, clinical uses along with dental uses if any and specific adverse effects of:	
	a. Drugs used in diabetes mellitus	2 hours
	b. Corticosteroids	2 hours
7.	Chemotherapy : Enumeration/Classification of clinically used Agents, their mechanism of action clinical uses along with Dental uses if any and specific adverse effects of:	
	a. Sulfonamides	1 hour
	b. Beta-lactum antibiotics	2 hours
	c. Macrolides and aminoglycosides	1 hour
	d. Broad spectrum antibiotics	1 hour
	e. Antifungal and antiviral (acyclovir) agents.	2 hours
	f. Metronidazole and fluoroquinolones	1 hour
	g. Antineoplastic Drugs: Alkylating agents, Antimetabolites, Radio active Isotopes, Vinka Alkaloids, Anti Cancerous antibiotics.	2 hours
	h. Drug Therapy of Tuberculosis, Leprosy & Malaria.	3 hours
8.	Other drugs : Enumeration of clinically used agents, general uses along with dental uses if any and specific adverse effects of :	
	a. Antihistamines and antiemetics	2 hours
	b. Drugs used in bronchial asthma and cough	1 hour
	c. Drugs used in peptic ulcer	2 hours
	d. Chelating agents - BAL, EDTA & Penicillamine.	1 hour
	e. Antihelmenthics	2 hours

9.	Dental Pharmacology	1 hour
	A. a. Fluoride pharmacology	1 hour
	b. Antiseptics, astringents & Sialogogues	1 hour
	c. Obtundents, Mummifying agents and disclosing agents.	2 hours
	B. Prevention and drug therapy of emergencies in dental practice.	
	a. Seizures	
	b. Anaphylaxis	
	c. Severe bleeding	
	d. Shock	
	e. Tetany	
	f. Status asthmaticus	
	g. Acute Addisonian crisis	
	h. Diabetic Ketoacidosis	

PRACTICALS : 20 Hrs.

1.	Introduction - equipments used in dispensing pharmacy, prescription - parts and model prescription.	2 hours
2.	Demonstration of common dosage forms used in clinical practice.	2 hours
3.	Mixtures - one example (Expectorant/Salicylate) of simple and diffusible (Bismuth Kaolin/chalk) mixtures.	2 hours
4.	Emulsion - Types and example (Liniment turpentine / Shark liver oil) of emulsion.	2 hours
5.	Powders - tooth powder	2 hours
6.	Mandl's paint/Gum paint percentage dilution - concept and calculations with suitable examples.	2 hours
7.	Mouth washes - Alkaline, antiseptic, astringent.	2 hours
8.	Tooth pastes	2 hours
9.	Prescription writing for 15 general conditions commonly encountered in clinical practice. eg. Bronchial asthma, hypertension congestive heart failure, angina pectoris, peptic ulcer, bacillary dysentery, pseudomembranous colitis, diabetes mellitus, diabetic coma, osteoarthritis, anaphylaxis, status asthmaticus, Status epilepticus, iron deficiency & pernicious anaemia.	2 hours
10.	Dental prescriptions for about fifteen dental conditions commonly encountered in practice eg. Acute necrotising ulcerative gingivitis, acute herpetic gingivitis/stomatitis, acute gingival abscess, pericoronal abscess (impacted teeth), dental caries, aphthous ulcers, hypersensitive dentine, dentoalveolar abscess, xerostomia, acute tooth ache, post operative pain, post extraction pain with swelling, oral candidiasis, scurvy etc.	2 hours

Scheme of Examination

A. Theory (Written) Examination : 70 Marks

Type of questions, topics and marks distribution

Contents	Type of Questions and Marks	Marks
<p>Topics to be covered :</p> <p>One long essay from dental pharmacology</p> <p>Second long essay from:</p> <ul style="list-style-type: none"> - Pharmacokinetics - Pharmacodynamics - Antibiotics - NSAIDs - Local anesthetics - Anti coagulants - Beta blockers - Glucocorticoids - Calcium channel blockers - ACE Inhibitors - Opioid Analgesics - Sympathomimetics - Anti-Cholinergics - Cardiac Glycosides 	<p>Long Essay 2 x 10 = 20 marks</p>	20
<p>For Short notes Please refer chapters at sl. no. 1, 1 b, c, d, e, 2 b, 3 B, 4 b, d, e., 5, 6 a, 7 e, f, g., 8, 9. A. b, c, 9. B.</p> <p>Compare and contrast type from</p> <ul style="list-style-type: none"> - Physostigmine and Neostigmine - Atropine and Scopolamine - Procaine and Cocaine - Heparin and Dicoumoral - Iron Dextran and Iron Sorbitol Citric Acid complex - Digoxin and Digitoxin - Frusemide and Spiranolactone / Triamterene 	<p>Short essay type</p> <p>Short notes 06 x 5 = 30 marks</p> <p>Compare and contrast 02 x 5 = 10 marks</p>	40
<p>To classify the drug and write its mechanism of action or adverse effect or clinical use or specific antidote indicated in its poisoning, if any.</p>	<p>Short Answer type 05x 02= 10 marks</p>	10
	TOTAL	70

B. Viva Voce : 20 Marks

C. Internal Assessment - Theory : 10 marks, Practicals : 10 marks

D. Practicals : 90 Marks

1. Spotters 10 nos. x 1 = 10 marks

2. Prescriptions 2 nos. (10+10 marks) = 20 marks
(one medical plus one dental prescription)

3. Preparations 2 nos. x 30 marks = 60 marks
(one medical plus one dental preparation)

TEXT BOOKS RECOMMENDED :

Name of the Book & Title	Author	Edn	Yr. of Publ	Publ.'s Name Place of Publ.	Price
R.S.Satoskar and S.D.Bhandarkar	Pharmacology & Pharmaco therapeutics	21st	2009	Bombay Popular Prakashan	Rs. 605/-
Tripathi K.D.	Essentials of Medical Pharmacology	6th	2008	New Delhi Jaypee Brothers Medical Publishers	Rs. 795/-
Tripathi K.D.	Essentials of Medical Pharmacology	1st	2006do.....	Rs. 395/-
P N Bennett M J Brown	Clinical Pharmacology	9th	2003	New York Churchill Livingstone	\$ 11.00
Kartzung Betram G	Basic and clinical Pharmacology	11th	2007	USA Lange Medical Books	Rs. 3024/-
H L Sharma K K Sharma D K Gupta	Text book of Dental Pharmacology	1st	2008	Hyderabad, New Delhi Paras Medical Publishers	Rs. 695/-
Padmaja Udaykumar	Medical Pharmacology	IIIrd		Publishers & Distributors Pvt Ltd	

II - BDS GENERAL PATHOLOGY

Theory : 55 Hours

	Hours
1. Introduction to pathology as scientific study of disease, evolution of modern pathology, subdivisions in pathology, techniques used in the study of pathology and terms used in pathology	02
2. Disturbances of metabolism of cells-Intra cellular accumulations (Degenerations) Fatty change, accumulation of lipids, proteins and glycogen. cellular swelling, hydropic change, Hyaline change and mucoid degeneration. Disorders of pigmentation and pathologic calcification.	03
3. Cell injury- Causes Types, mechanism, intracellular changes, morphology with examples, Cell death. Necrosis - definitions, types of necrosis with examples and cellular changes (morphology), mechanism. Apoptosis - definition, examples, morphology Gangrene- definition, types with examples, differences between dry and wet gangrene, stressing mainly on cancrum oris.	05
4. Amyloidosis - definition, pathogenesis and emphasis on localised amyloidosis, special stains for amyloidosis.	02
5. Inflammation and Repair-Acute and chronic inflammation. Chemical mediators of acute inflammation, Outcome of acute inflammation. Granulomatous inflammation - definition of granuloma, Types of granuloma, with examples. Patterns and systemic effects of inflammation.	05
6. Healing of a wound in general with special emphasis on healing of a fracture. Factors affecting wound healing.	03
7. Immunity and hypersensitivity, definition, types mechanisms of immunology tissue injury with examples. Brief Introduction to Auto-Immune diseases.	06

8. Infection and infestation - Bacterial- like pyogenic infections, typhoid fever, viral like AIDS, Hepatotropic viruses. Tuberculosis, Leprosy&syphilis, Actinomycosis. Viral- Hiv, Hepatotropic Viruses, Htlv. Fungal- Candidiasis, Mucormycosis.	08
9. Circulatory disturbances - Hyperaemia, congestion, Haemorrhage shock, oedema, thrombosis, embolism and infarction.	08
10. Disturbances of Nutrition; Starvation, Obesity, Malnutrition, Pathogenesis of Deficiency Diseases with Special Reference to Disorders of Vitamins & Minerals	05
11. Diabetes mellitus types, Aetio Pathogenesis, morphological changes in different organs, complications and lab investigations.	02
12. Brief Introduction to Growth and Differention. Adoptive Disorders of Growth-Arophy, Hypertrophy Hyperplasia, Metaplasia. Types and Pathologic Changes Of Dysplasia And Premalignant Lesions.	03
13. Neoplasia : Introduction, Definition, Classification, Characteristics of Benign and Malignant Tumours. Routes of Spread of Malignant Tumours, Aetiology, Epidemiology and Pathogenesis of Neoplasia, Oncogenes, Clinical Aspects & Laboratory Diagnosis of Cancer.	08
14. Common Diseases of Bone - Osteomyelitis, Tumours and Tumours Like Lesions of Bone.	04
15. Introduction to Diseases of Oral Cavity & Salivary Glands- inflammatory Conditions, Infections, Premalignant Conditions and Squamous Cell Carcinoma of Oral Cavity Sialadenitis, Pleomorphic Adenoma and Warthin's Tumour. (exclude Diseases of Teeth, Periodontal Diseases and Odontogenic Tumours)	04
Haematology and Clinical Pathology	
1. Introduction to Haematology-brief Introduction to Haemopoiesis, Bone Marrow Aspiration & Biopsy.	02
2. Diseases of RBCS-Anaemias -classification, Iron Deficiency Anemia, Vit.b12 Or Folic Acid Deficiency Anaemia and Haemolytic Anaemias and Their Lab Investigations. Polycythaemia	07

3. Diseases of WBCS- Pathologic Variations in white cell counts and Leukemoid Reactions.	02
4. Neoplastic Proliferation of Leucocytes - Leukaemias - Acute & Chronic Leukaemias with Brief Introduction to Lymphomas.	05
5. Haemorrhagic Disorders with their Lab Investigations.	02

PRACTICALS AND LECTURE DEMONSTRATIONS : 50 hours

Lecture Demonstrations -----10 Hours

1. Anti Coagulants, Blood Indices
2. Pcv And Erythrocyte Sedimentation Rate
3. Instruments & Their Uses :
 - A. Neubauer's Counting Chamber.
 - B. Haemoglobinometer
 - C. W.b.c.pipette
 - D. Wintrobe Tube
 - E. Urinometer.
4. Cytologic Techniques - Fnac And Buccal Smear
5. Study Of Anaemias - Microcytic, Macrocytic And Dimorphic Blood Picture.
6. Study Of Acute Leukemias- Any One Type
7. Study Of Chronic Leukemias-any One Type.

Histopathology Slides And Specimens -----20 Hours

1. Acute Appendicitis
2. Granulation Tissue.
3. Actinomycosis
4. Tubercular Lymphadenitis
5. Fatty Liver.
6. Chronic Venous Congestion (cvc) Liver / Spleen / Lung.
7. Squamous Papilloma / Transitional Cell Papilloma
8. Pleomorphic Adenoma
9. Capillary And Cavernous Haemangioma
11. Fibroma,
12. Lipoma
13. Osteoma, Chondroma
14. Squamous Cell Carcinoma
15. Basal Cell Carcinoma
16. Adenocarcinoma,
17. Malignant Melanoma.
18. Osteosarcoma
19. Osteoclastoma.

Specimens

1. Acute Appendicitis.
2. Tuberculosis Lymph Node /any Other Organ
3. Fatty Liver.
4. Infarction Spleen.
5. Chronic Venous Congestion (c.v.c.) Liv
6. Lipoma /any Other Benign Tumours
7. Carcinoma-breast /any Other Malignant Tumour
7. Adenocarcinoma
8. Osteosarcoma
9. Osteoclastoma.
10. Gangrene.

Practicals That Must Be Done By Students : 20 Hours

- Determination Of Haemoglobin Percentage
- Blood Grouping.
- Total Leukocyte Count
- Bleeding Time, Clotting Time
- Peripheral Blood Smear - Staining & Study
- Differential Leukocyte Count.
- Urine Examination - For Sugar, Ketone Bodies, Protein, Blood, Bile Pigments And Bile Salts - Any One Standard Test.

Scheme of Examination

To Conduct General Pathology and Microbiology Exams on Separate Days.

A. Theory : 45 Marks

Distribution of Topics and Type of Questions:

Contents	Type of Questions and Marks	Marks
One Main Question from General Pathology Inflammation, Healing and Repair, Tuberculosis, Leprosy, Thrombosis, Diabetes Mellitus, Neoplasia. Anaemias Due to Nutritional Deficiency, Amyloidosis, Cell Injury and Cell Death	Long Essays 1 x 10 marks	10
Three from General Pathology One from Haematology One from Clinical Pathology Intracellular Accumulations, Necrosis, Gangrene, Apoptosis, Amyloidosis, Pathologic Calcification, Hypersensitivity Reactions, Infections, Shock, Oedema, Infarction, Congestion, Hypertension, Diabetes Mellitus,	Short Essays 3 x 5 marks	15

Contents	Type of Questions and Marks	Marks
Premalignant Conditions, Neoplasia, Osteomyelitis, Anaemias, Neoplastic Proliferation of Wbcs - Leukaemias and Lymphomas, Haemorrhagic Disorders, Erythrocyte Sedimentation Rate (Esr).		
2 From Haematology 1 From Clinical Pathology 2 From General Pathology	Short Answers 5 x 2 marks	10
	Total	45

B. Viva Voce : 10 Marks

C. Internal Assessment - Theory : 05 Marks, Practical : 05 Marks

D. Practicals : 55 Marks

1. Spotters : 1.5 Marks for each Spotter

Instruments	-	2
Haematology slide	-	1
Specimens	-	2
Histopathology slides	-	5
		<u>15 Marks</u>

2. To examine given sample of urine for abnormal constituents - 15 Marks

3. To do differential count on the given peripheral blood smear - 15 Marks

4. To estimate haemoglobin percentage in the given sample of blood

or

To determine blood groups (abo and rh) in the given sample of blood - 10 marks

Text Books Recommended :

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
Robbin's pathologic basis of disease	Cotran & Kumar, Robins	7th	2003	Prism & Saunders Bangalore	
De.Gruchy Clinical Haematology in Medical Practice	Frank Firskin Colin Chesterman David Penington Bryan Rush	5th	2003	Oxford University Press New Delhi	
Pathology for dental students	Harsh Mohan	recent	2003	--	
Medical Laboratory Technology (Methods and Interpretation)	Dr. Ramnik Sood	5th	1994	Jaypee Brothers New Delhi	Rs. 250/-

Reference Books

Name of the Book & Title	Author	Edn	Yr. of Publ.	Publ.'s Name Place of Publ.	Price
Clinical Diagnosis and Management by Laboratory Methods	Todd, Sanford, John Bernard Davidson	20th	2001	Veerendar Kumar Arya for AITBS with Saunders New Delhi	Rs.1250/-
Haematology an illustrated colour text	Martin R. Howard Peter J Hamilton	1st	1997	Churchill Livingston USA	£ 4.95
General Pathology Vol. I & II	Y.M. Bhende & S.G. Deodhare	5th edn. Under print		Popular Prakashan Bombay	
Colour Atlas of Histopathology	R. C. Curran	4th (Revised)	2000	Harvey Miller Oxford university press	Rs. 1250/-

II - BDS MICROBIOLOGY

Theory: 63 Hrs.

		Teaching Hours
	GENERAL BACTERIOLOGY	
1.	Introduction, History and classification.	02
2.	Morphology, Physiology of Bacterial cell.	02
3.	Bacterial Genetics	02
4.	Infection	02
	IMMUNOLOGY	
1.	Immunity	02
2.	Antigen	01
3.	Antibodies	01
4.	Structures and functions of Immune system	01
5.	Immune response	01
6.	Antigen and antibody reactions & compliment	04
7.	Hypersensitivity	02
8.	Auto immunity	01
9.	Immunology of transplantation	01
	SYSTEMATIC BACTERIOLOGY	
1.	Staphylococci	01
2.	Streptococci (Dental Caries)	02
3.	Pneumococci	01
4.	Meningococci & Gonococci	01
5.	Coryne bacterium diphtheriae	02
6.	Bacillus	01
7.	Clostridia	02
8.	Non sporing Anaerobes	02
9.	Mycobacteria	03
10.	Spirochaetes (Treponema, Leptospira and Borrelia)	03
11.	Normal Bacterial flora of the oral cavity	01
	VIROLOGY	
1.	General properties of viruses	03
2.	Herpes viruses	02
3.	Measles and Mumps	01

4.	Rabies virus.	01
5.	Hepatitis viruses	02
6.	Human Immuno deficiency Virus (HIV)	01
7.	Adeno oncogenic viruses.	02
	PARASITOLOGY	
1.	Introduction to parasitic diseases	01
2.	Entamoeba histolytica, E. Gingivalis Malaria, Leishmania	03
	MYCOLOGY	
1.	Candidiasis (in detail)	02
2.	Rhinosporidiosis	02
	APPLIED MICROBIOLOGY	
1.	Immunisation schedule, Collection of materials, Experimental animals & hospital infections - In Brief	02

MUST KNOW - MANDATORY TO KNOW

I GENERAL BACTERIOLOGY

1. Morphology - Structure, appendages, demonstration.
2. Physiology - Nutritional requirement, growth curve.
3. Bacterial genetics - Mechanism of genetic transfer, drug resistance.
4. Infection- definition, bacterial factors, Host factors, types of infection, carrier, septicaemia, bacteraemia, pyemia, toxemia, epidemic, endemic, pandemic, nosocomial infection.

II. IMMUNOLOGY

1. Immunity - Definition, classification, factors, mechanisms examples
2. Antigens - definition, types and properties.
3. Antibodies - structure, functions of diff. types of Immuno globulins.
4. Immune system - structure, function of T cells, B cells, differences.
5. Immune response - factors responsible for immune variations, adjuvants, mechanism.
6. Antigen - Antibody reactions - definition, mechanism, examples, clinical applications of AG-AB reactions like agglutination, precipitation, Complement Fixation Test (CFT), Neutralisation, Fluorescent Immune test, Opsonisation , ELISA test etc.
7. Hypersensitivity - definition, classification, mechanisms.
8. Autoimmunity - Theories, definition, classification, mechanisms.

III. SYSTEMATIC BACTERIOLOGY

1. Staphylococci - Classification, morphology, pathogenesis, pathogenicity tests, lesions, lab diagnosis and treatment.
2. Streptococci - Classification, morphology, cultural characters, Pathogenesis, lab diagnosis, sequelae, Dental plaque, Dental caries & its diagnosis.
3. Pneumococci - Morphology, cultural characters, diff. between pneumococci and streptococci, pathogenicity and lab diagnosis.
4. Meningococci - Causes of bacterial meningitis, Morphology, lab diagnosis of bacterial meningitis including meningococcal meningitis.

5. Corynebacterium - diphtheriae - Morphology, cultural characters toxigenicity, its occurrence, spread, lab diagnosis, prophylaxis.
6. Bacillus species - Morphology, lesions and lab diagnosis.
7. Clostridia - Classification, pathogenesis, lab diagnosis of gas gangrene tetanus, prophylaxis and clinical features.
8. Nansporing anaerobes - Classification, pathogenesis, lesions, Lab diagnosis in respect to dental infections.
9. Mycobacteria - Mycobacterium leprae, Mycobacterium tuberculosis, Atypical mycobacteria, Morphology, classification, cultural characters, pathogenesis, lab diagnosis, susceptibility test and prophylaxis.
10. Actinomycosis - Morphology, lesions in respect to orofacial lesions, lab diagnosis
11. Spirochaets - classification, morphology, pathogenesis & lab diagnosis of Treponema, Borrelia, Leptospira.
12. Normal Bacterial flora of the oral cavity - Enumerating the organisms opportunistic importance in dental practice.

IV. VIROLOGY

1. General virology - general properties, definition, classification, structure, pathogenesis, cultivation, lab diagnosis, antiviral agents immunology.
2. Herpes viruses - structure, classifications, lesions and lab diagnosis HSV 1, 2, EBV CMV, Virus Zoster (VZ) virus
3. Measles & Mumps viruses - structure, lesions, prophylaxis and lab diagnosis.
4. Hepatitis viruses - ABCDE; structure, route of entry, lesions, lab diagnosis and prophylaxis.
5. HIV - classification, structure, pathogenesis, route of entry opportunistic infection in AIDS, lab diagnosis - prophylaxis

V. MYCOLOGY

1. Candida - Morphology, lesions, lab diagnosis, diff. Species in relation to oral candidiasis
2. Rhinosporidiosis

VI. PARASITOLOGY

Introduction to parasitology - classification, general diseases caused by them.

Entamoeba, Malaria, Leishmania - Morphology, Clinical features, pathogenesis and lab diagnosis.

DESIRABLE TO KNOW (Theory questions need not be asked from this list)

I. GENERAL BACTERIOLOGY :

1. Introduction
2. Historical aspects

II. IMMUNOLOGY :

1. Complement - properties and functions.
2. Immuno deficiency diseases, enumerating the diseases
3. Immunology of transplantation, classification and brief description of transplantation.

III. BACTERIOLOGY :

1. Gonococci - Morphology, lesions, lab diagnosis.
2. Coliforms - Classification, pathogenesis, infections caused by them and lab diagnosis.
3. Proteus - Classification, pathogenesis, infections caused by them and lab diagnosis.
4. Salmonella - pathogenesis, lab diagnosis, prophylaxis.
5. Shigella - classification, pathogenesis, lab diagnosis
6. Vibrio - pathogenesis & lab diagnosis
7. Pseudomonas - Importance in hospital infection and drug resistance.

IV. VIROLOGY :

1. Adeno & oncogenic viruses.
2. Rabies viruses- structure, pathogenesis, clinical feature, lab diagnosis, prophylaxis.
3. Poliomyelitis - Pathogenesis, clinical feature, lab diagnosis, prophylaxis.

V. PARASITOLOGY:

1. Important Helminthic parasites.

VI . APPLIED MICROBIOLOGY :

1. Immunisation schedule - prophylaxis
2. Collection of materials - for lab diagnosis
3. Experimental animals - Uses of animals in dentistry

PRACTICALS & PRACTICAL DEMONSTRATIONS : 50 Hours MUST KNOW :

PRACTICAL DEMONSTRATIONS

1. Sterilisation and disinfection in detail	06x02 = 12
2. Culture media	03x02 = 06
3. Cultural methods & Anaerobic methods	02x02 = 04
4. Identification of bacteria & demonstration	02x02 = 04
5. Microscopy	02x02 = 04

PRACTICALS

6. Simple stain and hanging drop (Not form exams)	01x02 = 02
7. Grams stain	
8. Alberts stain	03x02 = 06
9. Ziehl Neilsen's stain	03x02 = 06
	03x02 = 06

	Total Hrs. 50

Sterilization - definition, classification, methods, physical, filtration, radiation, chemicals - used in dental practice, hospital practice.

Culture media - Classification, uses.

Culture methods - Inoculation methods, antibiotic sensitivity, Anaerobic culture techniques.

Microscopy - maintenance, uses, different parts, different types.

LIST OF PRACTICAL MATERIALS

SLIDES FOR DEMONSTRATION :

1. Staphylococcus
2. Streptococcus
3. Gonococcus
4. Pneumococcus
5. M Tuberculosis
6. M Leprae
7. Anthrax
8. Cl. Tetani
9. Spirochaetes
10. Gram Negative Bacilli
11. Candida
12. (Actinomyces)

SLIDES FOR PRACTICAL EXERCISES :

Grams stain -Staphylococci

- Gram negative bacilli
- Mixture of any two organisms
- Gram stain of the oral cavity.

Alberts stain - Kleb's Loeffler's Bacilli (KLB) culture slide

Ziehl-Neelson's stain - Sputum positive for AFB

MEDIA FOR DEMONSTRATION :

UNINOCULATED MEDIA :

1. Nutrient agar plate
2. Blood agar plate
3. Chocolate agar plate
4. Macconkey agar plate
5. Glucose citrate broth (Blood culture bottle)
6. Lowenstein Johnson's Media slope
7. Loefflers serum slope
8. Sabourauds slope
9. Robert Cooked Meat broth

INOCULATED MEDIA :

1. Nutrient agar with staphylococci
2. Blood Agar with Alpha Haemolytic Streptococci.
3. Blood Agar with Beta Haemolytic Streptococci.
4. Potassium Tellurite with growth of C.diphtheriae
5. Milk agar with staphylococci
6. Antibiotics sensitivity plate

INSTRUMENTS :

1. VDRL slide
2. Tuberculin syringe
3. Sterile swab
4. Seitz filter
5. Macintosh filds jar
6. Widal rack with tubes
7. Microtitre plate
8. Disposable syringe
9. Surgical gloves

Scheme of Examination**A. Theory : 35 Marks**

Distribution of Topics and Type of Questions:

Contents	Type of Questions and Marks	Marks
One Long Essay question from Systematic Bacteriology	Long Essays 1 x 10 marks	10
One question from General bacteriology One question from Immunology One question from Mycology One question from Parasitology / Oral Microbiology One question from Systematic Bacteriology	Short Essays 3 x 5 marks	15
One question from General bacteriology One question from Immunology One question from Systematic Bacteriology Two questions from Virology	Short Answers 5 x 2 marks	10
	Total	35

Reference Books

Name of the Book & Title	Author	Edn. and Yr. of Publication	Publisher's Name and Place of Publication	Price
Bacteriology for Dental Students	T.H. Merville and G.L. Slack	--	Medical Book Ltd. London	--
Bacteriology for students of Dental Surgery	R.B. Lucas and Ivor R.H. Kramer	--	Calcutta	--
Oral Microbiology and Infectious Diseases	Burnett and Scherp	--	Oxford Book Company Calcutta	--
Immunology	Donald M Weir	7th 1993	Longman Singapore Pub. Lt. Singapore	£ 2.50
Medical Parasitology	N. C. Dey and T.K.Dey	10th 1997	New Central Book Agency Pvt.Ltd. Calcutta	Rs. 150/-
Notes on Medical Virology	Morag C. Timbury	--	--	£ 5.00
Manual of Clinical Mycology	Conant and Smith	--	--	--

II BDS

ORAL PATHOLOGY AND MICROBIOLOGY

Theory : 25 Hours
Practical : 50 Hours

MUST KNOW

1. Developmental Disturbances of oral and para oral structures :(15 hrs)
 - a. Developmental disturbances of Jaws
 - Agnathia, Micrognathia, Macrognathia, Facial Hemihypertrophy, Facial Hemiatropy
 - b. Developmental Disturbances of lips and palate
 - Congenital Lip pits and Commissural pits and fistulas
 - Double lip, Cleft lip, cleft Palate, Chelitis Glandularis, Chelitis Granulomatosa, Hereditary Intestinal Polyposis, Hereditary Melanotic Macule
 - c. Developmental disturbances of Oral Mucosa
 - Fordyce's Granules
 - Focal epithelial Hyperplasia
 - d. Developmental disturbances of gingiva
 - Fibromatosis Gingiva, Retrocuspid Papilla
 - e. Developmental Disturbances of Tongue
 - Macroglossia, Microglossia, Ankyloglossia, Cleft Tongue, Fissured Tongue, Median Rhomboid Glossitis, Benign Migratory Glossitis, Hairy Tongue.
 - Aglossia, macroglossia, Microglossia, Ankyloglossia, Cleft Tongue, Fissured Tongue, Median Rhomboid Glossitis, Benign Migratory Glossitis, Hairy Tongue, lingual Varices, lingual Thyroid Nodule
 - f. Development disturbances of oral lymphoid tissue:
 - Reactive lymphoid aggregates
 - Lymphoid hamartoma
 - Lympho-epithelial cyst
 - g. Developmental disturbances of salivary glands:
 - Aplasia, Xerostomia, Hyperplasia of the palatal glands, Atresia, Aberrancy, Stafine's cyst Anterior Lingual Depression
 - h. Developmental disturbances in size of teeth:
 - Microdontia, Macrodontia
 - i. Developmental disturbances in the shape of the teeth:
 - Fusion, Germination, Concrescence, Dilacerations, Talon's Cusp, Dens in Dente, Dens Evaginatus, Taurodontism, Supernumerary Roots, Enamel Pearl
 - j. Developmental Disturbances in number of teeth
 - Anodontia, Supernumerary teeth, Predeciduous and Post Permanent dentition
 - k. Developmental Disturbances in Structure of Teeth:
 - Amelogenesis Imperfecta, Enamel Hypoplasia, Dentinogenesis Imperfecta, Dentinal dysplasia, Regional Odontodysplasia, Shell Teeth.
 - l. Developmental Disturbances in eruption of teeth:
 - Premature Eruptions, Eruption Sequestrum, Delayed Eruption, Multiple Unerupted teeth, Submerged Teeth. Embedded and Impacted Teeth

- m. Developmental / Fissural cysts of the Oral cavity
 - Median palatal cyst, Globulomaxillary cyst, Median Mandibular cyst, Naso-alveolar cyst, Palatal cyst of neonates, Thyroglossal duct cyst, Epidermoid, and Dermoid cyst, Nasopalatine duct cyst.

2. Dental Caries (5 hrs)

- Theories and Etiology
- Clinical features
- Classification
- Histopathology
- Immunology
- Caries activity Tests
- Factors Influencing Caries

3. Diseases of the pulp and Periapical tissues(5 hrs) (5 hrs)

- a. Diseases of the Dental Pulp
 - Focal Reversible Pulpitis, Acute Pulpitis, Chronic Pulpitis, Chronic Hyperplastic Pulpitis.
- b. Diseases of the Periapical Tissues
 - Acute Apical Periodontitis, Periapical Granuloma, Periapical Abscess, Periapical Cyst
- c. Osteomyelitis
 - Acute Suppurative Osteomyelitis, Chronic Suppurative Osteomyelitis, chronic Focal And Diffuse Sclerosing Osteomyelitis, Chronic Osteomyelitis With Proliferative Periostitis

Practicals : 50 hours

Identification of Hard and Soft Tissue Specimens

Text Books Recommended :

Name of the Book & Title	Author	Edn.	Yr. of Publ	Publisher's Name and Place of Publication	Price
Shafer's Text Book of Oral Pathology	R. Rajendran & BShivapathasu-ndaram	6th	2009	Elsevier	Rs. 876/-
Oral Pathology Clinical Pathologic Correlation	Regezi & Scuiba	5th	2007	W. B. Saunders Company USA	\$ 25
Textbook of Oral and Maxillofacial Pathology	Neville, Damm. Allen, Bouquot	3rd	2009	Elsevier	-
Oral Diseases in The Tropics	Prabu, Wilson, Duftry, Johnson	1st	1992	Oxford University Press	Rs. 400/-

Other suggested reading

1. Pathology of Tumors-Lucas
2. Oral Immunology - Lehner
3. Oral Pathology - Soames and Southam
4. Contemporary Oral and Maxillofacial Pathology - SAPP Eversole, Wysocki,
5. Colour Atlas of Oral Pathology - John Everson And Crispian Scully

III BDS

GENERAL MEDICINE

Special emphasis should be given throughout on the importance of various diseases as applicable to dentistry e.g.: indications and contraindications for anesthesia in oral and dental procedures in different diseases. A dental student should be taught in such a manner that he is able to record the pulse, blood pressure and be capable of suspecting by sight and superficial examination of the body, diseases of the heart, lungs, kidneys, blood etc. He should be capable of handling medical emergencies encountered in dental practice. Too much details and treatment aspect (therapeutics) should be avoided.

Theory : 60 Hours (Medicine - 52 Hours, Psychology - 8 hours)

Must know	Desirable to know	Hours
1. Aims of Medicine, definition of diagnosis, treatment & prognosis. History taking, physical examination of the patient, diagnosis and management of disease.	Genetics and disease Medical Ethics	2 Hours
2. Infections: Enteric fever, HIV, Herpes simplex, Herpes zoster, Syphilis, Diphtheria, Malaria, Actinomycosis, Viral hepatitis, Tuberculosis.	Infectious mononucleosis, Mumps, Measles , R u b e l l a , L e p t o s y , Organisation and functions of the immune systems.	5 Hours
3. GIT: Stomatitis, Gingival hyperplasia, Dysphagia, Acid peptic disease, Jaundice, Acute and chronic hepatitis, Cirrhosis of liver, Ascitis, Amoebiasis, Tender hepatomegaly, Hepatotoxic drugs, Portal hypertension.	Diarrhoea and dysentery including Malabsorption syndromes, Helicobacter pylori	5 Hours
4.C.V.S: Acute rheumatic fever, Valvular heart disease, Hypertension, Ischemic heart disease (myocardial infarction), Infective Endocarditis, Common arrhythmias, Classification of congenital heart disease	Heart failure, Fallot's tetralogy, ASD, VSD.	7 Hours
5. Respiratory system: Applied anatomy and physiology of RS, Pneumonia, COPD, Pulmonary Tuberculosis, Bronchial asthma, Pleural effusion, Acute respiratory tract infections, Pulmonary embolism, Suppurative lung diseases, Lung abscess,	Bronchiectasis, Lung cancer. Empyema, Sleep apnea, ARDS, Respiratory failure	5 Hours
6. Hematology: Hematopoiesis, Anaemias, Clotting and Bleeding disorders, Acute and chronic myeloid leukemias, Agranulocytosis &	Principles of blood and blood products transfusion, Thromboembolic disease,	7 Hours

Neutropenia, Thrombocytopenia, Splenomegaly Lymphomas, or a manifestations of haematological disorders.	Oncogenesis, Hemolytic anemia, DIC, (disseminated intravascular coagulation)	
7. Renal System: Acute Nephritis & Nephrotic syndrome, U.T.I	Renal function tests, CRF	4 Hours
8. Nutrition: Balanced diet, PEM, Vitamin deficiency disease, Calcium and phosphate metabolism. Fluorosis	Osteomalacia, Osteoporosis	4 Hours
9. C N S: Facial Palsy, Facial pain, Trigeminal neuralgia, Epilepsy, Headache including migraine	Meningitis (acute and chronic), Anticonvulsants	5 Hours
10. Endocrine: Diabetes Mellitus, Acromegaly, Hypothyroidism,	Addison's disease, Cushing's syndrome, Parathyroid disease and calcium metabolism Preoperative assessment of diabetic patients, Acute adrenal deficiency	5 Hours
11. Critical care medicine: Syncope, Cardiac Pulmonary Resuscitation (CPR), Anaphylaxis, Allergy, Angio-neurotic edema.	Acute LVF, ARDS, Cardiogenic Shock, Coma	3 Hours
Miscellaneous: Adverse drug reactions, Drug interactions	Rheumatoid disease, Osteoarthritis Scleroderma	

Psychology / Psychiatry

Must know	Desirable to know	Hours
1. Introduction to behavioural sciences: Definition Over lapping of social, behavioural and biological sciences	Holistic approach to medical care	2 Hours
2. Pain: Behavioural, emotional, autonomic, conscious and unconscious, components of pain Role of anxiety in worsening pain (vicious circle)		5 Hours
3. Interview technique: Doctor-patient relation, listening and questioning. Pre and post treatment counselling, probing Of the fears, anxiety and anger, guilt in cases Of extraction, surgery, HIV, cancer etc.		5 Hours
4. Psychiatric disorders: Classification of mental illnesses. Aetiology - Biopsychological aspects.	Psychosis psychosomatic illnesses, alcoholism and drug dependence, dementia, illness behaviour, socio-cultural aspects stressing on personalities (anxiusus, obsessive)	7 Hours
5. Neurotic disorders and psychosomatic: Definition, classification, aetiology, clinical manifestations (anxiety, depression, phobia, somatoform disorders, conversion reaction, adjustment reaction), stress, coping, alexithymia.	Management - Stress	5 Hours
6. Liaison psychiatry: Dental care in mental retardation, dementia, Schizophrenia Eating disorders - deficiencies. Psychotropic drugs- side effects and drug interactions.		7 Hours

Clinical : 90 Hours (posting in a general hospital)

1. Five complete cases must be written in a record book before the student takes the final examination.
2. The student must be able to take history, do general physical examination (including build, nourishment, pulse, BP temperature, edema, cyanosis, clubbing, jaundice, lymphadenopathy, oral cavity) and be able to examine cardiovascular and respiratory systems, abdomen and the facial nerve and signs of meningeal irritation.

Scheme of Examination

A. Theory : 100 Marks

Distribution of Topics and Type of Questions:

Contents	Type of Questions and Marks	Marks
From Must Know topics only (sl. no. 1 to 11 under Theory)	Long Essays 2 x 10 marks	20
From Must Know topics only (sl. no. 1 to 11 under Theory) And Psychology/Psychiatry	Short Essays 10 x 5 marks	50
From Must Know topics only (sl. no. 1 to 11 under Theory)	Short Answers 10 x 3 marks	30
	Total	100

B. Viva Voce : 25 Marks

C. Internal Assessment - Theory : 25 marks, Practicals : 25 marks

D. Clinicals : 75 Marks

i. Case History	:	10 marks
ii. Clinical Examination	:	30 marks
iii. Investigation	:	10 marks
iv. Diagnosis & D. D.	:	10 marks
v. Management	:	05 marks

Textbooks recommended:

Name of the Book & Title	Author	Edn.	Yr. of Publ	Publisher's Name and Place of Publication	Price
Davidson's Principles of Practice of Medicine	Edward Christopher	18th	1991	Churchill Livingstone UK	Rs. 1168/-
Hutchison's Clinical Practice	Swash Michael	21st	2001	Churchill Livingstone UK	Rs. 595/-
Principles of Internal Medicine (for further reading)	Harrison	15th	2001	Mc. Graw Hill US	Rs. 1895/-
API Textbook of Medicine	Association of Physicians of India		1999	India	Rs. 900/-

GENERAL SURGERY

Theory: 60 Hours

1. Introduction - History of Surgery	1 hour
2. Principles of surgery, Tissue care, Asepsis and anti sepsis, Theatre technique, Sterilization, Suture materials, diathermy, Laser.	2 hour
3. Classification of Diseases, General Scheme of Studying a disease - Etiopathology, Clinical features, Investigations, Diagnosis, Management, Complications, Prognosis	2 hour
4. Wounds - Classification, Clinical Assessment, Treatment, Complications, Wound Healing.	1 hour
5. Skin Grafting	1 hour
6. Inflammation and Infection - Definition, Etiology, Pathology, Classification	1 hour
7. Acute Infections - Non-specific, and Specific - Aerobic and Anaerobic abscess, Cellulites, Carbuncle, Erysipelas, Anthrax, Gonorrhoea, gas Gangrene, Tetanus, Cancrum Oris, Ludwig's Angina.	2 hour
8. Chronic Infections - Nonspecific, and Specific - Tuberculosis, Syphilis, Actinomycosis, Leprosy.	2 hour
9. AIDS	2 hour
10. Bacteraemia, Septicemia, Pyaemia, Toxaemia	1 hour
11. Hemorrhage - Classification, emergency Management, Definitive Treatment, Assessment of Blood Loss.	1 hour
12. Bleeding Disorders - Coagulation Mechanism.	1 hour
13. Syncope, Shock, Cardiac Arrest - Causes, clinical Features, Haemodynamic Changes, emergency Care, Monitoring, Definitive Treatment, Septic Shock (warm shock), Anaphylaxis.	1 hour
14. Blood Groups - Blood Transfusion - Complications of Transfusion and Management, Massive Transfusion.	1 hour
15. Blood Fractions and their uses.	1 hour
16. Ulcers - Definition, classification, etiology, Nonspecific Ulcers, Specific Ulcers - Tuberculous Ulcers, Syphilitic Ulcer, Malignant Ulcers - Squamous	2 hour

cell Carcinoma, Basal Cell Carcinoma, Malignant Melanoma, Marjolin's Ulcer, Diabetic Ulcer.	
17. Sinus and Fistula	1 hour
18. Gangrene - Gas Gangrene, Dry Gangrene, Moist Gangrene - Causes, Management.	1 hour
19. Cysts - Definition, Classification, Clinical Features, Complications, Management.	1 hour
20. Common Cysts - Mucous Cyst, Sebaceous Cyst, Dermoid Cyst, Ranula, Cystic Hygroma, Branchial Cyst, Thyroglossal cyst, Ganglion.	1 hour
21. Tumours - Definition, Classification, Etiology of Cancer, Spread of Cancer, Early Diagnosis, Investigations, Modalities of Treatment and Prognosis, Recent Advances	2 hour
22. Common Benign and Malignant Tumours of Head and Neck Region - Lipoma, Fibroma, Neurofibroma, Haemangioma, Lymphangioma, Osteoma, Carcinoma, Sarcoma	1 hour
23. Biopsy - Indications and Methods	1 hour
24. Diseases of Lymphatic and Lymph nodes - a. Lymphangitis - Acute and Chronic, chronic Lymphoedema b. Lymphadenopathy - Classification i. Inflammatory - Acute and Chronic, Non-specific and Specific - Tubercular Lymphadenitis, Cold abscess - Collar Stud Abscess. ii. Malignant Tumours - - Primary : Hodgkin's Disease, Non Hodgkin's Lymphoma - Secondary carcinoma	1 hour
25. Diseases of Mouth, Lip, Tongue, Palate & Tonsils - - Ulcers, Stomatitis, Leukoplakia, Carcinoma of Lip, Cheek, Tongue - Ranula - Sublingual Dermoid - Tonsillitis, Quinsy	1 hour
26. Salivary Glands - - Acute and Chronic Infections - Parotid Abscess, Salivary Calculus - Salivary Tumours - Classification, Mixed Parotid Tumours - Carcinoma, Adenolymphoma, Sjogren's Disease.	1 hour
27. Neck Swellings - Midline and Lateral Swellings, Cystic and Solid Swellings. - Classification, Differential diagnosis, Treatment.	1 hour
28. Head Injury Management	1 hour

29. Facio-Maxillary Injuries	1 hour
30. Management of Severely Injured Patient - Resuscitation	1 hour
31. Fractures and Dislocations - Causes, General Principles of Management, Healing of Fractures and Complications	1 hour
32. Fractures of Mandible	1 hour
33. Jaw Swellings - Epulis, Odontomes, Bone Cysts and Tumours, Burkitt's Lymphoma	1 hour
34. Osteomyelitis of Mandible	1 hour
35. Thyroid Gland - Development, Congenital anomalies, Classification of goitres, Acute and Chronic Thyroiditis, Hashimoto's Disease, Reidel's Thyroiditis, Hyperthyroidism, Hypothyroidism, Adenoma, Carcinoma.	1 hour
36. Parathyroid - Hyperparathyroidism, Tetany, Calcium Metabolism.	1 hour
37. Pituitary Gland	1 hour
38. Tracheostomy - Indications, Steps of Operation, Post Operative Care	1 hour
39. Diseases of Arteries and Veins in general - Varicose Veins, Atherosclerosis, Aneurysm, Carotid Body Tumours	1 hour
40. Nervous System - Nerve Injury, Regeneration, Repair, Nerve Grafting. - Facial Nerve Palsy, Trigeminal Neuralgia	1 hour
41. Burns and Scalds	1 hour
42. Development of Face - Cleft Lip and Palate repair	1 hour
43. Principles of Anaesthesia	1 hour

Desirable to Know:

1. Brief Surgical Anatomy of Pharynx, Oesophagus, Paranasal Airsinuses. Diseases related to obstructive ones in pharynx and Oesophagus.
2. Introduction to - Oncology, Radiotherapy, Surgery and Genetic Engineering.
- 1 Hour

Ophthalmology

Curriculum for III B.D.S. students

Suggestions: 2 lectures-cum-demonstration (clinical \ visual)
I Lecture:- brief Outline of Surgical Anatomy of Eye and Orbit

5 Hours

- An outline of Ocular and Orbital Involvement in relation to Oral Diseases (Infections, Inflammations of the eye like Uveitis / Exophthalmitis / Optic Neuritis / Post-operative infections of the eye due to Dental sepsis / Invasion of tumours of Oral Cavity to the Orbit etc.) / Oral Surgery / Facial Injuries.

II Lecture:- Clinical Assessment of Ocular / Orbital Involvement.

- Recognition of common symptoms and signs of ocular and orbital involvement (Ecchymosis of lids, sub-conjunctival haematoma, Conjunctival Ecchymosis Chemosis, Proptosis: pupils: Diplopias: vision recording etc.)
- Management of superficial foreign bodies in the eye. (Prevention by protection/through eye wash with normal saline/removal of superficial conjunctival foreign bodies/for corneal or intraocular-foreign bodies to refer immediately)
- Timely referral to Ophthalmologist for any ocular/orbital problem.

E.N.T.

Ear : Middle Ear Infection	} 5 hours
Nose : Para nasal sinuses Infection	
Throat : Tonsillitis & Peritonsillar Abscess	

Clinicals : 90 Hours (posting in a general hospital)

Scheme of Examination

A. Theory : 100 Marks

Distribution of Topics and Type of Questions:

Contents	Type of Questions and Marks	Marks
<ul style="list-style-type: none"> • Principles of surgery, Tissue care, Asepsis and anti sepsis, Theatre technique, Sterilization, Suture materials, diathermy, Laser. • Wounds - Classification, Clinical Assessment, Treatment, Complications, Wound Healing. • Acute Infections - Non-specific, and Specific - Aerobic and Anaerobic abscess, Cellulites, Carbuncle, Erysipelas, Anthrax, Gonorrhoea, gas Gangrene, Tetanus, Cancrum Oris, Ludwig's Angina. • Bacteraemia, Septicemia, Pyaemia, Toxaemia • Hemorrhage - Classification, emergency Management, Definitive Treatment, Assessment of Blood Loss. • Syncope, Shock, Cardiac Arrest - Causes, clinical Features, Haemodynamic Changes, emergency Care, Monitoring, Definitive Treatment, Septic Shock (warm shock), Anaphylaxis. • Gangrene - Gas Gangrene, Dry Gangrene, Moist Gangrene - Causes, Management. 	<p>Long Essays 2 x 10 marks</p>	20
<p>Questions may be asked from all the topics</p>	<p>Short Essays 10 x 5 marks + Short Answers 10 x 3 marks</p>	<p>30</p> <p>20</p>
	Total	70

- B. Viva Voce : 20 Marks**
C. Internal Assessment - Theory : 10 marks, Practicals : 10 marks
D. Clinicals : 90 Marks

Long Case : One which includes

Case History	10 Marks
Clinical Examination	30 Marks
Suggested investigations	10 Marks
Diagnosis, DD	20 Marks
Management	05 Marks

Books for Reading:

Name of the Book & Title	Author	Edn.	Yr. of Publ	Publisher's Name and Place of Publication	Price
A Manual on Clinical Surgery	Somen Das	4th	1996	Dr.S.Das Calcutta	Rs. 430/-
Bailey & Love's Short Practice of Surgery	Charles. V. M. Ann	23rd	2000	Oxford University Press	\$ 29.00
Hamilton Baileys Demonstrations of Physical signs in Clinical Surgery	Hamilton Bailey	18th	1997	Butterworth Heinemann U.K.	\$ 67.50

Other Books for Reference:

1. Oxford Text Book of Surgery
2. Text Book of Surgery by Devita
3. Surgery by Sebastin
4. Surgery by somalal
5. Text Book of Surgery by Chatterjee
6. Surgical Anatomy by Heereggor
7. Diseases of Eye by Parson
8. Text Book of Ophthalmology by Vasudev Anand Rao
9. E.N.T. Diseases by Mohammed Muqbool
10. E.N.T. Diseases by N.C.Day
11. E.N.T. Diseases by K.K.Ramalingam

III BDS

ORAL PATHOLOGY AND MICROBIOLOGY

Theory: 120 Hours

ORAL PATHOLOGY

MUST KNOW

1. Benign and Malignant Tumours of the Oral Cavity (30 hrs)

a. Benign tumours of epithelial tissue origin

- Papilloma, Keratoacanthoma, Nevus

b. Premalignant lesions and conditions:

- Definition, classification
- Epithelial dysplasia
- Leukoplakia, Carcinoma in-situ, Erythroplakia, Palatal changes associated with reverse smoking, Oral submucous fibrosis

c. Malignant tumours of epithelial tissue origin

- Basal Cell Carcinoma, Epidermoid Carcinoma (Including TNM staging), Verrucous carcinoma, Malignant Melanoma.

d. Benign tumours of connective tissue origin :

- Fibroma, Giant cell Fibroma, Peripheral and Central Ossifying Fibroma, Lipoma, Haemangioma (different types). Lymphangioma, Chondroma, Osteoma, Osteoid Osteoma, Benign Osteoblastoma, Tori and Multiple Exostoses.

e. Tumour like lesions of connective tissue origin :

- Peripheral & Central giant cell granuloma, Pyogenic granuloma, Peripheral ossifying fibroma

f. Malignant Tumours of Connective tissue origin :

- Fibrosarcoma, Chondrosarcoma, Kaposi's Sarcoma Ewing's sarcoma, Osteosarcoma Hodgkin's and Non Hodgkin's Lymphoma, Burkitt's Lymphoma, Multiple Myeloma, Solitary Plasma cell Myeloma.

g. Benign Tumours of Muscle tissue origin :

- Leiomyoma, Rhabdomyoma, Congenital Epulis of newborn, Granular Cell tumor.

h. Benign and malignant tumours of Nerve Tissue Origin

- Neurofibroma & Neurofibromatosis-1, Schwannoma, Traumatic Neuroma, Melanotic Neuroectodermal tumour of infancy, Malignant schwannoma.

i. Metastatic Tumours of Jaws and Soft Tissues of Oral Cavity

2. Tumours of the salivary glands

(8 hrs)

Classification

- a. Benign tumours
 - Pleomorphic adenoma
 - Warthin's tumor
 - Basal cell adenoma
 - Canalicular adenoma

- b. Malignant tumors of the salivary glands
 - Malignant pleomorphic adenoma
 - Adenoid Cystic carcinoma
 - Acinic Cell carcinoma
 - Mucoepidermoid carcinoma
 - Central Mucoepidermoid carcinoma
 - Clear cell carcinoma

- c. Non Neoplastic enlargement of Salivary glands
 - Sjogrens syndrome
 - Mickulicz's disease
 - Necrotising Sialometaplasia

3. Cysts of Odontogenic Origin & Pseudocysts

(8 hrs)

- Introduction and Classification of Cysts of Oral Region
- Odontogenic Cysts
- Odontogenic Keratocyst, Dentigerous Cyst, Dental Lamina Cyst of newborn, Gingival Cyst of adults, Lateral Periodontal Cyst, Calcifying Odontogenic Cyst, Radicular Cyst.
- Pseudocysts
- Aneurysmal bone cyst, Traumatic bone cyst, Mucous extravasation phenomenon

4. Tumours of Odontogenic Origin

(9 hrs)

- Classification

BENIGN:

- a. Odontogenic epithelium without Odontogenic ectomesenchyme- Ameloblastoma, Calcifying Epithelial Odontogenic Tumour, Adenomatoid Odontogenic Tumour, Squamous Odontogenic Tumor

- b. Odontogenic epithelium with Odontogenic ectomesenchyme with or without hard tissue formation-- Ameloblastic Fibroma, Ameloblastic Fibro-odontoma, Odontoma, Dentinogenic Ghost cell Tumor

- c. Odontogenic ectomesenchyme with or without included Odontogenic epithelium- Peripheral and Central Odontogenic Fibroma, Odontogenic Myxoma, Benign Cementoblastoma.

MALIGNANT

- a. Odontogenic carcinomas : Metastasizing ameloblastoma, Ameloblastic carcinoma

5. Regressive alterations of teeth

(2 hrs)

- a. Attrition, abrasion, erosion, abfraction
- b. Dentinal sclerosis, dead tracts, secondary dentin, pulp calcifications
- c. Resorption of teeth (internal & external)
- d. Hypercementosis and Cementicles

6. Infections of the Oral cavity(10 hrs)

- a. Bacterial Infections: Scarlet fever, Diphtheria, Tuberculosis, Syphilis, actinomycosis, Tetanus, Noma.
- b. Viral Infections : Herpes Simplex, Measles, Mumps, Chicken Pox, Herpes Zoster, Cytomegalic Inclusion disease, H.I.V and Oral Manifestations of AIDS
- c. Fungal Infections : Candidiasis, Histoplasmosis, Phycomycosis and Rhinosporidosis.

7. Allergic and Immunological Diseases of the Oral cavity

(2 hrs)

- Immunological Diseases: Recurrent Aphthous Stomatitis, Bechet's Syndrome, Reiter's Syndrome, Sarcoidosis, Wegener's Granulomatosis
- Allergic Diseases: Angioedema, Stomatitis Medicamentosa, Stomatitis Venenata

8. Spread of Oral Infection

(2 hrs)

- a. Cellulitis, Ludwig's Angina, Intra Cranial Complication of Dental Infection, Maxillary sinusitis, Focal Infection and foci of Infection (Definition, Mechanism and significance)

9. Physical and Chemical Injuries of the Oral Cavity

(5 hrs)

- a. Physical Injuries of Teeth
 - Bruxism, Ankylosis

- b. Physical Injuries of Bone
 - Traumatic Bone Cyst

- c. Physical Injuries of Soft tissues
 - Traumatic Ulcer, Denture Injuries of the Mucosa, Mucous Retention Phenomena

- d. Chemical Injuries of Oral Cavity
 - Aspirin Burn
 - Lead, Mercury and Bismuth Poisoning
 - Acrodynia
 - Silver poisoning
 - Dilantin sodium -induced gingival enlargement
 - Tetracycline

- e. Effects of Radiation on bone and Oral Mucosa

10. Biopsy, Cytology and Healing of Oral Wounds(5 hrs)

- Factors affecting the healing of wounds
- Healing of Extraction Wound and Dry Socket
- Healing of Fracture
- Biopsy:
- Biopsy Techniques, Processing Of Tissues With A Brief Account Of Routine Stains Used, Healing Of The Biopsy Wound
- Basic Aspects of Cytology:
- Indications, Staining of Cytosmears, Interpretation of Cytosmears
- Re-Implantation and Transplantation of Teeth

11. Disease of Bone

(8 hrs)

- Genetic:
- Osteogenesis Imperfecta, Cleidocranial Dysplasia, Craniofacial Dysostosis, Mandibulofacial Dysostosis, Pierre Robin Anomalad, Marfan's Syndrome, Down's Syndrome, Osteopetrosis, Achondroplasia, Cherubism

- Fibro-Osseous Lesions
- Fibrous Dysplasia
- Cemento-osseous dysplasias

- Unknown Etiology:
- Paget's Disease, Histiocytosis-X-Disease

- Disorders of the Temporomandibular Joint:
- Developmental disturbances of the TMJ
- Ankylosis of the TMJ
- Subluxation and luxation
- Myofascial pain dysfunction syndrome

12. Blood Dyscrasias

(4 hrs)

- Clinico-pathological aspects and oral manifestations of Anemias, Polycythemia, Leukopenia, Neutropenia, Agranulocytosis, Chediak-Higashi Syndrome, Leukocytosis, Infectious mononucleosis, Leukaemias, Purpura, Haemophilia

13. Diseases of Periodontology

(5 hrs)

- Stains, Calculus, Dental Plaque
- Gingivitis, Acute Necrotizing Ulcerative Gingivitis (ANUG), Gingival hyperplasia, Periodontitis, Juvenile periodontitis

14. Diseases of Skin

(10 hrs)

- Hereditary:
- Hereditary Ectodermal Dysplasia, Chondroectodermal Dysplasia, Dyskeratosis Congenita, White Sponge Nevus, Hereditary Benign Intra Epithelial Dyskeratosis, Ehler-Danlos Syndrome

- Immune-mediated:

- Lichen Planus, Pemphigus, Benign Mucous Membrane Pemphigoid, Cicatricial Pemphigoid, Psoriasis, Erythema Multiformae, Epidermolysis Bullosa, Scleroderma, Lupus Erythematosus

15. Defence Mechanisms of the Oral Cavity (1 hrs)

16. Introduction to Forensic Odontology (2hrs)

- Introduction, definition, aims & scope.
- Sex and ethnic (racial) differences in tooth morphology and histological age estimation
- Determination of sex & blood groups from buccal mucosa/ saliva
- Dental DNA methods
- Bite marks, rugae patterns and lip prints
- Dental importance of poisons and corrosives
- Overview of forensic medicine and toxicology

17. Oral Aspects Of Metabolic Disease: (5 Hrs)

- Oral Aspects of Disturbances in Mineral Metabolism: Calcium, Phosphorus, Magnesium, Zinc, Fluorine, Iron
- Oral Aspects of Avitaminoses and Hypervitaminoses: Vitamin A, Vitamin D, Vitamin C, Vitamin B complex
- Oral Aspects of Disturbances in Hormone Metabolism: Hypopituitarism, Hyperpituitarism, Hyperthyroidism, Hypothyroidism, Hypoparathyroidism, Hyperparathyroidism, Addison's disease, Cushing's Syndrome, Diabetes Mellitas

18. Diseases of Nerves: (2hrs)

- Trigeminal neuralgia, Sphenopalatine neuralgia, Frey's Síndrome, Burning Mouth Síndrome

Oral Microbiology (3 Hrs)

1. Normal Oral Microbial Flora
2. Microbiology of Dental Caries
 - Streptococcus mutans, Lactobacillus acidophilus, Actinomyces israelii, Veillonella
3. Microbiology of Periodontal Diseases:
 - Borrelia vincentii, Fusobacteria, Actinomycetes actinomycetum-comitans
4. Microbiology of Oral Infections:
 - Bacteria: Mycobacterium tuberculosis, Treponema pallidum
 - Viruses: Herpes group of viruses, Human immunodeficiency virus
 - Fungi: Candida albicans

Practicals : 80 hours

- a. Identification of Hard and Soft Tissue Specimens
- b. Demonstration of Cytosmear and bacteriology smear
- c. Identification of Microscopic slides of Various Oral Lesions

Identification of the histopathologic slides of the following lesions :

1. Pit & fissure caries
2. Smooth surface caries
3. Dental caries - liquefaction foci
4. Pulp polyp
5. Periapical granuloma
6. Dentigerous cyst
7. Radicular cyst
8. Cholesterol clefts / cholesterol crystals
9. Rushton bodies
10. Calcifying odontogenic cyst
11. Mucocele
12. Leukoplakia
13. Carcinoma-in-situ
14. Oral submucous fibrosis (h/e)
15. Fordyce's spots
16. Papilloma
17. Fibroma
18. Lipoma
19. Capillary hemangioma
20. Cavernous hemangioma
21. Lymphangioma
22. Schwannoma
23. Well differentiated squamous cell carcinoma
24. Moderately differentiated squamous cell carcinoma
25. Verrucous carcinoma
26. Malignant melanoma
27. Osteosarcoma
28. Pyogenic granuloma
29. Fibrous dysplasia
30. Ossifying fibroma
31. Paget's disease
32. Osteomyelitis (acute)
33. Osteomyelitis (chronic)
34. Peripheral giant cell granuloma
35. Central giant cell granuloma
36. Ameloblastoma (follicular)
37. Ameloblastoma (plexiform)
38. Ameloblastoma (granular cell variant)
39. Adenomatoid odontogenic tumour
40. Cementoblastoma
41. Ameloblastic fibroma
42. Compound odontome
43. Pleomorphic adenoma, preferably with metaplastic areas
44. Warthin's tumour
45. Mucoepidermoid carcinoma (high grade)

46. Mucoepidermoid carcinoma (low grade)
47. Adenoid cystic carcinoma (pas)
48. Necrotizing sialometaplasia
49. Lichen planus with civatte bodies
50. Pemphigus
51. Tuberculosis
52. Actinomycosis
53. Candidiasis

ADDITIONAL TOPICS:

1. Ultrastructural features, Immunofluorescence techniques for muco-cutaneous lesions and viral infections
2. Basics of immunology
3. Different type of Microscopy used in the diagnosis of oral lesions
4. Syndromes

Scheme of Examination

A. Theory : 70 Marks

Distribution of Topics and Type of Questions

Contents	Type of Questions and Marks	Marks
Both questions from Oral Pathology only	Long Essays 02 x 10 marks	20
a. 6 questions on Oral pathology b. 2 questions on Oral microbiology	Short Essays 08 x 5 marks	40
a. 4 questions on Oral pathology b. 1 question on Oral microbiology	Short Answers 05 x 2marks	10
	Total	70

B. Viva Voce : 20 Marks

C. Internal Assessment - Theory : 10 Marks, Practicals : 10marks

D. PRACTICALS : 90 Marks

Spotters (total 15 spotters)

1. Specimen : Identification & Points in Support 6x5=30 marks
2. Slides : Slides, diagrams, Labelling & Salient features, 12 slides 12x5=60 marks

Text Books Recommended :

Name of the Book & Title	Author	Edn.	Publisher's Name and Place of Publication	Price
Oral pathology -Clinical Pathologic Correlation	Regezi & Scuibia	5th	W. B. Saunders Company USA, 2007	\$ 25
Shafer's Text Book of Oral Pathology	R. Rajendran B. Sivapathasundharam	6th	Elsevier, 2009	Rs. 876/-
Text Book of Oral and Maxillofacial Pathology	Neville, Damm, Allen, Bouquot	3rd	Elsevier, 2009	-
Essentials of Oral Microbiology	Lakshman P Samaranayake	3rd	Churchill Livingstone, 2006	\$ 86.95

Other suggested reading

1. Sapp,Eversole ,Wysocki :Contemporary Oral And Maxillofacial Pathology, 3rd edition
2. R B Lucas: Pathology of tumors of oral tissues, 5th edition
3. Peter.A.Reichart, Hans P.Philipsen: Odontogenic tumors and allied lesions
4. Mervyn Shear, Paul M.Speigh: Cysts of oral and maxillofacial regions, 4th edition
5. S R Prabhu: Oral diseases of the tropics
6. Roitt, Lehner: Oral Immunology
7. Russel J Nisengard, Michael G Newman: Oral Microbiology & Immunology, 2nd edition
8. John Eveson, Crispian Scully: Colour atlas of oral pathology

III BDS

ORAL MEDICINE AND RADIOLOGY

THEORY: 20 HOURS

PRACTICALS: 70 HOURS

MUST KNOW

III YEAR ORAL MEDICINE THEORY: 12 HOURS

1. Introduction to Oral Medicine- Definition Scope and Clinical Applications	1 hour
<p>2. Principles of oral diagnosis</p> <ul style="list-style-type: none"> - Definitions. - Importance of diagnosis and various types of diagnosis - Case history and components. - Physical examination methodologies - general examination, extra oral & neck examination , intra oral examination - Concepts of provisional diagnosis, differential diagnosis. - Clinical chair side investigations and radiological investigations, exfoliative cytology; hematological, microbiological, histopathological investigations. - Special investigations --biochemical, sialochemical studies, serology, immunological studies. - Final /confirmed diagnosis. - Formulation of treatment plan & prognosis - Referral for opinions. <p>Examination of swelling, ulcer, erosions, sinus, fistula, pigmented lesions, red and white mucosal lesions, pain, TMJ, and lymphnodes</p> <p>Procedures for post-mortem dental examination; maintaining dental records and their use in dental practice and post mortem identification; jurisprudence and ethics.</p>	3hour
3. Regressive alterations of teeth, Developmental malformations, discoloration of teeth.	1 hour
4. Principles, procedures, and protocol for asepsis, sterilisation, infection control.	1 hour
5. Oral sepsis and its effect on general system. Inflammation- injury, infection and spread of infection, facial space infections, osteoradionecrosis.	1 hour
6. Periapical Diseases, And Diseases Of Dental Pulp, Diagnosis Of Dental Caries, Periodontal Diseases Such As Gingival Hyperplasia, Gingivitis, Periodontitis, Pyogenic Granuloma	1 hour
7. Differential diagnosis of orofacial pain: i. Pain arising from diseases of orofacial tissues like teeth, pulp, gingival and periodontal tissues, mucosa, tongue, muscles, blood vessels, lymph nodes, bone, paranasal sinuses, salivary glands etc.	2 hour

<p>ii. Pain arising due to CNS diseases: pain due to intracranial and extracranial involvement of cranial nerves. (multiple sclerosis, cerebrovascular diseases, troter's syndrome etc.). Neuralgic pain due to unknown causes: trigeminal neuralgia, glossopharyngeal neuralgia, sphenopalatine ganglion neuralgia, periodic migrainous neuralgia and atypical facial pain.</p> <p>iii. Referred pain: pain arising from distant tissues & organs like heart, spine etc.altered sensations like cocageusia, halitosis.</p> <p>Neuromuscular disorders:</p> <p>i. Nerves:(a) neuropraxia, (b) neurotemesis (c) neuritis (d) facial nerve paralysis including Bell's palsy, Heerfordt's syndrome, Melkerson Rosenthal syndrome and Ramsay Hunt syndrome (e) neuroma (f) neurofibromatosis (g) Frey's syndrome.</p> <p>ii. Muscles: (a) Myositis ossificans (b) Myofacial pain dysfunction syndrome (c) trismus.</p>	
<p>8. Orofacial Pigmentation: Exogenous And Endogenous Pigmentations</p>	<p>1 hour</p>
<p>9.Pharmcotherapeutics : General therapeutic measures- drugs commonly used in oral medicine viz. Antibiotics, chemotherapeutic agents, anti-inflammatory and analgesic drugs, corticosteriods, antiviral drugs, antifungal drugs, antitubercular drugs, antihistamines, immunomodulators, immunosuppressive drugs, sialogogues, antisialogoguges.</p>	<p>1 hour</p>

III BDS

ORAL MEDICINE AND RADIOLOGY

Radiology

III YEAR THEORY : 8 Hours

1. Introduction to Oral Radiology -History, origin, Definitions, scope & limitations.	1 hour
2. Basic physics in radiology <ul style="list-style-type: none"> - Radiographic equipment - Radiographic accessories (film holders, beam directional devices, intensifying screens, extra oral cassettes, grids etc.) - Radiographic image receptors <p>Factors responsible for ideal radiographs:</p> <ul style="list-style-type: none"> i. KvP and ma of X-ray machine ii. Filters iii. Collimations iv. Intensifying screens v. Grids <p>Faulty radiographs and artefacts in radiographs.</p>	1 hour
- Production of X rays (dark room procedures, composition of developer fixer, safe lighting, processing technique- manual/ automatic, storage of films)	1 hour
<ul style="list-style-type: none"> - Properties of X rays - Sources of radiation. - Electromagnetic spectrum & types of radiation - Electro physical factors - Collimation, Filtration - Films - Principles of Shadow Casting - Projection Geometry - Object localization techniques 	2 hour
3. Principles of Intra oral Radiography, techniques, indications of - IOPA Bitewing, Occlusal radiography - lecture	1 hour
4. Radiographic interpretation - I <ul style="list-style-type: none"> - Principles, procedures. - Normal radiographic landmarks of jaws & adjacent structures. - Radiographic interpretations & differential diagnosis in dental caries periodontal diseases, periapical disease 	2 hour

III BDS ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Course Details - III Year B.D.S and IV Year B.D.S

TEACHING HOURS:

Mode of Teaching	III Year B.D.S	IV Year B.D.S
Theory	20 Hours	30 Hours
Clinical	70 Hours	100 Hours
Total	90 Hours	130 Hours

III YEAR B.D.S - COURSE SYLLABUS:

Subject	Hours
1. Introduction, Definition, Historical Background, Aims and Objectives of Orthodontics and Need for Orthodontic care.	1 Hour
2. Growth and Development: In General a. Definition b. Growth spurts and Differential growth c. Factors influencing growth and development d. Methods of measuring growth e. Growth theories (Genetic, Sicher's, Scott's, Moss's, Petrovics, Multifactorial) f. Genetic and epigenetic factors in growth g. Cephalocaudal gradient in growth Morphologic Development of Craniofacial Structures a. Methods of Bone growth b. Prenatal growth of craniofacial structures c. Postnatal growth and development of: cranial base, maxilla, mandible, dental arches and occlusion	6 Hours
3. Functional Development of Dental Arches and Occlusion a. Factors influencing functional development of dental arches & occlusion b. Forces of occlusion c. Wolfe's law of transformation of bone d. Trajectories of forces Clinical Application of Growth and Development	2 Hours
4. Malocclusion - In General a. Concept of normal occlusion	3 Hours

<ul style="list-style-type: none"> b. Definition of malocclusion c. Description of different types of Dental, skeletal and functional malocclusion <p>Classification of Malocclusion Principle, description, advantages and disadvantages of classification of malocclusion by Angle and modification, Simon, Lischer and Ackerman and Proffit.</p>	
5. Normal and Abnormal Function of Stomatognathic System	1 Hour
<p>6. Aetiology of Malocclusion</p> <ul style="list-style-type: none"> a. Definition, importance, classification, local & general aetiological factors b. Etiology of following different types of malocclusion <ul style="list-style-type: none"> i. Midline diastema ii. Spacing iii. Crowding iv. Cross-Bite: Anterior / Posterior v. Class III Malocclusion vi. Class II Malocclusion vii. Deep Bite viii. Open Bite 	3 Hours
<p>7. Diagnosis and Diagnostic Aids</p> <ul style="list-style-type: none"> a. Definition, Importance and classification of diagnostic aids b. Importance of case history and clinical examination in orthodontics c. Study Models: - Importance and uses - Preparation and preservation of study models d. Importance of intraoral X-rays in orthodontics e. Panoramic radiographs - Principles, Advantages, Disadvantages and uses f. Cephalometrics: Its advantages and disadvantages <ul style="list-style-type: none"> i. Definition ii. Description and use of cephalostat iii. Description and uses of anatomical landmarks lines and angles used in cephalometric and analysis iv. Analysis - Steiner's, Down's, Tweed's. Ricket's E-line g. Electromyography and its use in orthodontics h. Wrist X-rays and its importance in orthodontics 	4 Hours

CLINICALS AND PRATICALS IN ORTHODONTICS DURING III B.D.S - 70 Hours

PRATICAL TRAINING DURING III B.D.S

1. Basic wire bending exercises Gauge 22 or 0.7mm
 - a. Straightening of wires (4 Nos)
 - b. Bending of equilateral triangle
 - c. Bending of a rectangle
 - d. Bending of a square
 - e. Bending of a circle

f. Bending of U.V.

2. Construction of Clasps (upper / lower) Gauge 22 or 0.7mm

- a. $\frac{3}{4}$ clasp (C-Clasp)
- b. Full clasp (Jackson's Crib)
- c. Adam's Clasp
- d. Triangular Clasp

3. Construction of Springs (On upper both sides) Gauge 24 or 0.5mm

- a. Finger Spring
- b. Single Cantilever Spring
- c. Double Cantilever Spring (Z-Spring)
- d. T-Springs on premolars

4. Construction of Canine retractors Gauge 23 or 0.6mm

- e. U - loop canine retractor (Upper and lower)
- f. Helical canine retractor (Upper and lower)
- g. Buccal canine retractor: - Self supported Buccal canine retractor with
 - i. Sleeve - 5mm wire of 24 Gauge
 - ii. Sleeve - 19 Gauge needle on any one side
- h. Palatal canine retractor on upper both sides - Gauge 23 or 0.6mm

5. Labial Bow

- i. Gauge 22 or 0.7mm
- j. One on both upper and lower

CLINICAL TRAINING DURING III B.D.S

1. Making upper Alginate impression

2. Making lower Alginate impression

3. Study model preparation

4. Model Analysis

- a. Pont's Analysis
- b. Ashley Howe's Analysis
- c. Carey's Analysis
- d. Bolton's Analysis
- e. Moyer's Mixed Dentition analysis
- f. Hakhoba's Analysis

III BDS PEDIATRIC AND PREVENTIVE DENTISTRY

Teaching hours: Theory: 65 Hours,
Pedodontics and Preventive Dentistry Lectures
Practicals/Clinics: 170 Hours
III Year: 70 Hours
IV Year: 100 Hours
Theory
III Year: 20 Hours
IV Year: 45 Hours

III YEAR PEDODONTICS AND PREVENTIVE DENTISTRY: 20 HOURS

1. Introduction to Pediatric and Preventive Dentistry - Definition, Scope, Objectives and Importance	1hours
2. Growth and Development(will be covered by department of orthodontics also) - Importance of study of growth and development in Pedodontics - Prenatal and postnatal factors in growth and development - Theories of growth and development - Methods to measure growth - Development of maxilla and mandible and age related changes	2 hours
3. Development of Occlusion from birth to adolescence - Mouth of neonate, gumpads - Primary dentition period - Mixed dentition period - Establishment of occlusion - Study of variations and abnormalities	2 hours
4. Dental Anatomy and Histology - Chronology of eruption of teeth - Differences between primary and permanent teeth - Eruption disorders and their management including teething, ectopic eruption, ankylosis - Importance of first permanent molar	2 hours
5. Dental Caries - Diagnostic procedures and caries detection - Caries pattern in primary, young permanent and permanent teeth - Early childhood caries, rampant caries-definition, classification,etiology, pathogenesis, clinical features, complications and management	3 hours

<ul style="list-style-type: none"> - Role of diet and nutrition in dental caries & sugar substitutes - Diet counselling and dirtart modifications - Caries activity tests, caries prediction, susceptibility and their clinical application 	
6. Dental materials used commonly in children and adolescents (outline revision)	1 hour
7. Case history recording <ul style="list-style-type: none"> - Principles of history taking, examination, investigations, diagnosis and treatment planning 	1 hour
8. Pediatric operative dentistry <ul style="list-style-type: none"> - Principles of operative dentistry - Isolation-importance and techniques - Modifications in cavity preparation and recent cavity designs for primary and young permanent teeth - Atraumatic/ Alternative Restorative Technique (ART) - Other methods of caries removal - Restoration of carious teeth (primary, young permanent and permanent teeth) using various restorative materials like glass ionomers, composites, silver amalgam - Preformed crowns: stainless steel, polycarbonate and strip crowns 	5 hours
9. Gingival and periodontal diseases in children <ul style="list-style-type: none"> - Normal gingival and periodontium in children - Definition. Classification - Aetiology, pathogenesis and management of giggival and periodontal conditions seen in children and adolescents 	2 hours
10. Dental radiology as related to Pedodontics	1 hour

III BDS

ORAL AND MAXILLOFACIAL SURGERY

Total Theory Teaching hours : 70 hours
 Total Practicals/ Clinicals: 270 hours

III year : 20 hours Theory , 70 Clinical hours
 IV year : 50 hours Theory , 200 Clinical hours

III year BDS Theory: 20 hours

Lesson No	Topic	Details of the Topic	Duration
1.	Introduction	Definition, Aims & objectives of Oral surgery	1 hour
2.	Diagnosis in oral surgery	History Taking	2 hour
		Clinical Examination	
		Investigations	
3.	Infection control	Principles of infection control	1 hour
		Cross infection , HIV/AIDS and hepatitis	
4.	Local Anaesthesia	Neurology of facial pain Historical aspects, definition, types of LA, indications, contraindications, advantage and disadvantage. Local anaesthetic drugs, Classification Ideal requirements of LA solutions, composition and mode of action Choice of particular mode of anaesthesia Complications of LA, prevention and management. Anaesthesia technique- Mandible Anaesthesia technique- Maxilla	5 hours 2 hours 2 hours
5.	Exodontia	Introduction, indications, contra indication	1 hours
		Methods of extraction	1 hours
		Use of instruments and complications – Prevention and management	2 hours
6.	Medical Emergency		3 hour
7.	Medical Compromised Patients		
Total			20 hours

Text Books:

Alling John F et al	Impacted teeth
Peterson L J et al	Principles of Oral and Maxillofacial Surgery Vol 1,2 & 3
Srinivasan B	Textbook of Oral and Maxillofacial Surgery
Malamed S F	Handbook of medical emergencies in the dental office
Banks P	Killey's fracture of mandible
Banks P	Killey's fracture of middle third of the facial skeleton
McGovanda	The Maxillary sinus and its dental implication
Seward G R et al	Killey and Kays outline of oral surgery Part I
McCarthy F M	Essentials of safe dentistry for the medically compromised patients
Laskin D M	Oral and Maxillofacial Surgery
Howe G L	Extraction of teeth
Howe G L	Minor oral surgery
Peterson I J et al	Contemporary Oral and Maxillofacial Surgery
Topazian R G & Goldberg M H	Oral and Maxillofacial infections

Practical and Clinicals hours**III year BDS : 70 clinical hours.****Students are required to learn the following exercises:**

Case history taking
 Examination of the patient
 Recording blood pressure
 Use of different instruments in Oral & Maxillofacial surgery
 Various local anaesthetic injection techniques on patients

Practical and Clinicals Quota

Year	Clinical exercises	Quota	Category
III year BDS:			
	Various local anaesthetic injection techniques on patients	10 cases	must do
	Wiring techniques on models	1 exercise	must do
	Suturing techniques on models.	1 exercise	must do

III BDS PROSTHODONTICS, CROWN AND BRIDGE INCLUDING IMPLANTOLOGY

Teaching Hours:

Clinical: III year: 70 hours
IV year: 300 hours

Theory: III year: 30 hours
IV year: 80 hours

III year Prosthodontics Theory: 30 hours

<p>1. Introduction</p> <ul style="list-style-type: none"> a. Terminology - Definitions - History - Scope in Prosthodontic therapy b. Stomatognathic system, Craniomandibular system (Masticatory apparatus) c. Components of masticatory apparatus - Functions d. Applied Anatomy. Histology & Physiology of the components of mandibular system. e. Applied growth and development including genetics, immunity. f. Reasons for loss of teeth and associated structures. g. Clinic and laboratory - facilities for Prosthodontic therapy (Equipments, instruments, materials). h. Prosthodontic therapy for diseases of craniomandibular system. i. Asepsis and cross infection control in clinic and laboratory. Hospital laboratory waste disposal system and management. <p>Physiology, nutrition, occlusion, occlusal curves, vertical overlap, horizontal overlap, condylar path, saliva, pain and other reflexes. Neuro muscular mechanism and applied psychiatry medicine</p> <p>COMPLETE DENTURE PROSTHESIS</p>	<p>1 hour</p>
<p>2. BIOMECHANICS OF THE EDENTULOUS STATE</p> <ul style="list-style-type: none"> Mechanism of tooth support Mechanism of complete denture support Masticatory load Mucosal support Residual ridge Psychologic effect on retention Functional and Para functional considerations Occlusion Functions: Mastication & swallowing 	<p>2 hours</p>

<p>Mandibular movements Para-functions Distribution of stresses to the denture supporting tissues, changes in morphological face height and the temporomandibular joint Face height Centric relation Temporomandibular joint changes Individual behavioral or adaptive response Cosmetic changes Dietary changes Adaptive and psychological changes Adaptive potential of the patient</p>	
<p>3. Tissue response to complete denture prosthesis in the aging edentulous patient Soft tissue changes. Soft tissue hyperplasia Denture stomatitis Treatment of denture stomatitis Denture sore mouth</p>	1 hour
<p>4. Effects of aging Oral changes Mucosa and skin Residual bone and the Maxillo-mandibular Relation Disuse atrophy Changes in the size of the basal seat Maxillo-mandibular relations- Tongue and taste Salivary flow and nutritional impairment- Degenerative changes. Dietary problems Psychologic changes</p>	1 hour
<p>5. Preparing the patient for complete denture prosthesis</p>	1 hour
<p>6. Diagnosis and treatment planning for patient with some teeth remaining Diagnostic procedures History and records Immediate complaints Systemic evaluation - CVS, respiratory, Renal, Endocrines, CNS and other systemic conditions Temporomandibular joint disorders Intra Oral examination Diagnostic cast Interarch space problems Radiographs & other investigations</p>	3 hours

<p>Treatment plan Deciding whether to extract the remaining teeth Pre extraction record The patient recently made edentulous New Problems of the recently edentulous patient The patient's concept of the permanence of dentures The patient edentulous for a long time Mental attitudes & classification The House classification: Philosophic Indifferent Critical Skeptical Application of the house classifications Desires and expectations</p>	
<p>7. Diagnosis of patient with no teeth remaining Examination charts and records General observations affecting diagnosis - age, sex, occupation, ethnic - general health & nutrition - social training - patient complaints - gait - lip support - lip thickness - lip length - lip fullness - profile and contour of features - tone of the facial tissues - vertical face length Radiographic and intraoral examination - advantages of a radiographic examination - intra oral examination - color, resiliency and attachments of the mucosa - abrasions & ulcers - pathoses - the maxillary basal seat - torus palatinus - adhesions - The mandibular basal seat - Arch size Disharmony in jaw sizes Ridge form Ridge relations Arch shape Sagittal profile of the residual ridge Shape of the palatal vault Relation of the hard and soft palate</p>	<p>2 hours</p>

<p>Muscular development Saliva Checks and lips Muscle tonus Muscular control Jaw movements Temporomandibular joint problems Tongue size and position Throat form Gagging</p>	
<p>8. Development of treatment plan Communicating with the patient</p> <ul style="list-style-type: none"> - Nutrition care of the denture patient - Nutritional needs and status of the elderly - Impact of wearing dentures on dietary intake - calcium and bone health - vitamin supplementation - Nutrition counseling 	1 hour
<p>9. Identification and management of the patient with problems Basic rules to follow to avoid problems</p> <ul style="list-style-type: none"> - Conduction of the comprehensive examination - Correctional procedures prior to making prosthesis - Patient behavior characteristics observed during the examination appointment that may indicate future management problems - Disrupting regular office routine - Overreacting to normal examination procedures - Downgrading or criticizing treatment provided by a previous dentist <ul style="list-style-type: none"> Refusing to divulge the name of a previous dentist or dentists Not having paid for previous dental care Dissatisfaction with existing prosthesis that does not coincide with your evaluation of the prosthesis Numerous sets of prostheses made in a short time(for example, / three in two years) Unrealistic desires to change facial appearance Recent major catastrophe in the immediate family(such as a death, divorce, or severe illness) Legal action pending with the former dentist History of severe gagging and inability to wear prosthesis Crying during discussion of previous dental experience Evidence of excessive smoking Evidence of severe bruxing and/or clenching Restlessness in the dental chair When and how to refer the patient to a specialist for treatment Background information Procedures 	1 hour

<p>10. Use of Consultation Report Contents of the Report Economics of prosthodontic service Improving the patient's denture foundation and ridge relations Nonsurgical Methods Rest for the prosthesis supporting tissues Occlusal and vertical dimension correcting of old prostheses Good nutrition and Conditioning of the patient's musculature Surgical Methods correcting conditions that preclude optimal prosthetic function Hyperplastic ridge, epulis fissuratum, and papillomatosis Frenular attachments and pendulous maxillary tuberosities Bony prominences, undercuts, spiny ridges, and nonparallel bony ridges Discrepancies in jaw size Pressure on the mental foramen Enlargement of denture-bearing areas Vestibuloplasty Ridge augmentation Replacing tooth roots by Osseo integrated dental implants Management of remaining teeth and pulp for over dentures</p>	<p>3 hours</p>
<p>11. Rehabilitation of the Edentulous Patient Biologic considerations for Maxillary Impressions Macroscopic Anatomy of Supporting Structures - support for the maxillary denture - Residual ridge - Stress-bearing areas - incisive papilla - posterior palatal area - bone of the basal seat Macroscopic Anatomy of Limiting Structures - Resistant and non resistant areas (Peripheral valvular sealing area of a prosthesis) - Labial frenum - Orbicularis oris - Buccal frenum - Buccal vestibule - Pterygomaxillary notch - Palatine fovea region - Vibrating line of the palate Microscopic anatomy - Histologic nature of soft tissue and bone - Microscopic anatomy of supporting tissues - Microscopic anatomy of limiting structures</p>	<p>2 hours</p>
<p>12. Clinical considerations of microscopic anatomy Maxillary Impression Procedures Principles and objectives of Impression making</p>	<p>2 hours</p>

<p>Factors of retention of Dentures</p> <p>Physical factors</p> <ul style="list-style-type: none"> - Adhesion - Cohesion - Interfacial surface tension - Capillary attraction - Atmospheric pressure <p>Anatomic factor</p> <p>Mechanical factors</p> <p>Acquired muscular control</p> <p>Oral and facial musculature</p> <p>Balanced occlusion</p> <p>Health of the basal seat tissues</p> <ul style="list-style-type: none"> - Inflammation of the mucosa - Distortion of the denture-foundation tissues - Excessive amounts of hyper plastic tissue - Degeneration of mucous membrane - Insufficient space between the upper and lower ridges <p>Impressions for the edentulous patient</p> <p>Primary impression-Patients position, operators position, stock trays, materials- & step by step procedure for making primary impression</p> <ul style="list-style-type: none"> - Impression trays-special trays and design for final impression - Final impression materials <p>Impression techniques</p> <ul style="list-style-type: none"> - First technique-border molded special tray - Second technique-one step border molded tray - Third technique-custom tray design based on the previously worn prosthesis 	
<p>13. Biologic considerations for mandibular impressions</p> <p>Sequelae of tooth loss</p> <p>Macroscopic Anatomy of the supporting structures</p> <ul style="list-style-type: none"> - Crest of the residual ridge - Buccal flange area and the buccal shelf - flat mandibular ridges - bone of the basal seat - stages of change in the mandible - mylohyoid ridge - throat form and tongue positions - mental foramen area resorption - insufficient space between the mandible and the tuberosity - low mandibular ridges - direction of ridge resorption - torus mandibularis <p>Macroscopic Anatomy of Limiting Structures</p> <p>Buccal and labial borders</p> <p>Buccal vestibule</p> <p>External oblique ridge and the buccal flange</p>	<p>2 hours</p>

<p> Masseter muscle region Distal extension of the mandibular impression Retromolar region and pad Lingual borders Influence and action of the floor of the mouth Mylohyoid muscle and mylohyoid ridge Sublingual gland region Direction of the lingual flange Alveololingual sulcus Lingual frenum and lingual notch Lingual flange Microscopic Anatomy Supporting tissues - crest of the residual ridge - buccal shelf </p>	
<p> 14. Mandibular Impression procedures Classification of Mandibular Impressions Aims and objectives, and theories of impression making - selective pressure impressions - pressure less impressions Construction Procedures - First technique-selective pressure mandibular impression border-molded special tray - Second technique-selective pressure mandibular impression-one step border- molded tray - Third technique-selective pressure Mandibular impression custom design based on the previously worn prosthesis </p>	1 hours
<p> 15. Biologic considerations in jaw relations and jaw movements Anatomic factors Temporomandibular Articulation Classification of Jaw relations - orientation relations Face bow - Vertical relations - Horizontal relations </p>	2 hours
<p> 16. Movements of mandible practical significance of understanding mandibular movements methods of studying mandibular movements factors that regulate jaw motion influence of opposing tooth contacts influence of tempormandibular joints axes of mandibular rotation muscular involvement in jaw motion clinical understanding of mandibular movement </p>	1 hours

<p>17. Biological considerations in vertical jaw relations Anatomy and Physiology of Vertical jaw Relations Establishment of the vertical maxillomandibular relations for complete denture prosthesis Methods of determining the vertical dimension - Mechanical methods - Physiologic methods - Tests of vertical jaw relations with the occlusion rims</p>	<p>1 hour</p>
<p>18. Biological considerations in horizontal jaw relations Muscle involvement in centric relations Harmony between centric relation and centric occlusion Orienting centric relation to hinge axis Orienting centric relation and vertical relations Significance of centric relation Recording centric relation - Methods of recording centric relation Graphic, static, functional & cephalometric - Extraoral tracing and devices - Intraoral tracing devices - Interocclusal centric relation records</p>	<p>1 hour</p>
<p>19. Recording and transferring bases and occlusion rims Trial denture base, or recording base Occlusion rims Guide for esthetics - Central line, lip line, canine line, smile line level of the occlusal plane preliminary centric relations records</p>	<p>2 hours</p>

III BDS PERIODONTOLOGY

Knowledge:

- To have adequate knowledge and understanding of the etiology, pathophysiology, diagnosis & treatment planning of various periodontal problems.
- To have understood the periodontal surgical principles like pre and post surgical management of periodontal diseases.
- Essential knowledge of personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste keeping in view the high prevalence of infectious disease

Skills

- To obtain proper clinical history, examination of the patient, perform diagnostic procedures and order essential laboratory tests and interpret them and to arrive at a provisional diagnosis about the periodontal condition.
- To perform with competence various periodontal nonsurgical procedures. To treat non- surgically the various periodontal diseases.

Attitude:

- Periodontal surgical care is to be delivered irrespective of the social status, caste, creed or religion of the patient.
- Willing to share the knowledge and clinical experience with professional colleagues.
- Respect patient right and privileges, including patients right to information and right to seek a second opinion.

- Develop attitude to seek opinion from an allied medical and dental specialists as and when required.

Communicative Skills and Ability:

- Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular periodontal problem and obtain a true informed consent from them for the most appropriate treatment available at that point of time.
- Develop the ability to communicate with professional colleagues.
- Develop ability to teach undergraduates, present seminars and develop leadership skills

Teaching Hours: Theory: 80 Hours (III BDS-30 Hours, IVBDS- 50 Hours)

Sl. No.	Topic	Expected to know	Hours
1.	Introduction	Definition of Periodontology, Periodontics Periodontia. Brief historical background Scope of Periodontics	1
2.	Gingiva	Development , Structure , morphology histopathology of gingival tissues, functions.	2
3.	Tooth supporting structures	Periodontal ligament, cementum and alveolar bone: functions, histology, development	2
4.	Periodontal instrumentation	Sonic, Ultra sonic instrumentation gingival irrigation manual instrumentation	1
5.	Defense mechanism in the oral cavity	Role of Epithelium; Gingival crevicular fluid ; Saliva and other defensive mechanisms in the Oral environment	2
6.	Age changes in periodontal structures & their significance in geriatric dentistry	Age changes in teeth and Periodontal Structures, their association	1
7.	Plaque control	a. Mechanical- tooth brushes, interdental cleansing aids, dentifrices. b. Chemical – Classification and mechanism of action of each, pocket irrigation.	2
8.	Gingivitis	Plaque associated, ANUG ,steroid, hormone influenced, Medication influenced, desquamative gingivitis, gingivitis, other forms of gingivitis as in nutritional deficiency, bacterial and viral infections etc.	2



9.	Chemotherapeutic agents	Various chemotherapeutic agents used in periodontal therapy	1
10.	Gingival Diseases	Localised & generalize diseases gingivitis. Papillary, marginal and diffused gingivitis. Etiology, pathogenesis clinical signs, symptoms and management of-Plaque-associated gingivitis Systemically aggravated gingivitis (Sex hormones,Drugs and systemic diseases) Necrotizing ulcerative gingivitis Desquamative gingivitis associated with Lichen planus, Pemphigoid pemphigus and other Vesic ulob ullous lesions.Allergic gingivitis Infective gingivitis - Herpetic, bacterial and candidial, pericoronitis. Gingival diseases in childhood	2
11.	Gingival enlargement	Types of Gingival enlargement (Classification and differential diagnosis)	2
12.	Epidemiology of Periodontal disease	Definition of index, Incidence, Prevalence. Classification of indices.(Irreversible & reversible) Deficiencies of earlier indices used in Periodontics Detailed understanding of Sillness & Loe Plaque index, Loe and Sillness gingival index, CPITN & CPI.Prevalence of periodontal diseases in India and ther countries. Public Health significance (All these topics are covered at under community dentistry. Hence the topics may be discussed briefly however; questions may be asked from the topics for examination).	2
13.	Extension of inflammation from gingiva	Mechanism of spread of Inflammation from Gingival to deeper periodontal structures. Factors that modify the spread	1
14.	AIDS and periodontium	AIDS and periodontium	1

15.	Etiology of Periodontal diseases	Dental Plaque (Biofilm) Definition, Types, composition ; Formation: Bacterial colonisation, Growth & maturation, Disclosing agents. Role Of dental plaque in Periodontal disease Plaque microorganisms in detail Bacteria associated with periodontal diseases. Plaque retentive factors, Materia alba, Food debris, Food impaction: Definition, Types, Etiology Hirschfelds classification, Signs, symptoms & sequelae. Treatment.	2
16.	Calculus	Role of Dental calculus in disease. Definition, Types, composition, attachment, theories of formation	1
17.	Dentinal hypersensitivity	Causes, theories and management.	1
18.	Habits	- Their Periodontal significance. Bruxism & parafunctional habits, Tongue thrusting, mouth breathing, lip biting, occupational habits.	1
19.	Iatrogenic factors.	Conservative Dentistry- Restorations. Contact point, marginal ridge, surface roughness, overhanging restorations, interface between restoration and teeth . Prosthodontic Interrelationship- Bridges and other prosthesis, Pontics (types), surface contour, relationship of margins to the Periodontium . Orthodontics - Interrelation- Retention of plaque, bacterial changes.	1
20.	Systemic diseases	Diabetes, Sex hormones, Nutrition (Vitamins & Proteins) Hemorrhagic disease, Leukemia, Clotting factor disorder. Platelet disorders. PMN disorders	2

Tutorial (During Clinical Posting)

1. Infection control
2. Periodontal instruments
3. Chair position and principles of instrumentation , Maintenance of instruments
4. Basic tissues: Gingiva, periodontal ligament, cementum, alveolar bone.
5. Plaque control: mechanical and chemical
6. Motivation of patient - oral hygiene instructions

Desirable to Know

1. Histochemistry of periodontal tissues
2. Masticatory apparatus and functions
3. Immunology- current concepts of host response
4. Applied periodontal microbiology
5. Advanced diagnostic techniques
6. Regeneration

Teaching Hours: Theory - 80 Hours III BDS - 30 Hours; IV BDS - 50 Hours

Clinical work and case discussion (III BDS & IV BDS)

25 Detailed Case History And Discussion	75 Hours
50 Oral Prophylaxis	150 Hours
Demonstration of all Surgical Procedures	30 Hours
Maintenance Therapy	30 Hours
Total	285 Hours

Recommended Books

Name of the Book & Title	Author	Edn.	Yr. of Publ	Publisher's Name and Place of Publication
Standard Book Carranza and Newman	Clinical Periodontology	10th	2007	SB saunders Company
Recommended Books Robert Genco. Henry. M.Goldman D.Walter Cohen	Contemporary Periodontics	6th	--	C.V.Mosby Company St. Louis
Jan Lindhe, T.Karring, N. P Lang.	Clinical Periodontology & Implant Dentistry	5th	1997	Munksgaard Copenhagen
Grant Strern. Listgarten	Periodontics	6th	1998	Mosby CBSn Publishers Indian Edition
S. P Ramfjord M. M. Ash.	Periodontology and Periodontics Modern Theory and Practice	--	1996	AITBS Publishers, India
T. ITO J. D. johnson	Colour Atlas of Periodontal Surgery	--		Mosby & Wolfe. U.S.A
Cohen	Atlas of Periodontal Surgery	--		C. V. Mosby Company U.S.A
Glickman	Manual of periodontal instruments		1990	W.B. Saunders and co
Wilson and Kornman	Fundamentals of periodontics	2cnd	2003	Quintessence publishing

III BDS CONSERVATIVE DENTISTRY AND ENDODONTICS

Minimum Working hours for each subject of study
(BDS course)

Year	Lecturer Hours	Clinical Hours	Total Hours
III year BDS:	30	70	100
IV year BDS:	80	300	380

III year

Sl.No	Subjects	Hours
1	Nomenclature Of Dentition: Tooth numbering systems A D A,Zsigmondy Palmer-and FDI systems	1 hour
2	Gnathological Concepts Of Restoration: Physiology Of occlusion, normal occlusion, Ideal occlusion, Mandibular movements and occlusal analysis. Contours and contacts	2 hours
3	Dental Caries: Aetiology, Classification. Clinical features, morphological features, Microscopic features, clinical diagnosis and sequel of dental caries	3 hours
4	Preventive measures in restorative practice: Plaque Control Pit and fissure sealants, dietary measure restorative Procedure and periodontal health	2 hours
5	Armamentarium for cavity preparation- Hand cutting instruments Terminology and classification Applications Designs, formula and sharpening of instruments. Rotary cutting instruments Dental bur Mechanism of cutting, Common design characteristics Diamond abrasive and other abrasive instruments Cutting mechanism Hazards and precautions	2 hours

6	Isolation of operating field Purpose and methods of isolation	2 hours
7	Infection control Routes of transmission of dental infection Personal barrier protection Control of onfection from aerosol and spatter sterilization procedure for Operatory Dental water line contamination and biofilm Disposal of wastes	3 hours
8	Patient assessment, examination, diagnosis, and treatment planning Patients and operator position	3 hours 1 hour
9	Principles of Cavity dentistry- Steps and nomenclature of Cavity preparation classification of cavities	1 hour
10	Pain control in operative dentistry	1 hour
11	Matricing and tooth separation	2 hours
12	Amalgam Resolution- Indication, contraindication Advantages, disadvantages Cavity preparation for class I,II..V Step wise procedure for cavity Preparation and restoration including modifies designs Bonded amalgams, failure and repair of amalgam restorations	5 hours
13	Hypersensitivity of dentin Theories of hypersensitivity management	1 hour

III BDS

PUBLIC HEALTH DENTISTRY

Theory:15 Hours Clinical/Practical:50

MUST KNOW

Syllabus:

Sl No.	Topic	No.of hours	Year of study
1.	Introduction to Dentistry: Definition of Dentistry, History of Dentistry, Scope, aims and objectives of Dentistry.	4	III BDS
2.	Public Health:		
	i. Health & Disease: - Concepts, Philosophy, Definition & Characteristics	5	
public	ii. Public Health: - Definition & Concepts,History of health	4	
	iii. Dentist Act 1948 with amendment. Dentist Council of India and state Dental Councils Composition and responsibilities.	1	
	iv. Indian Dental association Head Office,State and local branches	1	

PRACTICALS/CLINICALS/FIELD PROGRAMMES IN PUBLIC HEALTH DENTISTRY

These exercises designed to help the student in III year:

1. To Understand the community aspects of dentistry
2. To take up leadership role in solving community oral health programme
3. To gain hands on experience on research methodology.

Exercises: III BDS

Sl. No.	Topic	Year of study
1.	<p>Short term research project: Epidemiology & Advocacy</p> <p>Purpose: Apply the theory and practice of epidemiology, planning and evaluation, statistics to dental public health. Most of the students are unfamiliar with research and hence this short term project which will be divided across 2 years [IV & V BDS] would address this issue.</p> <p>Depending on the topic chosen student can incorporate</p> <ul style="list-style-type: none"> • Collection of statistical data (demographic) on population in India, birth rates, morbidity and mortality, literacy, per capita income • Incidence and prevalence of common oral diseases like dental caries, periodontal disease, oral cancer, fluorosis at national and international levels. • Oral health status assessment of the community using indices and WHO basic oral health survey methods collection. 	15 hrs
2.	<p>Field visits:</p> <ul style="list-style-type: none"> • Visit to primary health centre-to acquaint with activities and primary health care delivery • Visit to water purification plant/public health laboratory/ centre for treatment of western and sewage water • Visit to institution for the care of handicapped, physically, mentally, or medically compromised patients 	20 hrs
3	<p>Preventive Dentistry:</p> <ul style="list-style-type: none"> • Including case history, recording of indices, application of pit and fissure sealants, fluoride gel application procedure, A. R. T. <p>Health talk : Minimum of 12 per year</p>	15 hrs

Note: Recording of oral health assessment using indices and WHO basic oral health survey methods should be in context of how information collected will be used or utilised. Therefore it is desirable for this exercise to be part of short term research project and not merely for recording.

IV BDS PERIODONTOLOGY

Teaching Hours: Theory: 50 Hours

Sl. No.	Topic	Expected to know	Hours
1.	Classification of periodontal diseases	Need and scientific basis, classification of gingival and periodontal diseases- world workshop 1999.	1
2.	Risk Factors	Definition, Risk factors for periodontal diseases. Smoking and periodontal diseases, Role of Stress factors	1
3.	Genetic factors	Genetic factors associated with periodontal disease	1
4.	Host Response	Mechanism of initiation & progression of Periodontal disease, Basic concepts , cells, Mast cells, Neutrophils, macrophages, Lymphocytes, Immunoglobulins, complement, Immune Mechanisms and Cytokines in brief. Stages in gingivitis - Initial, early established, advanced Periodontal disease activity continuous paradigm, random burst and asynchronous multiple burst hypothesis	2
5.	Furcation involvement	Furcation involvement Various Classifications, prognosis and management.	1
6.	Bone loss patterns	Bone loss and patterns of bone destruction in periodontal disease	1
7.	Diagnosis	Routine procedures, methods of probing types of probes. -case history Halitosis, Etiology and treatment.	2 1
8.	Radiographic aids	Radiographs aids in the diagnosis of periodontal diseases	1
9.	Advanced diagnostic aids	Advanced diagnostic aids - Their role in brief	1
10.	Prognosis	Definition, types, purpose and factors	1
11.	Treatment plan	Factors to be considered	1
12.	Rationale for periodontal therapy	Regeneration, Repair, Re-attachment, New attachment	1

13.	Periodontitis	Etiology, histopathology, clinical signs& symptoms, diagnosis and treatment of chronic periodontitis, aggressive periodontitis, refractory periodontitis, Necrotising ulcerative periodontitis Periodontal abscess- definition, classification, pathogenesis, differential diagnosis & treatment	3
14.	Periodontal pocket	Definition, signs and symptoms, classification, pathogenesis histopathology, root surface changes & contents of pocket.	1
15.	Periodontal treatment of medically compromised Patients	Different systemic conditions and their effects on the periodontium. Management of patients with the various systemic complications	2
16.	Periodontal therapy in the female patient	PDL changes associated with Puberty, Menopause, pregnancy, Oral contraceptives	1
17.	Periodontal therapy	General principles of periodontal therapy. Preparation of the patient for surgical therapy	1
18.	Pocket eradication	Scaling and root planing procedures Indications, Aims and Objectives. Armamentarium - and procedure Healing following root planing. Curettage and present concepts- Definition, Indication ; Aims and Objectives Procedures and healing Gingivectomy / Gingivoplasty including crown lengthening procedure-Definition Indication and contra indication Armamentarium, Procedure and healing.	3
19.	Flap Surgery	Definition of flap; Types of flap (Design of flap- papilla preservation) Pocket eradication, Indications, armamentarium, surgical procedure and healing	2
20.	Osseous surgery	Definition; Resective and additive osseous surgery (Osseous grafts, classification of grafts)-healing; other regenerative procedures root conditioning. Guided tissue regeneration.	2
21.	Mucogingival surgery	Definition; Mucogingival problems,, Etiology & Classification of gingival recession (P.D.Miller Jr. and Sullivan and Atkins) Indications, various mucogingival surgical procedures	2
22.	Occlusion	Occlusal evaluation and therapy	1

23.	Microsurgery	Periodontal Microsurgery in brief, Electrosurgery, cryosurgery	1
24.	Splints	Periodontal splints - purpose, classification-principles of splinting	1
25.	Trauma from Occlusion (TFO)	definition, types, histopathological changes, role in periodontal disease, measures of management	1
26.	Implants	Definition, Types, Scope, biomaterials used. Periodontal considerations such as implant-gingiva and implant-bone interface. Implant failure, Peri-implantitis and management. Advanced surgical techniques	3
27.	Periodontal medicine	PDL infection associated with various systemic Diseases.	1
28.	Host modulation therapy	Principles, Agents used	1
29.	Lasers	Lasers in periodontal therapy	1
30.	Supportive periodontal therapy	Definition, Rationale. Patient Classification Factors affecting S P T; Implant maintenance	1
31.	Pharmacotherapy	Periodontal dressings ; antibiotics and antiinflammatory drugs - local drug delivery	1
32.	Pulpo-periodontal Lesions	Pulpo-periodontal involvement - Routes of Spread of infection management	1
33.	Evidence based decision making	Assessing evidence, implementing evidence based decisions in clinical practice	1
34.	Patient management	Ethical, legal and practical issues in the management of periodontal patients	1



Tutorial (During Clinical Posting)

1. Third year tutorial topics
2. Diagnosis of periodontal disease
3. Determination of prognosis and treatment plan
4. Radiographic interpretation and lab investigation
5. Ultrasonic instrumentation
6. Principles of periodontal surgery
7. Periodontal surgical procedures and suturing techniques
8. Concepts of subgingival irrigation and LDD
9. Occlusion, correction & management
10. Splinting techniques in Periodontics

Desirable to Know

1. Immunology- current concepts of host response
2. Applied periodontal microbiology
3. Advanced diagnostic techniques
4. Regeneration
5. Application of microsurgery and LASERS in periodontics
6. Implants

Teaching Hours: Theory - 80 Hours III BDS - 30 Hours; IV BDS - 50 Hours
Clinical work and case discussion (III BDS & IV BDS)

25 Detailed Case History And Discussion	75 Hours
50 Oral Prophylaxis- 40 handscaling, 10 ultrasonic	150 Hours
Demonstration of all Surgical Procedures	30 Hours
Maintenance Therapy	30 Hours
Total	285 Hours

Recommended Books

Name of the Book & Title	Author	Edn.	Yr. of Publ	Publisher's Name and Place of Publication
Standard Book Carranza and Newman	Clinical Periodontology	10th	2007	SB saunders Company
Recommended Books Robert Genco. Henry. M. Goldman D.Walter Cohen	Contemporary Periodontics	6th	--	C. V. Mosby Company St. Louis
Jan Lindhe, T. Karring, N.P Lang.	Clinical Periodontology & Implant Dentistry	5th	1997	Munksgaurd Copenhagen
Grant Strern. Listgarten	Periodontics	6th	1998	Mosby CBSn Publishers Indian Edition
S. P Ramfjord M. M. Ash.	Periodontology and Periodontics Modern Theory and Practice	--	1996	AITBS Publishers, India
T. ITO J. D. johnson	Colour Atlas of Periodontal Surgery	--		Mosby & Wolfe. U.S.A
Cohen	Atlas of Periodontal Surgery	--		C. V. Mosby Company U.S.A
Glickman	Manual of periodontal instruments		1990	W.B. Saunders and co
Wilson and Kornman	Fundamentals of periodontics	2cnd	2003	Quintessence publishing

IV BDS

ORAL MEDICINE AND RADIOLOGY

Theory: 45 Hours

Practicals : 100 Hours

MUST KNOW

IV YEAR ORAL MEDICINE THEORY: 31 HOURS

<p>1. Acute infections of oral and para oral structures - bacterial, viral, fungal, parasitic including cervico facial lymphadenopathy. Bacterial: Streptococcal, tuberculosis, syphilis, vincent's, leprosy, actinomycosis, diphtheria and tetanus. Fungal: Candida albicans, deep seated fungal infections Virus: Herpes simplex, Herpes zoster, Ramsy Hunt Syndrome, measles, herpangina, mumps, infectious mononucleosis, HIV, hepatitis -B, hepatitis-C Granulomatous diseases: tuberculosis, sarcoidosis, midline lethal granuloma, Crohn's disease and histiocytosis X</p>	<p>2 hour</p>
<p>2. White and red lesions of oral mucosa. White lesions: chemical burns, leukoedema, leukoplakia, fordyce's spots, stomatitis nicotina palatinus, white spongy nevus, candidiasis, lichen planus, discoid lupus erythematosus, oral submucous fibrosis Red lesions: Erythroplakia, stomatitis venenata and medicamentosa, erosive lesions and denture sore mouth.</p>	<p>2 hour</p>
<p>3. Ulceerative lesions : Acute and chronic ulcers. Vesiculobullous lesions of oral mucosa: herpes simplex, herpes zoster, herpangina, bullous lichen planus, pemphigus, cicatricial pemphigoid, erythema multiforme.</p>	<p>2 hours</p>
<p>4. Diagnostic protocol for differential diagnosis of cysts, odontogenic, non-odontogenic and developmental cysts. Cysts of soft tissues : Mucocele and Ranula Cysts of bone : odontogenic and non-odontogenic. Tumors: Soft tissue: Epithelial: Papilloma, Carcinoma, Melanoma. Connective tissue: Fibroma, lipoma, fibrosarcoma. Vascular: Haemangioma, Lymphangioma. Nerve tissue: Neurofibroma, traumatic neuroma, Neurofibromatosis. Salivary Glands: Pleomorphic adenoma, Adenocarcinoma, Warthin's tumor, Adenoid cystic carcinoma. Hard tissue: Non-odontogenic tumors: Odontogenic tumors: Fibro osseous lesions of oral paraoral structures.</p>	<p>2 hours</p>

<p>5. Oral manifestations of Metabolic disorders:</p> <ul style="list-style-type: none"> i. Porphyria ii. Haemochromatosis iii. histiocytosis, <p>Oral manifestations of endocrinal disorders:</p> <ul style="list-style-type: none"> i. Pituitary: - Acromegaly, Gigantism, hypopituitarism. ii. Adrenal cortex: Addison's disease (hypofunction) Cushing's syndrome (hyper function) iii. Parathyroid glands: Hyperparathyroidism, hypoparathyroidism iv. Thyroid glands: Cretinism(hypothyroidism), myxoedema, hyperthyroidism v. Pancreas: Diabetes. <p>Nutritional deficiency affecting oral cavity: Vitamins: Riboflavin, nicotinic acid, folic acid, vitamin B12, vitamin C (scurvy)</p> <p>Blood disorders:</p> <ul style="list-style-type: none"> i. Red blood cell diseases: iron deficiency anemia, plummer Vinson syndrome, pernicious anemia, thalassemia, sickle cell anemia, erythroblastosis foetalis, aplastic anemia, polycytemia. ii. WBC disorders: Neutopenia, cyclic neutropenia, agranulocytosis, infectious mononucleosis and leukemias iii. Bleeding & clotting disorders: thrombocytopenia, purpura, haemophilia, Christmas disease and Von Willebrand's disease. 	2 hours
<p>6. Dermatological diseases importance to dentistry:</p> <ul style="list-style-type: none"> i. Ectodermal dysplasia ii. Hyperkeratosis palmoplantaris with periodontopathy iii. Scleroderma iv. Lichen planus including grinspan syndrome v. lupus erythematoses vi. Pemphigus vii. Erythema multiforme viii. Psoriasis. 	2 hours
<p>7. Disease of tongue and tongue in systemic diseases:</p> <p>Aglossia, ankyloglossia, bifid tongue, fissured tongue, scrotal tongue, macroglossia, microglossia, geographic tongue, median rhomboid glossitis, depapillation of tongue, hairy tongue, atrophic tongue, reactive lymphoid hyperplasia, glossodynia, glossopyrosis, ulcers, white and red lesions.</p>	1 hour
<p>8. Concept of pre malignancy, Premalignant lesions and conditions</p>	1 hour
<p>9. Oral Cancer, Etiology and Classification</p> <p>Epidemiology.</p> <ul style="list-style-type: none"> - Screening. - Clinical Features and Clinical staging - Diagnosis. - Laboratory Investigations and Diagnosis. - Immune concepts in Oral Malignancies. - Management Chemotherapy / Radiotherapy. 	2 hour

<p>10. Diseases of salivary glands:</p> <ul style="list-style-type: none"> i. Developmental disturbances: Aplasia, atresia and aberration. ii. Functional disturbances : Xerostomia, ptyalism. iii. Inflammatory conditions: Non-specific sialadenitis, mumps, sarcoidosis, heerdfort's syndrome (uveoparotid fever), necrotizing sialometaplasia. iv. Cysts and tumors: Mucocele, ranula, ;pleomorphic adenoma, mucoepidermoid carcinoma. v. Miscellaneous : sialolithiasis, Sjogren's syndrome, mikuliez's disease and sialosis. 	1 hour
11. Autoimmune diseases affecting oral cavity	2 hour
<p>12. Allergic: Local allergic reactions, anaphylaxis, serum sickness (local and systemic allergic manifestations to drugs and chemicals)</p> <p>Immunoallergological lesions of oral cavity:</p> <ul style="list-style-type: none"> i. Multiple myeloma ii. HIV clinical manifestations, opportunistic infections, neoplasms iii. Thrombocytopenia iv. Lupus erythematosus v. Scleroderma vi. Dermatomyositis vii. Rheumatoid arthritis viii. Recurrent oral ulcerations including behcet's syndrome and reiter's syndrome. 	1 hour
<p>13. Diseases of TMJ : Developmental abnormalities of condyle, rheumatoid arthritis, osteoarthritis, subluxation and luxation, internal derangement of TMJ, myofascial pain dysfunction syndrome.</p> <p>Diseases of Bone: Development disorders, anomalies, exostosis and tori, infantile cortical hyperostosis, osteogenesis imperfecta, marfan's syndrome, osteoporosis. Miscellaneous- Paget's disease, mono and polyostotic fibrous dysplasia, cherubism,</p>	3 hour
14. Diseases of maxillary sinus	1 hour
<p>15. Oral manifestations of systemic diseases and medical emergency management, cardiac patient, cardiac arrest, specific infections, syncope, anaphylaxis.</p> <p>Physiologic changes: Puberty, pregnancy and menopause.</p>	1 hour
16. Maxillofacial trauma clinical diagnostic protocol	1 hour
17. Psychosomatic diseases, burning mouth syndrome, glossopyrosis glossodynia, orofacial dysaesthesia, cancerophobia., MPDS, taste abnormalities	1 hour
<p>18. Forensic Odontology including radiography in forensic odontology:</p> <ul style="list-style-type: none"> i. Medicolegal aspects of orofacial injuries ii. Identification of bite marks 	1 hour

iii. Determination of age and sex iv. Identification of cadavers by dental appliances, restorations and tissue remnants.	1 hour
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IV BDS ORAL MEDICINE AND RADIOLOGY

MUST KNOW IV YEAR RADIOLOGY THEORY: 14 HOURS

1. Radiographic interpretation II - Radiographic artifacts.	1 hour
- Radiographic features of common pathologies of jaw bones (cysts , tumors, fibro-osseous diseases, metabolic, endocrine, nutritional blood disorders)	2 hour
- TMJ radiography -	1 hour
2. Biologic effects of radiation and radiation protection	2 hours
3. Principles of radiotherapy- preparation of patient for oral radiotherapy, management of post radiation oral complications	1 hour
4. Principles of extra oral radiography- techniques and indications of maxillary sinus, trauma radiography, cephalometry, various skull projections.	2 hour
5. Contrast radiography- technique and interpretation of Sialography, cystography, arthrography, angiography- lecture.	1 hour
6. Panoramic Radiography	1 hour
7. Advance radiographic techniques- CT scans, PET scans, radionucleide diagnosis, digital radiography, sialography, digital imaging, xeroradiography	1 hour

Clinicals

III & IV year BDS (inclusive)

ORAL MEDICINE

1. Detailed presentation of case histories of (minimum) ten special cases.

RADIOLOGY

1. Taking IOPA for at least 25 cases and processing them.
2. Taking at least 2 Bite wing radiographs and processing them.
3. Interpretation of at least 25 IOPA Radiographs.

CLINICAL DEMONSTRATIONS

1. Demonstrations of the following radiographic techniques:

- a. Maxillary and mandibular occlusal view
- b. Orthopantomograph
- c. Lateral cephalogram
- d. Postero anterior view of mandible
- e. Paranasal sinus view
- f. Reverse townes's view
- g. Submentovertex view
- h. Lateral oblique view for ramus and body of mandible

2. Identification Of The Above Mentioned Radiographs And Their Interpretation

Scheme of Examination

A. Theory (university written examination) 70 Marks

Distribution of Topics and Types of Questions

Contents	Type of Questions and Marks	Marks
a. 1 Question from Oral Medicine b. 1 Question from Radiology	Long Essays 2 x 10 marks	20
a. 4 Questions from Oral Medicine b. 4 Questions from Radiology	Short Essays 8 x 5 marks	40
a. 3 Questions from Oral Medicine b. 2 Questions from Radiology	Short Answers 2x5	10
	Total	70

B. Internal Assessment Theory: 10 marks, Practicals:10 marks

C. Clinicals: 90 Marks

I. Clinicals in Oral Medicine: 60 Marks (recording of Long Case)

- a. Case History taking 30 Marks
- b. Diagnosis & Differential Diagnosis 10 Marks
- c. Investigations 10 Marks
- d. Management 10 Marks

II. Clinicals in Radiology: 30 Marks (One Intra.a-Oral Periapical Radiograph to be taken)

- a. Technique 10 Marks
- b. Processing 10 Marks
- c. Interpretation 10 Marks

D. Viva Voce 20 Marks
Theory : 100
University written exam : 70

Viva Voce	:	20
Internal assessment (written)	:	10
Total	:	<u>100</u>

Clinical:100		
University exam	:	90
Internal assessment (written)	:	10
Total	:	<u>100</u>

BOOKS RECOMMENDED:

a. Oral Diagnosis, Oral Medicine, Oral Pathology

1. Burkit - Oral medicine - J.B. Lippincott Company
2. Coleman - Principles of Oral Diagnosis - Mosby Year Book
3. Jones - Oral Manifestations of Systemic Diseases - W. B. Saunders company
4. Mitchell - Oral Diagnosis & Oral Medicine
5. Kerr - Oral Diagnosis
6. Miller - Oral Diagnosis & Treatment
7. Hutchinson - Clinical Methods
8. Shafers - Oral Pathology
9. Sonis. S.T., Fazio.R.C. and Fang. L - Principles and Practice of Oral Medicine
10. Differential diagnosis of oral lesions - Norman wood KW and Paul W. HGoaz 4th edition, 1997, Mosby Philadelphia.
11. Hand book of medical emergencies in dental office by Malamed Stanley 3rd edition 1989, - AITBS, Mosby.
12. Orofacial pains, classification, diagnosis and management by Bell Welden, 4th edition 1989, year book Medical publishers, Chicago.
13. Oral & Marillofacial Injections - Topazian Richard
14. Oral & Marillofacial Pathology - Neville
15. Oral Pathology - Clinical Pathology Carrelation Reglzi

b. Oral Radiology

1. White & Goaz - Oral Radiology - Mosby Year Book
2. Weaheman - Dental radiology - C. V. Mosby Company
3. Stafine - Oral Roentgenographic Diagnosis - W.B. Saunders company
4. Fundamentals of oral medicine and radiology by Bailoor DN and Nagesh KS 1st and 2nd edition 1994, 2001. Contemporary dental publishers
5. Dental Radiography - Principles & Technique - Haring, Howerlow
6. Essentials of Dental Radiography & Radiology - Eevie Whailes

c. Forensic Odontology

1. Derek H. Clark - Practical Forensic Odontology - Butterworth - Heinmann (1992)
2. C. Michel Bowers, Gary Bell - Manual of Forensic Odontology - Forensic Pr.(1995)

IV BDS

PUBLIC HEALTH DENTISTRY

Theory: 45 hours

Clinical/Practical:150 hour

Sl.No.	Topic	No. of hours	Year of study
1. PUBLIC HEALTH		2	IV BDS
i. General Epidemiology:-definition,objectives,methods		2	
ii.Environment Health: -Concepts,principles,protection, sources,purification environmental sanitation of water disposal of waste sanitation,then role in mass disorders		2	
iii. Health Education: -Definition,concepts,principles,methods, and health education aids		2	
iv.Public Health Administration: -Priority,establishment, manpower,private practice management, hospital management.		2	
v.Ethics and Jurisprudence: Professional liabilities,negligence, malpractice, consents, evidence, contrasts, and methods of identification in forensic dentistry.		2	
vi.Behavior sciences:Definition of sociology,anthropology and psychology and their in dental practice and community.		2	
vii. Health care delivery system: Center and state, oral health policy,primary health care, national programmes, health organizations.		2	
2. Dental Public Health			
i. Definition and difference between community and clinical health.		2	
ii. Nutrition in oral diseases		2	
iii. Delivery of dental care: Dental auxiliaries, operational and non-operational, incremental and comprehensive health care, school dental health Planning & Evaluation		4 1	
iv. Payments of dental care: Methods of payments and dental insurance, government plans		2	
3. Preventive Dentistry		5	
i. Definition, Levels, role of individual community and profession, fluorides in dentistry, plaque control programmes.			
ii. Prevention of dental caries Prevention of periodontal disease Prevention of oral cancer Prevention of malocclusion Atraumatic Restorative Treatment(ART) Occupational Hazards Evidence Based Dentistry(EBD)		6	

Research Methodology and Dental Statistics	
4. Health Information: - Basic knowledge of Computers, MS Office, Window 2000, Statistical Programmes	1
5. Research Methodology: -Definition, types of research, designing a written protocol	1
6. Bio-Statistics: - Introduction, collection of data, presentation of data, Measures of Central tendency, measures of dispersion, Tests of significance, Sampling and sampling techniques-types, errors, bias, blind trail and calibration.	5
Practice Management	
1. Place and locality 2. Premises & layout 3. Selection of equipments 4. Maintenance of records/accounts/audit.	2

PRACTICALS/CLINICALS/FIELD PROGRAMMES IN PUBLIC HEALTH DENTISTRY

These exercises designed to help the student in V year:

1. To Understand the community aspects of dentistry
2. To take up leadership role in solving community oral health programme
3. To gain hands on experience on research methodology.

Exercises: IV BDS

Sl. No	Topic	Hours of study
1.	Oral health education material preparation <ul style="list-style-type: none">• Preparation of health education materials posters,models,slides Lectures,play acting skits etc.	10 hours
2.	Visit to school <ul style="list-style-type: none">• To asses the oral health status of school children, Emergency treatment and health education including possible preventive Care at school (tooth brushing technique demonstration and oral rinse programme etc.)	20 hours
3.	Preventive dentistry and health talk: <ul style="list-style-type: none">• Including case history, recording of indices,application of pit and fissure Sealants,fluoride gel application procedure,A.R.T. Health talk:Minimum of 12 per year	30 hours
4.	Exploring the setting of dental practice <ul style="list-style-type: none">• Exploring and planning setting of private dental clinics in rural,semi-Urban and urban locations,availment of finances for dental practices, Preparing project report.	10 hours
5.	Rural postings <ul style="list-style-type: none">• Comprehensive care including oral health education in rural areas for Disadvantaged population.	80 hours

Note: Recording of oral health assessment using indices and WHO basic oral health survey methods should be in context of how information collected will be used or utilised. Therefore it is desirable for this exercise to be part of short term research project and not merely for recording.

The colleges are encouraged to involve in the N.S.S.programme for college students for carrying out Social work in rural areas.

Type of questions and distribution of marks:

Each question paper shall be of 3 hours duration, carrying maximum marks of 70. There shall be three types of questions with distribution of marks as shown in Table:

Table

Type of Questions	No. of Questions	Marks per question	Total marks
Long Essay Type	2	10	20
Short Essay Type	8	5	40
Short Answer Type	5	2	10
		Grand Total	70

Scheme of Examination**Theory Examination**

Sl. No	Type of Question	No.	Marks	Total (Maximum Marks- 100)
I	Long Essays	2	10	20
ii	Short Essays	8	5	40
iii	Short Answers	5	2	10

Clinical Examination

Sl.No.	Exercise	Marks allotted (Maximum Marks- 100)
1.	Case History Taking	15
2	. Assessment of Oral Health Status using any two relevant Indices	35
3.	Preventive Clinical procedures(Any one) (Topical fluoride application, Pit and fissure sealants and ART)	25
4	Oral Health Education Talk / Presentation of Oral Health Education Material / short term student research project presentation	15

	Theory	Clinicals
Internal Assessment	10	10
University Examination	70	90
Viva voce	20	-
Total	100	100

BOOKS RECOMMENDED & REFERENCE:

1. Dentistry Dental Practice and Community by David F.Striffler and Brain A.Burt, Edn. -1983,W,B,Saunders Company.
2. Principles of Dental Public Health by James Morse Dunning,4th Edition, 1986, Harwarduniversity Press.
3. Jong,s Community Dental Health ,5th Edition, by George Gluck and warren Morganstein.
4. Community Oral Health- A system approach by Patricia P.Cormier and Joyee I.Levy Published by Application-Century-Crofts/New York,1881.
5. Community Dentistry- A problem oriented approach by P.C.Dental Hand book series Vol.8 by Stephen I.Silverman and Ames F.Tryon,series editor-Alvin F.Gardner, PSG Publishing company inc.littleton Massachuselts,1980.
6. Clinical Use of Fluorides- Stephen H. Wei
7. Oral healthsurveys- Basic methods,4th edition,1997,published by W.H.O.Geneva Available at the regional office New Delhi.
8. Preventive Dentistry-by J.O.Forrest published by John Wright and sons Bristol, 1980.
9. Preventive Dentistry by Murray, 1997.
10. Textbook of Preventive and Social Medicine by park, 20th edition..
11. Textbook of Preventive and Community dentistry by Dr S S Hiremath.
12. Introduction to Bio-statistics by B.K.Mahajan.
- 13.Research methodology- Methods and techniques by C.R.Kothari, 2nd edition.
- 14.Introduction to statistics methods by grewal.
15. Dentistry,Dental Practice and the community, 6th Edition, by Brain A Burt and Stephen a eklund.

IV BDS ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Course Details -IV Year B.D.S

TEACHING HOURS:

Mode of Teaching	IV Year B.D.S
Theory	30 Hours
Clinical	100 Hours
Total	130 Hours

MUST KNOW

IV YEAR - COURSE SYLLABUS:

Sl. No.	Subjects	Hours
1.	General Principles in Orthodontic Treatment Planning of Dental and Skeletal Malocclusions	1 Hour
2.	Anchorage in Orthodontics - Definition, Classification, Types and Stability of Anchorage	2 Hours
3.	Biomechanical Principles in Orthodontic Tooth movement a. Different types of tooth movements b. Tissue response to orthodontic force application c. Age factor in orthodontic tooth movement	2 Hours
4.	Preventive Orthodontics a. Definition b. Different procedures undertaken in preventive orthodontics and their limitations Interceptive Orthodontics a. Definition b. Different procedures undertaken in interceptive procedure c. Serial Extraction: Definition, indications, contra-indication, technique, advantages and disadvantages d. Role of muscle exercise as an interceptive orthodontics	Will Be Covered by Department of Pedodontia
5.	Corrective orthodontics a. Definition, factors to be considered during treatment planning b. Model analysis: Pont's, Ashley Howe's, Bolton, Careys, Moyer's Mixed Dentition Analysis	2 Hours

<ul style="list-style-type: none"> c. Methods of gaining space in the arch: - Indications, relative merits and demerits of proximal stripping, arch expansion and extractions d. Extractions in Orthodontics - indications and selection of teeth for extraction 	
<ul style="list-style-type: none"> 6. Orthodontic Appliances: General <ul style="list-style-type: none"> a. Requisites for orthodontic appliances b. Classification, indications of Removable and Functional Appliances c. Methods of force application d. Materials used in construction of various orthodontic appliances - use of stainless steel, technical considerations in curing of acrylic, Principles of welding and soldering, fluxes and antfluxes e. Preliminary knowledge of acid etching and direct bonding 	2 Hours
<ul style="list-style-type: none"> 7. Removable Orthodontic Appliance <ul style="list-style-type: none"> a. Components of removable appliances b. Different type of clasps and their use c. Different type of labial bows and their use d. Different types of springs and their use e. Expansion appliances in orthodontics <ul style="list-style-type: none"> i. Principles ii. Indication for arch expansion iii. Description of expansion appliances and different types of expansion devices and their uses iv. Rapid maxillary expansion 	2 Hours
<ul style="list-style-type: none"> 8. Fixed Orthodontic Appliances <ul style="list-style-type: none"> a. Definition, Indication and Contraindications b. Component parts and their uses c. Basic principles of different techniques: Edgewise, Begg straight wire 	2 Hours
<ul style="list-style-type: none"> 9. Extraoral Appliances <ul style="list-style-type: none"> a. Headgears b. Chincup c. Reverse pull headgears 	1 Hour
<ul style="list-style-type: none"> 10. Myofunctional Appliances <ul style="list-style-type: none"> a. Definition and principles b. Muscle exercises and their uses in orthodontics c. Functional appliances: <ul style="list-style-type: none"> i. Activator, Oral Screens, Frankels function regulator, bionator twin blocks, lip bumper ii. Inclined planes - upper and lower 	3 Hours
<ul style="list-style-type: none"> 11. Orthodontic Management of Cleft Lip and Palate 	2 Hours
<ul style="list-style-type: none"> 12. Principles of Surgical Orthodontics <ul style="list-style-type: none"> a. Maxillary Prognathism and Retrognathism b. Mandibular Prognathism and Retrognathism 	2 Hours

c. Anterior open bite and deep bite d. Cross bite	
13. Principle, Differential Diagnosis and Methods of Treatment of: a. Midline diastema b. Cross bite c. Open bite d. Deep bite e. Spacing f. Crowding g. Class II - Division 1, Division 2 h. Class III - Malocclusion - True and Pseudo Class III	3 Hours
14. Retention and Relapse Definition, Need for retention, Causes of relapse, Methods of retention, Different types of retention devices, Duration of retention, Theories of retention	2 Hours
15. Ethics	1 Hour
16. Genetic in Orthodontics	1 Hour
17. Computers in Orthodontics	1 Hour
18. Adult Orthodontics in brief	1 Hour

CLINICALS AND PRATICALS IN ORTHODONTICS DURING IV B.D.S - 130 Hours

CLINICAL TRAINING DURING IV B.D.S

1. Case History Training
2. Case Discussion
3. Discussion on the given topic
4. Cephalometric tracings
 - a. Down's Analysis
 - b. Steiner's Analysis
 - c. Tweed's Analysis

PRATICAL TRAINING DURING IV YEAR B.D.S

1. Adam's Clasp on Anterior teeth Gauge 0.7mm
2. Modified Adam's Clasp on upper arch Gauge 0.7mm
3. High Labial bow with Apron spring on upper arch
(Gauge of Labial bow - 0.9mm, Apron Spring - 0.3mm)
4. Coffin spring on upper arch Gauge 1mm
5. Appliance Construction in Acrylic
 - a. Upper and lower Hawley's Appliance
 - b. Upper Hawley's with Anterior bite plane
 - c. Upper Habit breaking Appliance

- d. Upper Hawley's with Posterior bite plane with 'Z' spring
- e. Lower inclined plane / Catalan's Appliance
- f. Upper Expansion plate with Expansion Screw
- g. Construction of Activator

RECOMMENDED AND REFERENCE BOOKS

1. Contemporary Orthodontics - William R Proffit
2. Orthodontics for Dental Students - White and Gradiner
3. Handbook for Dental Students - Movers
4. Orthodontics - Principles and Practice - Graber
5. Design, Construction and Use of Removable Orthodontic Appliances - C. Philip
6. Adams
7. Clinical Orthodontics: Vol 1 & 2 - Salzmann
Orthodontics - Graber and Swine
8. Textbook of Orthodontics-III Edition, M S Rani, All India
Publishers & Distributors, New Delhi
Dr G V N

SCHEME OF EXAMINATION OF B.D.S (ORTHODONTICS)

Total Theory Marks - 100 Marks

Theory Written Examination -	70 Marks
Vivavoce -	20 Marks
Internal Assessment -	<u>10 Marks</u>
Total	<u>100 Marks</u>

Theory Written Examination- 70 Marks

Type of Questions	Marks	Total
Long Essays - 2	2 x 10	20
Short Essays - 8	8x5	40
Short Answers - 5	5x2	10
Total		70

Clinical Examination - 100 Marks

University Clinical Examination	90 Marks
Internal Assessment -	<u>10 Marks</u>
Total	<u>100 Marks</u>

University Clinical Examination - 90 Marks

Clinical Work	Marks	Total
Spotters - 10 Nos	10 x 3	30
Wire Bending - 3 Exercises a. Labial Bow - b. Adams Clasp c. Fingers Spring / Z Spring	15 Marks 15 Marks 10 Marks	40
Clinical Case Discussion		20
	Total	90

IV BDS PEDIATRIC AND PREVENTIVE DENTISTRY

Lectures
Theory
IV Year: 45 Hours

Practicals/Clinics:
IV Year: 100 Hours

IV YEAR PEDODONTICS AND PREVENTIVE DENTISTRY: 45 HOURS

Sl. No.	Subjects	Hours
1.	Child Psychology Definition Importance of understanding child psychology in pedodontics Theories Psychological development from birth through adolescence Dental fear, anxiety and their management, types of cry Application of psychology principles in dental management Psychological disorders including anorexia, bulimia Child Abuse and Neglect	4 hours
2.	Behaviour Management Definition Classification and types of behaviour Factors influencing child behaviour Non-pharmacological management of behaviour Pharmacological management of behaviour: Pharmacological principles in pediatric dentistry-drug dosage formulae Analgesics, anti inflammatory and antibiotics commonly prescribed for children Conscious sedation including nitrous oxide-oxygen inhalation anaesthesia	5 hours
3.	Fluorides Historical background Systemic fluorides-availability, agents, concentrations, advantages and disadvantages Topical fluorides-agents, composition, methods of application both for professional and home use, advantages and disadvantages Mechanism of action and its anti cariogenic effect Fluoride toxicity and its management De fluoridation techniques	4 hours

<p>4. Pediatric Endodontics Principles and diagnosis Classification of pulp pathology Management of pulpally involved primary, young permanent and permanent teeth including materials used and techniques followed Pulp capping Pulpotomy Pulpectomy Apexogenesis Apexification</p>	4 hours
<p>5. Traumatic injuries to teeth Definition Classification Etiology and incidence Management of trauma to primary teeth Sequelae and reaction following trauma to primary teeth Management of trauma to young permanent teeth Prevention of trauma: mouth protectors</p>	5 hours
<p>6. Preventive and Interceptive Orthodontics Definitions Problems seen during primary and mixed dentition periods and their management Mixed dentition analysis Serial extraction Space management</p>	4 hours
<p>7. Oral Habits in children Definition, classification and aetiology of all habits Clinical features of deleterious oral habits including non-nutritive sucking, mouth breathing, non functional grinding, masochistic and occupational habits Management of oral habits in children</p>	4 hours
<p>8. Dental management of children with special needs Definition, classification, aetiology, clinical features, special considerations in the dental management of: Physically handicapping conditions Mentally handicapping conditions Medically compromising conditions Genetic disorders and importance of genetic counselling</p>	5 hours
<p>9. Oral surgical procedures in children Indications and contra indications for extraction Minor surgical procedures in children Knowledge of local and general anaesthesia</p>	2 hours
<p>10. Preventive dentistry Definition, principles and scope</p>	3 hours

Levels and types of prevention Preventive measures: Minimal Intervention Pit and fissure sealants Preventive resin restorations (PRR, CARR) Newer agents available for caries prevention and re mineralization Caries vaccine	
11. Nanodentistry- introduction, principles and technique -an outline	1 hour
12. Dental health education and school dental health programmes	1 hour
13. Importance of Dental Home	1 hour
14. Dental emergencies in children and their management	1 hour
15. Setting up of Paediatric dental practice including ethics	1 hour

PRACTICALS / CLINICS

1. Student is trained to arrive at proper diagnosis by following a scientific and systematic procedure of history taking and examination of orofacial region. Training is also imparted in management whenever possible.
2. In view of the above each student shall maintain a record of work done, which shall be evaluated for marks at the time of university examination.
3. The following is the minimum prescribed work:

Pre-clinical (III Year)

Drawing of individual primary teeth morphology
Preparation of various cavity designs on typhodont teeth and extracted primary and permanent teeth
Fabrication of habit breaking appliances
Clinical exercises (IV Year)
Case History Recording and Treatment Planning
Communication and Management of child patient
Preventive measures - oral prophylaxis, topical fluoride application
Restoration of carious teeth using different materials
Extraction of primary teeth

SCHEME OF EXAMINATION

A. Theory (University written examination) 70 Marks
Distribution of Types of Questions

Type of Questions and Marks	Marks
Long Essay - 2 x 10 Marks	20
Short Essays - 8 x 5 Marks	40
Short Answers - 2 x 5 Marks	10
Total	70

B. Internal Assessment Theory: 10 Marks, Practicals: 10 Marks

C. Clinical: 90 Marks

1. Clinical in Pedodontics and Preventive Dentistry: 60 Marks

- a. Case History, Clinical Examination, Diagnosis and Treatment Planning: 30 Marks
- b. Clinical procedure: 40 Marks
 - i. Oral prophylaxis and topical fluoride application
 - ii. Restoration of decayed tooth
 - iii. Extraction of primary tooth
- c. Overall management of child patient and post-operative instructions: 20 Marks

D. Viva Voce: 20 Marks

Theory - 100	
University written exam:	70
Viva Voce:	20
Internal assessment (written):	10
Total	<u>100</u>

Clinical - 100	
University exam:	90
Internal assessment (written):	10
Total:	<u>100</u>

BOOKS RECOMMENED

1. Dentistry for the Child and Adolescent- Mc Donald
2. Pediatric Dentistry (Infancy Through Adolescence)- Pinkham
3. Clinical Pedodontics- Sidney B.Finn
4. Paediatric Operative Dentistry-Kennedy
5. Behaviour Management- Wright
6. Clinical Use of Fluorides- Stephen H. Wei
7. Textbook of Pediatric Dentistry-Braham Morris
8. Primary Preventive Dentistry-Norman O Harris, Franklin Garcia-Godoy
9. Understanding of Dental Caries-Nikiforuk
10. Textbook and Color Atlas of Traumatic Injuries to the Teeth - J.O Andreason, C.M Andreason
11. Textbook of Pedodontics- Shobha Tandon
12. Handbook of Clinical Pedodontics- Kenneth D

IV BDS PROSTHODONTICS, CROWN AND BRIDGE INCLUDING IMPLANTOLOGY

Teaching Hours:

Clinical:

III year :70 hours

IV year 300 hours

Theory:

III year :30 hours

IV year :80 hours

IV PROSTHODONTICS THEORY: 30 HOURS

Sl. No.	Subjects	Hours
1.	Relating the patient to the articulator Articulators - articulators based on theories of occlusion - articulators based on the type of record used for their adjustment Selection of Articulator for complete dentures - Hanau articulator - Whip mix articulator - Dentatus articulator	1 hour
2.	Selecting artificial teeth for edentulous patient Anterior tooth selection Pre extraction guides size of the anterior teeth form of the anterior teeth The dentogenic concept in selecting artificial teeth Posterior tooth selection Bucco lingual width of posterior teeth mesiodistal length of posterior teeth cervico Occlusal Length of Posterior Teeth types of posterior teeth according to materials types of posterior teeth according to cusp inclines	1 hour
3.	Preliminary Arrangement Of Artificial Teeth Guides for preliminarily arranging anterior teeth Relationship to incisive papilla factors governing the anteroposterior position of the dental arch	1 hour

<p>Setting Maxillary anterior teeth in wax for try in Importance of proper Anteroposterior positioning of the anterior teeth Setting mandibular anterior teeth in the wax for try in Horizontal overlap Preliminary arrangement of Posterior teeth Orientation of occlusal plane tentative buccolingual position of the posterior teeth tentative arch form of the posterior teeth Setting posterior teeth for try in guidelines for centric occlusion esthetics and leverage</p>	
<p>4. Perfection and verification of jaw relation records Verifying Vertical Dimension Verifying the centric relation Intraoral observation of intercuspation . Intraoral interocclusal records Extra oral articulator method Creating Facial And Functional Harmony With Anterior Teeth Anatomy of natural appearance and facial expression normal facial landmarks maintaining facial support and neuromuscular balance Basic guides to developing facial and functional harmony preliminary selection of the artificial teeth horizontal orientation of the anterior teeth vertical orientation of the anterior teeth phonetics in the orientation of the anterior teeth inclination of the anterior teeth harmony in the general composition of anterior teeth refinement of individual tooth positions concept of harmony with sex personality and age of the patient correlating esthetics and incisal guidance Patient acceptance of arrangement of anterior teeth</p>	1 hour
<p>5. Completion of the try in : Eccentric Jaw relation adjustment, establishing the posterior palatal seal Protrusive and lateral relations Controlling factors of movement Eccentric relation records Establishing the posterior palatal seal Arranging posterior teeth for functional harmony Importance of occlusion Maintenance of the arches Maintenance of occlusal harmony differences in artificial occlusion and natural occlusion rational for arranging posterior teeth in Temporomandibular joint disturbances Factors of Centric occlusion Critical components in arranging posterior teeth Laws protrusive occlusion</p>	2 hours

<p>Laws of lateral occlusion Occlusal schemes used in complete dentures for the edentulous patients</p> <ul style="list-style-type: none"> - Anatomic teeth - Non anatomic teeth - Other tooth forms <p>Techniques for arranging cusped teeth in Balanced occlusion techniques for arranging cusplless teeth in occlusion.</p> <p>Appearance and Functional Harmony of Denture Bases materials used for denture bases</p> <ul style="list-style-type: none"> - Acrylic Resin - Metal <p>formation and preparation of the mold packing the mold preserving the orientation relations construction of remounting casts completing the rehabilitation of the patient dentists evaluations patients evaluations friends evaluations elimination of basal surface errors errors in occlusion interocclusal records for remounting dentures interocclusal record of centric relation remounting the mandibular denture verifying centric relation Phonetics - Production of voice and Articulation of sounds Position of teeth and phonetics Neutral, Zone, Relief Processing errors - Reasons and care Selective grinding Remount and correction of occlusal discrepancies Prosthesis - Insertion</p>	
<p>6. Patient instructions , after care and recall and management of patient complaints</p> <p>protrusive inter occlusal record alternative use of plaster inter occlusal records advantages of balanced occlusion in complete dentures special instructions to the patient</p> <ul style="list-style-type: none"> - individuality of patients - appearance with new dentures - mastication with new dentures - speaking with new dentures - oral hygiene with dentures <p>Maintaining the comfort and health of the oral cavity in a rehabilitated edentulous patient Post Insertion Adjustments</p> <ul style="list-style-type: none"> - adjustments relaxed to the occlusion - adjustments relaxed to the Denture bases - subsequent oral examinations and treatments 	1 hour

<p>7. Rehabilitation of the partially edentulous patients (overdentures) tooth-supported complete dentures - indications and contraindications for over dentures - selection of abutment teeth - clinical procedures</p>	1 hour
<p>8. Immediate Denture Treatment - indication for immediate dentures - contraindications to immediate denture service - delayed and transitional dentures - treatment planning - clinical procedures - waxing and flasking - preparation of the surgical template - processing occlusal correcting, and final preparation of the immediate dentures - surgery and the insertion of the dentures - postoperative patient instructions - perfecting the occlusion - subsequent service for immediate dentures Single complete dentures opposing natural teeth - maxillary single dentures - clinical and laboratory procedures - subsequent problems with single dentures against natural teeth - mandibular single dentures - supplemental prosthodontic procedures for the edentulous patient</p>	2 hours
<p>9. Relining or Rebased of Complete Dentures - treatment rationale - diagnosis - clinical procedures Static impression technique closed and open mouth relines/rebases - functional impression technique - chair side technique Repair of Complete Dentures And Duplication Of Casts - Maxillary and mandibular fracture repair - repairs using cold-curing resin - duplication of casts - reversible hydrocolloid technique - irreversible hydrocolloid technique</p>	2 hours
<p>10. Osteo Integrated Supported Prosthesis (Dental Implants) For The Edentulous Patient - maladaptive denture behavior - use of dental implants - patient considerations - tissue integration in the edentulous patient Management of japer-plastic ridges - Atrophied flat mandibular ridges in complete denture prosthesis therapy</p>	1 hour

Geriatric Dentistry: Management of aged, senior citizens, physically, mentally handicapped patients	
REMOVABLE PARTIAL DENTURE PROSTHESIS	
11. 1. Introduction and scope 2. Terminology 3. Classifications 4. Examination. diagnosis and treatment planning 5. Components of removable partial dentures and their functions	3 hours
12. Major connectors Mandibular Major connectors Maxillary Major connectors	2 hours
13. Minor connectors Functions Form and location Tissue stops Finishing lines. reaction of tissues to metallic coverage form of occlusal rests and rest seats	1 hour
14. Rests and rest seats Interproximal occlusal rest seats Internal occlusal rests Incisal rests and rest seats Lingual rests on canines and incisor teeth Possible movements of partial denture Support for rests	1 hour
15. Direct retainers Internal attachments Extra coronal direct retainers Relative uniformity of retention Criteria for selecting a given clasp design Basic principles of clasp design Designs of clasps	3 hours
16. Indirect retainers Denture rotation about an axis Factors influencing effectiveness of indirect retainers Auxiliary functions of indirect retainers Forms of indirect retainers Auxiliary occlusal rests Canine extensions from occlusal rests Canine rests Continuous bar retainers and lingual plates	2 hours

<p>Modification areas Rugae support Direct indirect retention Denture base considerations Tooth supported partial denture base</p>	
<p>17. Distal extension partial denture base: Functions of denture bases Methods of attaching denture bases Ideal denture base material Advantages of metal bases Methods of attaching artificial teeth Need for relining</p>	1 hour
<p>18. Impression materials and procedures for removable partial dentures Rigid materials thermoplastic materials elastic materials impressions of the partially edentulous arch individual impression trays support for distal extension removable partial dentures - factors influencing the support of distal extension bases method for obtaining functional support for distal extension base</p>	3 hours
<p>19. Surveying Description of a dental surveyor Purposes of a surveyor Factors that determine path of placement and removal Step by step procedures in surveying a diagnostic cast Final path of placement Recording relation of cast to surveyor Surveying the master cast Measuring retention and balancing of retention Influence of survey line in designing of clasps Blocking out the master cast Relieving the master cast Paralleled block out. shaped block out, arbitrary block out and relief Preparation of the mouth for removable partial denture Oral surgical preparation Conditioning of abused and irritated tissues Periodontal preparation Periodontal diagnosis and treatment planning Initial disease control therapy Definitive periodontal therapy</p>	3 hours

<p>Recall and maintenance Advantages of periodontal therapy Preparation of abutment teeth Classification of abutment teeth Sequence of abutment preparation on sound enamel Abutment preparation using conservative restorations Abutment preparation using crowns Splinting of abutment teeth Use of isolated teeth as abutment Missing anterior teeth Temporary crowns when a partial denture is being worn Fabricating restorations to fit existing denture retainers</p>	
<p>20 Occlusal relationship for removable partial denture difference in natural and artificial occlusion desirable occlusal contact relationship for removable partial denture method for establishing occlusal relationship materials for artificial posterior teeth establishing jaw relation for mandibular removable partial denture opposing a maxillary complete denture labatory procedures duplicating a stone cast waxing the partial denture framework anatomic replica pattern spruing, investing, burnout, casting and finishing of the partial denture framework making record base occlusal rims making a stone occlusal template from a functional occlusal record arranging posterior teeth to an opposing cast types of anterior teeth waxing & investing the partial denture before processing the acrylic resin base processing the denture remounting and occlusal corrections to an occlusal template polishing the denture work authorization for removable partial denture work authorization definitive instructions by work authorization Legal aspects of work authorization Relining and rebasing the removable partial denture Relining tooth support - supported denture base Relining distal extension denture base Method of reestablishing occlusion of a relined partial denture</p>	<p>3 hours</p>
<p>21. Stress breakers Types of stress breakers Advantages of stress breakers Disadvantages of stress breakers Advantages of a rigid design Disadvantages of a rigid design Stress breaking principles Principles of removable partial denture design Biomechanical considerations Other factors influencing Differentiation between two main types of removable partial dentures Essentials of partial denture design Components of partial denture design Additional considerations influencing design</p>	<p>1 hour</p>

<p>22. Repair and additions to removable partial denture Broken clasp arms Fractured occlusal rests Distortion or breakage of other components Loss of teeth not involved in the support or retention of the restoration Loss of an abutment tooth necessitating its replacement and making a new direct retainer Other types of repair Repair by soldering</p>	<p>2 hours</p>
<p>23. Temporary removable partial denture Appearance Space maintenance Reestablishing occlusal relationships Conditioning teeth and residual ridge Conditioning the patient for wearing a prosthesis</p>	<p>2 hours</p>
<p>24. Removable partial denture considerations in maxillofacial prosthodontics - 1 Maxillofacial Prosthodontics Intraoral prosthesis design considerations Maxillary prosthesis Mandibular prosthesis Treatment planning Framework design Class I resections Class II resections Mandibular flange prosthesis</p>	<p>1 hour</p>
<p>ELEMENTS OF FIXED PROSTHODONTICS (CROWN AND BRIDGE PROSTHESIS)</p>	
<p>25. Introduction and definitions. Terminologies Indication and contraindications</p>	<p>2 hours</p>

26. Examination, diagnosis and treatment planning and radiological interpretations.	1 hour
27. Selection and choice of abutment teeth	1 hour
28. Biomechanical principles of tooth preparation Preservation of tooth structure Retention and resistance form Structural durability of the restoration Marginal integrity Preservation of the periodontium Finish lines and the periodontium Occlusal bevels Flares Gingival finish lines Preservation of the periodontium Instrumentation Water air cooling Armamentarium	3 hours
29. Full veneer crowns Maxillary and mandibular posterior three quarter crowns Anterior three quarter crown Pin modified three quarter crowns Seven eighths crown Proximal half crowns Inlay MOD onlay	3 hours
30. Anterior/ posterior porcelain fused to metal crowns All ceramic crowns Preparation modifications for damaged teeth Modifications for damaged vital teeth Conversion of defects into retentive features Solution to common problems	3 hours
31. Endodontically treated tooth Preparation modifications for special situations Preparation for fixed bridge abutment Preparation for removable partial denture abutments	3 hours
32. Isolation of working field and temporary protections of prepared tooth Gingival retractions and impression procedures. Construction of DIES of working models, direct and indirect technique. Techniques of fabrication of retainers and materials used, its application with reference to esthetics.	3 hours
33. Selection and fabrication of pontics and esthetics. Connectors, stress - breakers and assembly of fixed bridges.	3 hours

<p>Finishing, cementing and maintenance of crowns and bridges Laser and high speed.</p>	
<p>IMPLANTS</p>	
<p>34. Osseo integrated - Supported prosthesis. Introduction and scope advantages and disadvantages. Classification Applied material science, patient Evaluation pre-surgical preparation treatment plan, applied Linical, surgical and Laboratory Procedure . Osseointegrated supporting prosthesis occlusion, esthetics, insertion and maintenance. Examination, diagnosis and treatment planning and other clinical and Laboratory procedures</p>	5 hours
<p>35. Maxillofacial Prosthesis Restoration of congenital and acquired oral and para-oral Defects. (Facial Prostheses, including implant support Maxillo Facial prosthesis). Splints Obturator Carriers Bruxism and management of occlusal attrition</p>	5 hours
<p>36. Miscellaneous Patient and practice management in Prosthodontic clinic Ethics, Law, Jurisprudence an Forensic Odontology - in Prosthodontic practice Assistants - Laboratories and clinic Communication methods - Technician work Authorization, methods and legality</p>	5 hours
<p>37. Emergencies in Prosthodontics During impression recording in Partially, Completely Edentulous Situation and Maxillofacial Defects. Precautions and management of traumatic accidents in tooth preparation use vasoconstrictor in anaesthetic solutions and retraction cords. ill fitting dentures Broken clasps, facings Broken prosthesis Swallowing Prosthesis General Management of elderly and C.V.S. and immuno compromised patients.</p>	2 hours

CLINICAL ASSIGNMENTS

III & IV BDS

1. Treatment for completely edentulous patients- 3 Patients
2. Treatment for Partially Edentulous Patients
- Provisional R.P - 5.D
(Minimum one for each Kennedy's classification)
3. F.P - preparation of crown - anterior and posterior, one each.D.
4. Relining & Rebasing, Repair - 1 each.
5. Immediate denture - 1
6. Single denture -1

Demonstrations of Clinical and Laboratory procedures for :

3- Unit Fixed Partial Denture, Maxillofacial prosthesis, Obturators and implant supported prosthesis.

SCHEME OF EXAMINATION

- a. **THEORY**(university written examination) 70 marks
Distribution of topics and types of questions.

Contents	Type of questions & marks	Marks
One long essay from complete denture One long essay from removable partial denture/fixed partial denture	Long essays 2x10 marks	20
3 short essays from complete denture 3 short essays from removable partial denture 2 short essays from fixed partial denture	Short essays 8x5 marks	40
2 short answers from complete denture 1 short answer from removable partial denture 2 short answers from fixed partial denture	Short answer 2x5 marks	10
	Total	70

B. Internal assessment theory: 10 marks, practicals:10 marks.

C. CLINICALS:90 marks

- i. Case history 10 marks
- ii. Complete denture exercise 50 marks
- iii. RPD Designing or Tooth Preparation on Typhodont- 20 Marks

D. Viva-voce 20 marks

Theory- 100
 University written exam- 70
 Viva-voce- 20
 Internal assessment (written)-10
 Total- 100
 Clinical-100
 University exam-90
 Internal assessment(written) 10
 Total- 100

TEXT BOOKS AND REFERENCE BOOKS

	Author	Name of the Book & Title	Edn.	Yr. of Publ	Publisher's name
1.	Boucher	Prosthodontic Treatment of Edentulous Patients	XI	1997	Mosby St. Louis, Missouri, USA
2.	Heartwell	Syllabus of Complete Denture	IV	1992	Varghese Publishing House Hind Rajasthan Building Bombay, India
3.	Rosenstiel	Contemporary Fixed Prosthodontics	III	2001	Mosby, St. Louis, Missouri, USA
4.	Sharry	Complete Denture Prosthetics	---	---	---
5.	Shillingburg	Fundamentals of Tooth Preparation	I	1987	Quintessence Publications 551 North Kimberly Drive, Carol Stream, IL-60188-1881
6.	Tylman	Theory and practice of Fixed Prosthodontics	VIII	1993	Ishiyaku EuroAmerica, Inc .. 716, Hanley Industrial Court, St. Louis Missouri, USA

7	Jhonston	Modern practice in Fixed Prosthodontics	---	---	---
8.	Mc Giveney Glen P	MC Cracken's removable Partial Prosthodontics	9th	1995	Mosby
9.	Shillingburg	Fundamentals of Fixed Prosthodontics	III	1997	Quintessence Publications 551, North Kimberly Drive, Carol Street, IL
10.	Stewart	Clinical Removable Partial Prosthodontics	II	1997	All India Publishers & Distributors
11.	Skinner	Science of Dental Materials	X	1996	W.B. Saunders Company, Philadelphia, USA
12.	Craig	Dental Materials, Properties & Manipulation	VI	1996	Mosby, St. Louis Missouri, USA
13.	Combe	Notes on Dental Materials	VI	1992	Churchill Living stone, NY, USA
14.	Carl Misch	Contemporary Implant Dentistry	---	---	---
15.	Branemark	Tissue Integrated Prosthesis	---	---	---
16.	Bernard G. N. Smith	Dental Crowns and Bridges: Design and preparation	---	1986	---
17.	A.A. Grant / W Johnson	Removable Denture Prosthodontics	2nd	--	---
18.	Dr. Sybille K. Leehner, Prof. A. Roy, Mc Gregor	Removable Partial Prosthodontics	2nd	--	---
19.	Grant Heath Mc Cord	Complete Denture	---	---	Wolfe Publishing Europe
20.	George F. Kantorowicz	A Clinical Handbook Inlays, Crowns and Bridges	---	---	Indian Edition by Varghese Company
21.	Bengt 'O' wall Arud F. Kayser	Prosthodontics	---	---	Mosby - Wolfe
22.	Gunnar E. Carlsson	Principles and Management Strategies	---	---	Mosby - Wolfe

IV Year - BDS

CONSERVATIVE TOPICS - 80 hours

<p>1. Casts restorations Indications, contraindications, advantages and disadvantages Materials used Class II cavity preparation for inlays Types of bevels in cast restoration Differences in tooth preparation for amalgam and cast restorations Fabrication of wax patterns</p>	3 hours
<p>2. Casting Die materials and preparation of dies Refractory materials Alloys used for casting Casting machines Casting procedure and defects cementation of restoration</p>	2 hours
<p>3. Temporisation or interim restoration Materials and procedure</p>	1 hours
<p>4. Esthetics in dentistry Introduction and scope Anatomy and physiology of smile Role of colour and translucency Esthetic recontouring Alteration of tooth form, shape, size and colour Management of discoloured teeth</p>	4 hours
<p>5. Composite restorations Recent advances in posterior composite resins. Indications, contraindications, advantages and disadvantages Clinical technique for posterior direct composite restorations Finishing and polishing of composite restoration Indirect posterior composite restoration</p>	3 hours
<p>6. Non carious destruction of tooth structure - Definition, etiology, diagnosis, clinical features and management</p>	2 hours
<p>7. Ceramic Restorations Recent advances in ceramic materials & techniques including CAD/CAM (in brief) Ceramic laminates, inlays, onlays and crowns. Indications, contraindications, advantages, disadvantages and techniques (in brief)</p>	3 hours
<p>8. Direct Filling gold Restorations : Introduction Types of direct filling gold, indications contraindications advantages disadvantages tooth preparation and restoration</p>	1 hours

ENDODONTIC TOPICS - 28 hours

<p>1. Emergency endodontic procedures</p>	2 hours
<p>2. Internal anatomy of pulp space Root canal anatomy of maxillary and mandibular teeth. Classification of canal configuration and variations in pulp space</p>	2 hours
<p>3. Access cavity preparation Objectives Principles Instruments used Sequential steps of access cavity preparation for individual tooth</p>	2 hours
<p>4. Preparation of root canal space . a. Determination of working length definition and methods of determining working length b. cleaning and shaping of root canals objectives principles instruments used techniques-hand and rotary</p>	2 hours
<p>5. Disinfection of root canal space a. irrigation Introduction Function of irrigants Methods and techniques of irrigation b. intracanal medicaments functions requirements types method of placement and limitations</p>	2hours
<p>6. Problems during cleaning and shaping of root canal spaces. Perforation and its management. Broken instruments and its management, management of curved root canals.</p>	2 hours
<p>7. Obturation of the root canal system. a. Materials- Ideal root canal filling material, classification of materials b. Obturation techniques Classification and procedure</p>	2 hours
<p>8. Root canal sealers. Ideal properties classification.,functions Manipulation and application of root canal sealers</p>	2 hours

9. Post endodontic restoration Principles of post endodontic Restorations Post and core-materials and procedure (in brief)	2hours
10. Smear layer and its importance in endodontics and conservative treatment	1 hour
11. Traumatized teeth Classification of fractured teeth. Management of fractured tooth.	2 hours
12. Endodontic surgeries indication contraindications, pre operative preparation. surgical instruments and techniques apicectomy, retrograde filling, post operative sequale, trephination, hemisection, radisectomy reimplantation (both intentional and accidental)	3 hours
13. Root resorption Etiology and management	1 hour
14. Use of specialized equipments like Lasers and microscopes in conservative dentistry and endodontics	1hour

CLINICAL EXERCISES

1. Case history recording, diagnosis and treatment planning.
2. Clinical examination and use of various diagnostic aids
3. Pit and fissure sealants -10
4. Pulp Capping-10
5. Glass ionomer restorations-10
6. Composite restorations in anterior teeth-10
7. Composite restorations in posterior teeth-10
8. CLASS I Amalgam restorations-10
9. CLASS II Amalgam restoration-10
10. Root canal treatment for Anterior teeth- 2

Demonstration:

1. Cast inlay restoration
2. Post core restoration
3. Molar endodontic treatment
4. Peri apical surgery
5. Esthetic restorative procedures

- Bleaching of teeth
 - Veneers
 - Diastema closures etc..
6. Tooth coloured inlays, onlays, crowns.

Scheme of Examination

A. Theory : 70 Marks

Distribution of Topic and Type of Questions

Contents	Type of questions and marks	Marks
One long essay from conservative topics One long essay from endodontics topics	Long essay- 10x2=20	20
Five questions from conservative topics including aesthetic dentistry Three questions from endodontics topics	Short essay 08x 5=40	40
Three questions from conservative topics including esthetic dentistry Two questions from endodontics topics	Short answer 5x2=10	10
	Total	70

B. VIVA VOICE= 20 MARKS

C. INTERNAL ASSESMENT -THEORY :10MARKS, PRACTICALS :10 MARKS

D. PRACTICAL EXERCISE:90 MARKS

1. Preparation of class 2 cavity for amalgam and restoration
Or
2. Anterior composite restoration
Or
3. Root canal treatment for anterior tooth up to selection of master cone

Details of marks distribution of the practical examinations

1. Class II amalgam restoration
 - a. Case history recording, examination, diagnosis and treatment planning - 15marks
 - b. Cavity preparation - 30 marks
 - c. Lining and matrix - 15 marks
 - d. Restoration and finishing - 30 marks

Total - 90 marks
2. Anterior composite restoration
 - a. Case history recording, examination, diagnosis and treatment planning - 15marks
 - b. Tooth preparation, shade selection and isolation - 35 marks
 - c. Restoration and finishing - 40 marks

Total - 90 marks

3. Anterior RCT	
a. Case history recording, examination, diagnosis and treatment planning	- 20marks
b. Access cavity preparation	- 25marks
c. Working length	- 20 marks
d. Chemomechanical preparation and master cone selection	- <u>25marks</u>
Total	- <u>90 marks</u>

IV BDS

ORAL AND MAXILLOFACIAL SURGERY

IV year BDS Theory: 50 hours

1.	Dento-alveolar surgery	Trans alveolar extraction Impacted teeth: General factors, incidence, etiology Classification and indications Assesment: clinical & radiological Anaesthetic considerations Surgical procedure Impacted maxillary third molar & Impacted Canine	1 hour 4 hours
2.	Endodontic surgery	Introduction, classification, apicectomy, replantation	
3.	Infections of the oral cavity	Introduction, microbiology, anatomy of fascial spaces, course of odontogenic infections, Spread of infection, classification, clinical features, management Dentoalveolar abscess, ludwigs angina osteomyelitis and ORN. Hepatitis B and HIV	4 hours
4.	Cystic lesions of jaws	Definition, classification and pathogenesis Diagnosis, clinical features, radiological, aspiration biopsy, use of contrastmedia and histopathology Management-types of surgical procedures, and complications	3 hours
5.	Oral Implantology	Principles of implantology	2 hours
6.	Ethics		1 hour
7.	Preprosthetic surgery	Introduction, aims, classification Corrective procedures - hard & soft tissues Ridge extension and augmentation procedures	2 hours
8.	Diseases of maxillary Sinus	Surgical anatomy, Acute & chronic sinusitis	1 hour
		Oro antral fistula & Surgical approach for sinus	1 hour

9.	TMJ disorders	Surgical anatomy	1 hour
		Subluxation & Dislocation	1 hour
		Ankylosis	1 hour
		Myofunctional pain dysfunction syndrome	1 hour
		Internal derangement & Arthritis and other disorders	1 hour
10.	Tumors of the oral Cavity	General considerations, Carcinoma of oral cavity, TNM classification	1 hour
		Non odontogenic benign tumors - lipoma, fibroma, papilloma, ossifying fibroma, myoma etc	1 hour
		Ameloblastoma	1 hour
		Biopsy - types	1 hour
		Outline of management of squamous cell carcinoma, surgery, radiotherapy, chemotherapy.	1 hour
11.	Fractures of the jaws	General consideration, types of the fractures, etiology, C/F, and general principles. Dento-alveolar #methods of management	1 hour
		Mandibular Fractures – Applied Anatomy, Classification Diagnosis – Clinical and Radiological Features	1 hour
		Management -# of condyle - aetiology, classification, clinical features and general principles of management reduction and fixation	1 hour
		Fractures of middle third of the face, Definition of midface , applied surgical anatomy, classification, clinical features and outline of management	2 hour
		Orbital fractures & # of Zygomatic complex	1 hour
		Classification, C/F, indications for treatment, various methods of reduction and fixation.	2 hour
		Complications - delayed union, non-union and malunion.	1 hour
12.	Developmental deformities	Basic forms, prognathism, retrognathism and open bite. Reasons for correction, Outline of surgical methods carried out on maxilla and mandible	4 hour

13.	Salivary gland diseases	Salivary calculi and Infections of the salivary glands its management	1 hour
		Tumours of the salivary gland and management	1 hour
14.	Neurological disorders	Trigeminal neuralgia - definition, etiology , C/F and methods of management including surgery. Glossopharyngeal and Facial paralysis - etiology , clinical features	1 hour
		Nerve injuries - classification, neurohaphy etc.	1 hour
15.	Cleft lip and cleft palate	Etiology, of the clefts, incidence, classifications role of dental surgeon in the management of cleft patients. Outline of the closure procedures.	4 hour

PRACTICAL AND CLINICALS: 200 HOURS

STUDENTS ARE REQUIRED TO LEARN THE FOLLOWING EXERCISES:

Case history taking
Examination of the patient
Recording blood pressure
Use of different instruments in Oral & Maxillofacial surgery
Various local anaesthetic injection techniques on patients
Extraction of mobile and firm teeth
Trans-alveolar extraction of root stumps
Surgical removal of Simple impacted teeth
Management of dento-alveolar fractures with arch bar fixation, eyelets and inter-maxillary fixations.
Training in basic life support skills.

PRACTICAL AND CLINICALS QUOTA

Year	Clinical exercises	Quota	Category
IV year BDS			
	Extraction of mobile and firm teeth	60 cases	must do
	Trans-alveolar method of extraction with suturing	10 cases	must do
	Surgical removal of Simple impactions	5 cases	Desirable to do
	Management of dento-alveolar fractures with arch bar fixation, eyelets and inter-maxillary fixations	5 cases	Desirable to do
	IM & IV Injection techniques	5 cases	Desirable to do
	Assisting major surgical procedures under general anaesthesia	5 cases	Desirable to do
	Training in Handling medical emergencies, CPR and basic life support		must do

SCHEME OF EXAMINATION

A. THEORY (UNIVERSITY WRITTEN EXAMINATION)

70 MARKS

DISTRIBUTION OF TOPICS AND TYPES OF QUESTIONS

Contents	Type of questions and marks	Marks
a. 1 Question from Local anaesthesia b. 1 Question from Oral surgery	Long Essays 2 x 10 marks	20
a. 5 Questions from Oral surgery b. 1 Question from General anaesthesia	Short Essays 6 x 5 marks	30
a. 9 Questions from Oral surgery b. 1 Question from Local anaesthesia	Short Answers 2 x 10	20
Local Anaesthesia		
Total		70

B. Internal Assessment-

Theory: 10 marks,
Clinicals: 10 marks

C. Clinicals:

90 Marks

I. Clinicals in Oral Surgery:
90 Marks (Extraction of firm tooth)

30 Marks
30 Marks
30 Marks

- A. Case History
- B. Local anaesthesia technique
- C. Extraction of firm tooth
(Maxillary/ Mandibular tooth) and
management of the patient

D. Viva Voce

20 Marks

Theory-100 marks
University written exam :
Viva Voce:
Internal assessment:
Total

70
20
10
100

Clinical:100 marks.
University exam:
Internal assessment
Total

90
10
100

SECTION V

SECTION

ETHICS IN DENTISTRY

Introduction

There is a definite shift now from the traditional patient and doctor relationship and delivery of dental care. With the advances in science and technology and the increasing needs of the patient, their families and community, there is a concern for the health of the community as a whole. There is a shift to greater accountability to the society. Dental specialists like the other health professionals are confronted with many ethical problems. It is therefore absolutely necessary for each and every one in the health care delivery to prepare themselves to deal with these problems. To accomplish this and develop human values, it is desired that all the trainees undergo ethical sensitization by lectures or discussion on ethical issues, discussion of cases with an important ethical component.

Course content:

Introduction to Ethics

- What is ethics?
- What are values and norms?
- How to form a value system in one's personal and professional life?
- Hippocratic oath.
- Declaration of Helsinki, WHO declaration of Geneva, International code of ethics, D.C.I. Code of ethics.

Ethics of the Individual

The patient as a person
Right to be respected
Truth and confidentiality
Autonomy of decision
Doctor Patient relationship

Professional Ethics

Code of conduct
Contract and confidentiality
Charging of fees, fee splitting
Prescription of drugs
Over-investigating the patient
Malpractice and negligence

Research Ethics:

Animal and experimental research/humanness
Human experimentation
Human volunteer research-informed consent
Drug trials

Ethical workshop of cases
Gathering all scientific factors
Gathering all value factors
Identifying areas of value-conflict, setting of priorities
Working out criteria towards decisions

Recommended Reading:

Francis C.M., Medical Ethics, I Ed. 1993, Jaypee Brothers, New Delhi p.189.

REVISED RGUHS M.D.S. SYLLABUS

APPLICABLE TO MAY- 2018 ADMITTED MDS

STUDENTS AND ONWARDS

SECTION I REGULATIONS

- 1. Title of the Course:** It shall be called Master of Dental Surgery (MDS).

- 2. Branches of Study:** The following are the subjects of specialty for the MDS degree:
 - a. Prosthodontics and Crown & Bridge**
 - b. Periodontology**
 - c. Oral & Maxillofacial Surgery**
 - d. Conservative Dentistry and Endodontics**
 - e. Orthodontics & Dentofacial Orthopedics**
 - f. Oral & Maxillofacial Pathology & Oral Microbiology:**
 - g. Public Health Dentistry**
 - h. Pediatric Dentistry**
 - i. Oral Medicine & Radiology**

3. Eligibility

A candidate for admission to the MDS course (Master of Dental Surgery) must have a. recognized degree of BDS (Bachelor of Dental Surgery) awarded by an Indian University in respect of recognized Dental College under Section 10(2) of the Dentists Act, 1948 or an equivalent qualification recognized by the Dental Council of India and should have obtained permanent registration with any of the State Dental Council.

Candidates who possess PG Diploma recognized by the DCI with the duration of 2 years in particular specialty is eligible for admission in MDS in the same specialty and the duration will be 2 years. The syllabus of the two years programme i.e PG- Diploma will be as per the existing DCI/university guidelines.

4. Criteria for Selection for Admission

Students for MDS Course shall be admitted based on performance at the competitive examinations held by Central Government and as per the orders issued by the state government from time to time.

There shall be a uniform NEET for admission to the post-graduate dental courses in each academic year conducted in the manner, as prescribed by the Central Government in this behalf.

5. Eligibility Certificate from RGUHS

No candidate shall be admitted to any postgraduate MDS course unless the candidate has obtained and produced eligibility certificate issued by University. The candidate has to make an application to the University with the following documents along with the prescribed fee:

1. BDS Pass / Degree certificate issued by the University.
2. Marks cards of all the university examinations passed (I to IV BDS year course).
3. Attempt Certificate issued by the Principal.
4. Completion of rotatory internship certificate from a recognized college.
5. Registration by any State Dental Council and
6. Proof of SC / ST or Category I, as the case may be. Candidates should obtain the Eligibility Certificate before the last date for admission as notified by the University.

6. Duration of the Course

The Course shall be of three years duration.

All the candidates for the degree of MDS are required to pursue the recommended course for at least three academic years as full time candidates in an institution affiliated to and approved for Postgraduate studies by Rajiv Gandhi University of Health Sciences, Karnataka, and recognized by the Dental Council India.

Provided that the time period required for passing out of the MDS course shall be a maximum of six years from the date of admission in said course.

7. Method of training

The training of postgraduate for degree shall be full time with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should take part in seminars, group discussions, grand rounds, case demonstration, clinics, journal review meetings, CPC and clinical meetings. Every candidate should participate in the teaching and training programme of

undergraduate students. Training should include involvement in laboratory and experimental work, and research studies.

8. Attendance, Progress and Conduct

A candidate pursuing degree/diploma course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to own a clinic/work in clinic/laboratory/nursing home while studying postgraduate course, no candidate shall join any other course of study or appear for any other examination conducted by this university or any other university in India or abroad during the period of registration.

Each year shall be taken as a unit for the purpose of calculating attendance from the date of commencement of academic session as per the COE of university or from the date of admission.

Every candidate shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year prescribed by the department and not absent himself / herself from work without reasons.

Every candidate shall have not less than 80 percent of attendance in each year of the course. However, candidates should not be absent continuously as the course is a full time one.

9. Monitoring Progress of Studies

Work diary / Log Book: Every candidate shall maintain a work diary and record of his/ her participation in the training programme conducted by the department such as journal reviews, seminars, etc. Please see Chapter IV for model checklists and logbook.

Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate. The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution, and presented in the university practical/clinical examination.

Periodic tests:

In case of degree courses of three years duration, the concerned departments may conduct tests, one test three months before the Part I examination, the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical and viva voce. Records and marks obtained in such tests will be maintained by the Head of the Department and sent to the University, when called for.

Records:

Records and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University, when called for.

10. Dissertation

Every candidate pursuing MDS degree course is required to carry out work on a selected research project under the guidance of a recognized post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.

The dissertation is aimed to train a postgraduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis and comparison of results and drawing conclusions.

Every candidate shall submit to the Registrar of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.

Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation should be written under the following headings:

- i. Introduction**
- ii. Aims or Objectives of study**
- iii. Review of literature**
- iv. Results**
- v. Discussions**
- vi. Conclusion**
- vii. Summary**
- viii. Reference**
- ix. Tables**
- x. Annexures**

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexures. It should be typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69"). Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

Dissertation thus prepared shall be submitted online to the Registrar (Evaluation), six months before final examination on or before the dates notified by the University.

The dissertation shall be valued by two internal and two external examiners appointed by the University. Of the four examiners, accepted by any three shall be considered as approval. Approval of dissertation work is an essential precondition for a candidate to appear in the University examination.

Guide: The academic qualification and teaching experience required for recognition by this University as a guide for dissertation work is as laid down by Dental Council of India / Rajiv Gandhi University of Health Sciences.

Co-guide: A co-guide may be included provided the work requires substantial contribution from a sister department or from another institution. If the co-Guide is from a different institution, then it should be intimated to the RGUHS.

Change of guide: In the event of a registered guide leaving the college for any reason, in the event of death of guide, guide may be changed with prior permission from the university.

11. Scheme of Examination

Eligibility: The following requirements shall be fulfilled by every candidate to be eligible to appear for the final examination.

- i) **Attendance:** Every candidate shall have put in minimum of 80% attendance in each academic year in order to be eligible for the university examination.
- ii) **Progress and conduct:** Every candidate shall have participated in seminars, review meetings, symposia, conferences, case presentations, clinics and didactic during each year as designed by the concerned department
- iii) **Work diary and Logbook:** Every candidate shall maintain a work diary and logbook for recording his/her participation in the training programmes conducted by the department. The work diary and logbook shall be verified and certified by the Head of the Department and Head of the institution.
(Please see Section IV for Model Checklist and Logbook)

The certification of satisfactory progress by the head of the department and head of the institution shall be based on (i), (ii) and (iii) mentioned above.

Schedule of Examination:

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1ST year and Part II at the end of 3 years including Practical/Clinical and Viva voce.

The Part – I examination for M.D.S. courses shall be held at the end of 1st year of the course and Part – II examination shall be held at the end of Three years. The university shall conduct two examinations in a year at an interval of four to six months between the two examinations. Not more than two examinations shall be conducted in an academic year.

The university examination shall consist of theory, practical and clinical examination and viva-voce and Pedagogy.

(i) Theory:

Part-I: Basic Sciences Paper shall consist of one paper of 100 marks

There shall be a theory examination in the Basic Sciences at the end of 1st year of course. The question papers shall be set and evaluated by the eligible examiners appointed by the university. The candidates shall have to secure a minimum of 50% in the Basic Sciences and shall have to pass the **Part-I** examination at least six months prior to the final (Part-II) examination.

Part-II: Paper-I, Paper-II & Paper III Shall consist of three papers of 300 marks (100 marks for each paper)

In addition

- (ii) Practical and Clinical Examination;
- (iii) Viva-voce; and
- (iv) Pedagogy.

12. UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1ST year and Part II at the end of 3 years including Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - **100 Marks**

Part-II: Paper-I, Paper-II & Paper-III - **300 Marks** (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I: Applied Basic Sciences as specified in the syllabus of each course

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory: (Total 400 Marks)

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

EXAMINERS:

Part I: There shall be one internal and one external examiner for evaluating the answer scripts of the same specialty.

Part II: There shall be four examiners in each subject. Out of them, two (50%) shall be external examiners and two (50%) shall be internal examiners. Both external examiners shall be from a university other than the affiliating university and one examiner shall be from a university of different State.

CRITERIA FOR PASS.

To pass the university examination, a candidate shall secure in both theory examination and in practical/clinical including viva voce independently with an aggregate of 50% of total marks allotted (50 out of 100 marks in Part I examination and 150 marks out of 300 in Part II examination in theory and 150 out of 300, clinical plus viva voce together). A candidate securing marks below 50% as mentioned above shall be declared to have failed in the examination.

Sl no	Year /part	Theory		Practical including viva		
1.	Part - 1	Maximum marks 100	Passing criteria 50	Not applicable		
				Maximum marks	Passing criteria	-
2.	Part-II	300	150	300	150	

A candidate who is declared successful in the examination shall be granted a Degree of Master of Dental Surgery in the respective specialty.

Dissertation: Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

13. Distribution of Topics in theory papers in various branches of study specialties:

SYLLABUS DISTRIBUTION AMONG 4 PAPERS IN VARIOUS SPECIALITIES:

(i) PROSTHODONTICS AND CROWN & BRIDGE

Part-I

Paper-I: Applied Basic Sciences: Applied anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition and Biochemistry, Pathology and Microbiology, virology, applied pharmacology, Research Methodology and bio statistics, Applied Dental anatomy and histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II

Paper-I: Removable Prosthodontics and Implant supported prosthosis(Implantology), Geriatric dentistry and Crania Facial Prosthodontics

Paper-II: Fixed Prosthodontics, occlusion, TMJ and esthetics.

Paper-III: Descriptive and analyzing type question

(ii) PERIODONTOLOGY

Part- I

Paper-I: Applied Basic Sciences: Applied Anatomy, Physiology, and Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

Part-II

Paper I: Normal Periodontal structure, Etiology and Pathogenesis of Periodontal diseases, epidemiology as related to Periodontics

Paper II: Periodontal diagnosis, therapy and Oral implantology

Paper III: Descriptive and analysing type question

(iii) ORAL & MAXILLOFACIAL SURGERY

Part-I

Paper-I : Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

Part- II:

Paper-I : Minor Oral Surgery and Trauma

Paper-II : Maxillo-facial Surgery

Paper-III : Descriptive and analysing type question

(iv) CONSERVATIVE DENTISTRY AND ENDODONTICS

Part-I

Paper-I : Applied Basic Sciences: Applied Anatomy, Physiology, Pathology including Oral Microbiology, Pharmacology, Biostatistics and Research Methodology and Applied Dental Materials.

Part-II

Paper-I : Conservative Dentistry

Paper-II : Endodontics

Paper-III : Descriptive and analysing type question

(v) ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Part-I

Paper-I: Applied Basic Sciences: Applied anatomy, Physiology, Dental Materials, Genetics, Pathology, Physical Anthropology, Applied Research methodology, Bio-Statistics and Applied Pharmacology.

Part-II

Paper-I: Orthodontic history, Concepts of occlusion and esthetics, Child and Adult Psychology, Etiology and classification of malocclusion, Dentofacial Anomalies, Diagnostic

procedures and treatment planning in Orthodontics, Practice management in Orthodontic

Paper II: Clinical Orthodontics

Paper III: Descriptive and analyzing type question

(vi) ORAL AND MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY:

Part-I

Paper-I: Applied Basic Sciences: Applied anatomy, Physiology (General and oral), Cell Biology, General Histology, Biochemistry, General Pathology, General and Systemic Microbiology, Virology, Mycology, Basic Immunology, Oral Biology (oral and dental histology), Biostatistics and Research Methodology

Part-II:

Paper-I: Oral pathology, Oral Microbiology and Immunology and Forensic Odontology

Paper-II: Laboratory techniques and Diagnosis and Oral Oncology

Paper-III: Descriptive and analyzing type question

(vii) PUBLIC HEALTH DENTISTRY

Part-I

Paper-I: Applied Basic Sciences: Applied Anatomy and Histology, Applied Physiology and Biochemistry, Applied Pathology, Microbiology, Oral Pathology, Physical and Social Anthropology, Applied Pharmacology and Research Methodology and Biostatistics.

Part-II:

Paper-I: Public Health

Paper-II: Dental Public Health

Paper-III: Descriptive and analyzing type question

(viii) PEDIATRIC DENTISTRY

Part-I

Paper I: **Applied Basic Sciences** : Applied Anatomy, Physiology, and Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics Growth and Development and Dental plaque, Genetics.

Part-II:

Paper-I: Clinical Pedodontics

Paper-II: Preventive and Community Dentistry as applied to pediatric dentistry

Paper-III: Descriptive and analyzing type question

(ix) ORAL MEDICINE AND RADIOLOGY

Part-I

Paper I: **Applied Basic Sciences:** Applied Anatomy, Physiology, and Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics

Part-II:

Paper-I: Oral and Maxillofacial Radiology

Paper-II: Oral Medicine, therapeutics and laboratory investigations

Paper-III: Descriptive and analyzing type question

SECTION II

GOALS & OBJECTIVES OF MDS COURSE

Goals:

The goals of postgraduate training in various specialties is to train B.D.S. graduate who will, after successful completion of the course:

© Practice respective specialty efficiently and effectively, backed by scientific knowledge and skill.

© Exercise empathy and a caring attitude and maintain high ethical standards.

© Continue to evince keen interest in continuing professional education in the specialty and allied specialties irrespective of whether in teaching or practice.

© Willing to share the knowledge and skills with any learner, junior or a colleague.

© Develop the faculty for critical analysis and evaluation of various concepts and views, to adopt the most rational approach.

Objectives:

The objective is to train a candidate so as to ensure higher competence in both general and special area of interest and prepare him for a career in teaching, research and specialty practice. A candidate must achieve a high degree of clinical proficiency in the subject matter and develop competence in research and its methodology as related to the field concerned.

The above objectives are to be achieved by the time the candidate completes the course. The objectives may be considered as under -

1. Knowledge (Cognitive domain)
2. Skills (Psycho motor domain)
3. Human values, ethical practice and communication abilities

Knowledge:

- © Demonstrate understanding of basic sciences relevant to specialty.
- © Describe etiology, pathophysiology, principles of diagnosis and management of common problems within the specialty in adults and children.
- © Identify social, economic, environmental and emotional determinants in a given case and take them into account for planning treatment.
- © Recognize conditions that may be outside the area of specialty/competence and to refer them to an appropriate specialist.
- © Update knowledge by self-study and by attending courses, conferences, seminars relevant to specialty.
- © Undertake audit, use information technology and carry out research with the aim of publishing or presenting the work at various scientific gatherings.

Skills:

1. Take a proper clinical history, examine the patient, perform essential diagnostic procedures and order relevant tests and interpret them to come to a reasonable diagnosis about the condition.
2. Acquire adequate skills and competence in performing various procedure required in the specialty.

Human values, ethical practice and communication abilities:

- © Adopt ethical principles in all aspects of practice.
- © Professional honesty and integrity are to be fostered.
- © Patient care is to be delivered irrespective of social status, caste, creed or religion of the patient.
- © Develop communication skills, in particular and skill to explain various options available in management and to obtain a true informed consent from the patient
- © Provide leadership and get the best out of his team in a congenial working atmosphere.
- © Apply high moral and ethical standards while carrying out human or animal research.
- © Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed.
- © Respect patient's rights and privileges including patient's right to information and right to seek a second opinion.

SECTION III

COURSE DESCRIPTION OF VARIOUS SPECIALTIES

1. DEFINITIONS OF VARIOUS SPECIALITIES:

1. Prosthodontics and Crown & Bridge

Prosthodontics and Crown & Bridge and Oral Implantology i.e. that branch of Dental art and science pertaining to the restoration and maintenance of oral function, health, comfort and appearance by the replacement of missing or lost natural teeth and associated tissues either by fixed or removable artificial substitutes.

2. Periodontology

Periodontology and Oral Implantology is the science dealing with the health and diseases of the investing and supporting structures of the teeth and oral mucous membrane.

3. Oral & Maxillofacial Surgery

Oral and Maxillofacial surgery and Implantology deals with the diagnosis and surgical and adjunctive treatment of diseases, injuries and defects of the human jaws and associated oral and facial structures.

4. Conservative Dentistry and Endodontics

Conservative dentistry deals with prevention and treatment of the diseases and injuries of the hard tissues and the pulp of the tooth and associated periapical lesions.

5. Orthodontics and Dentofacial Orthopedics

Deals with prevention and correction of oral anomalies and malocclusion and the harmonizing of the structures involved, so that the dental mechanisms will function in a normal way.

6. Oral Pathology & Microbiology

Oral Pathology deals with the nature of oral diseases, their causes, processes and effects. It relates the clinical manifestation of oral diseases to the physiologic and anatomic changes associated with these diseases.

7. Public Health Dentistry

Community Dentistry is the science and art of preventing and controlling Dental diseases and promoting Dental health through organized community efforts.

8. Pedodontics and Preventive Dentistry

Deals with prevention and treatment of oral and Dental ailments that may occur during childhood.

9. Oral Medicine and Radiology

Oral Medicine is that specialty of dentistry concerned with the basic diagnostic procedures and techniques useful in recognizing the diseases of the oral tissues of local and constitutional origin and their medical management.

Radiology is a science dealing with x-rays and their uses in diagnosis and treatment of diseases in relation to orofacial diseases.

2. Course contents

Prosthodontics

To train dental graduates so as to ensure higher competence in both general and special area of Prosthodontics and prepare a candidate for teaching, research and clinical abilities including prevention and after care in prosthodontics including crown and bridge-and implantology.

General Objectives of the Course:

© Training programme in Prosthodontic dentistry including Crown & Bridge & Implantology is structured to achieve knowledge and skill in theoretical and clinical laboratory, attitude, communicative skills and ability to research with understanding of social, cultural, education and environmental background of the society

© To have acquired adequate knowledge and understanding of applied basic and systematic medical science knowledge in general and particular to head and neck.

© The postgraduates will be able to provide Prosthodontic therapy for patients with competence and working knowledge with understanding of applied medical, behavioral and clinical science that are beyond the treatment skills of the general BDS graduate and MDS graduate of other specialties to demonstrate evaluative and judgment skills in making appropriate decisions regarding prevention, treatment aftercare and referral to deliver comprehensive care to patients.

Knowledge

The candidate should possess knowledge applied basic and systematic medical sciences.

© On human anatomy, embryology, histology, applied in general and particular to head and neck, Physiology & Biochemistry, Pathology and microbiology, virology, Health and diseases of various systems of the body (systemic) principles in surgery and medicine, Pharmacology, Nutrition,

behavioral Science, Age changes, genetics, Immunology, Congenital defects and syndrome and Anthropology, Bioengineering, Bio-medical and Biological Principle and application Dental material science

© Ability to diagnose and plan treatment for patients requiring a Prosthodontic therapy

© Ability to read and interpret a radiograph and other investigations for the purpose of diagnosis treatment planning.

© Tooth and tooth surface restorations, Complete denture prosthodontics, removable partial dentures Prosthodontics, fixed prosthodontics and maxillofacial and Craniofacial Prosthodontics, implants supported Prosthodontics, T.M.J, and occlusion, craniofacial esthetic, and biomaterials. Craniofacial disorders , problems of psychogenic origin.

© Age changes and Prosthodontic Therapy for aged.

© Ability to diagnose failed restoration and provide Prosthodontic therapy and after care.

© Should have essential knowledge on ethics, laws and Jurisprudence and forensic odontology in Prosthodontics

© General health conditions and emergency as related to prosthodontics treatment,

© Identify social, cultural, economic, environmental, educational and emotional determinants of the patient and consider them in planning the treatment.

© Identify cases, which are outside the area of his specialty/ competence and refer them to appropriate specialists.

© Advice regarding case management involving surgical, interim treatment etc.

© Competent specialization in team management of craniofacial design.

© Should attend continuing education programmes, seminars and conferences related to prosthodontics in thus updating himself/herself.

© Teach and guide his / her team, colleague and other students.

© Should be able to use information technology tools and carry out research basic and clinical, with the aims of publishing his/ her work and presenting his/her work at various scientific forums.

© Should have essential knowledge of personal hygiene, infection control, prevent of cross infection and safe disposal of waste, keeping in view the risks of transfer of Hepatitis & HIV

© Should have an ability to plan to establish Prosthodontic clinic/department in a teaching hospital

© Should have a sound knowledge for the application of pharmacology, effects of drugs on oral tissues and systems of the body and on medically compromised individuals.

Skills

© The candidate should be able to examine the patients requiring Prosthodontic therapy, investigate the patient systemically, analyze the investigation results, radiography, diagnose the ailment, plan a treatment, communicate it with the patient and execute it.

© Understand the prevalence and prevention of diseases of craniomandibular system related to Prosthetic dentistry.

© The candidate should be able to restore the lost functions of the stomatognathic system namely speech, mastication etc to provide a quality health care for craniofacial region

© The candidate should be able to interact with other speciality including a medical speciality for a planned team management of patients for a craniofacial and oral acquired and congenital defects, Temporomandibular joint syndromes, esthetics, Implant supported Prosthetics and problems of Psychogenic origin,

© Should be able to demonstrate the clinical competence necessary to carry out appropriate treatment at higher level of knowledge, training and practice skills currently available in their specialty area.

© Identify target diseases and awareness amongst the population for Prosthodontic therapy.

© Perform clinical and Laboratory procedure with understanding of biomaterials, tissue conditions related to prosthesis and have competent dexterity and skill for performing clinical and laboratory procedures in fixed, removable, implant and maxillofacial TMJ, esthetics Prosthodontics.

© Laboratory technique management based on skills and knowledge of Dental Materials and dental equipment and instruments,

© To understand demographic distribution and target diseases of Cranio mandibular region related to Prosthodontic including crown & bridge and implantology.

Attitudes

© Adopt ethical principles in all Prosthodontic practice. Professional honesty and integrity are to be fostered. Treatment to be delivered irrespective of social status, caste, creed or religion of patient.

© Willing to share the knowledge and clinical experience with professional colleagues.

© Willing to adopt new methods and techniques in prosthodontics from time to time based on scientific research, which is in patient's best interest.

© Respect patient's rights and privileges including patients right to information and right to seek second opinion.

Communication Abilities

© Develop communication skills, in particular, to explain treatment option available in management.

© Provide leadership and get the best out of his group in a congenial working atmosphere.

© Should be able to communicate in simple understandable language with the patient and explain the principles of prosthodontics to the patient. He should be able to guide and counsel the patient with regard to various treatment modalities available.

© Develop the ability to communicate with professional colleagues through various media like Internet, e-mail, videoconference, and etc. to render the best possible treatment.

Course Contents

© The candidates shall undergo training for 3 academic years with satisfactory attendance of 80% for each year.

© The course includes epidemiology and demographic studies, research and teaching skills.

© Ability to prevent, diagnose and treat with after care for all patients for control of diseases and / or treatment related syndromes with patient satisfaction for restoring functions of Stomatognathic system by Prosthodontic therapy

The program outline addresses the knowledge, procedural and operative skills needed in Masters Degree in Prosthodontics. A minimum of 3 years of formal training through a graded system of education as specified will enable the trainee to achieve Masters Degree in Prosthodontics including Crown & Bridge and Implantology, competently and have the necessary skills/ knowledge to update themselves with advancements in the field. The course content has been identified and categorized as Essential knowledge as given below.

Essential Knowledge

The topics to be considered are: Basic Sciences, Biological and mechanical considerations in Prosthodontics including Crown and Bridge Implantology and Material Science.

APPLIED BASIC SCIENCES

© Although knowledge on the applied aspects of Anatomy, Embryology, Histology and applied in general and particular to head and neck, Physiology, Biochemistry, Pathology and Microbiology, Virology.

© Pharmacology, Health and diseases of various systems of Body (systemic) principles in surgery medicine and Anesthesia, Nutrition, Behavioral sciences, age changes, genetics, Dental Material Science, congenital defects and Syndromes and Anthropology, Biomaterial Sciences Bio-engineering and Biomedical and Research Methodology as related to Masters degree prosthodontics including crown & bridge and implantology.

It is desirable to have adequate knowledge in Bio-statistics Research Methodology and use of computers. To develop necessary teaching skills in Prosthodontics including crown and bridge and implantology

Applied anatomy of Head and Neck

General Human Anatomy - Gross Anatomy, anatomy of Head & Neck in detail. Cranial and facial bones, TMJ and function, muscles of mastication and facial expression, muscles of neck and chain of back muscles including muscles of deglutition and tongue, arterial supply and venous drainage of the head and neck, anatomy of the Para nasal sinuses with relation** to the Vth cranial nerve. General consideration of the structure and function of the brain, ^considerations of V, VII, XI, XII, cranial nerves and autonomic nervous system of the dand neck. The salivary glands, Pharynx, Larynx Trachea, Esophagus, Functional Anatomy mastication, Deglutition, speech, respiration, and circulation, teeth eruption, morphology, elusion and function. Anatomy of TMJ, its movements and myofacial pain dysfunction syndrome.

Embryology- Development of the face, tongue, jaws, TMJ, Paranasal sinuses, pharynx, larynx, trachea, esophagus, Salivary glands, Development of oral and Para oral tissue including detailed aspects of tooth and dental hard tissue formation

Growth & Development - Facial form and Facial growth and development overview of Dentofacial growth process and physiology from fetal period to maturity and old age, comprehensive study of craniofacial biology. General physical growth, functional and anatomical aspects of the head, changes in craniofacial skeletal, relationship between . development of the dentition and facial growth.

Dental Anatomy - Anatomy of primary and secondary dentition, concept of occlusion, mechanism of articulation, and masticatory function. Detailed structural and functional study of the oral dental and Para oral tissues. Normal occlusion, development of occlusion in deciduous mixed and permanent dentitions, root length, root configuration, tooth-numbering system.

Histology - histology of enamel, dentin, Cementum, periodontal ligament and alveolar bone, pulpal anatomy, histology and biological consideration. Salivary glands and Histology of epithelial tissues including glands.

Histology of general and specific connective tissue including bone, hematopoietic system, lymphoid etc.

Muscle and neural tissues Endocrinal system including thyroid Salivary glands Histology of skin, oral mucosa, respiratory mucosa, connective tissue, bone, cartilage, cellular elements of blood vessels, blood, lymphatic, nerves, muscles, tongue, tooth and its surrounding structures.

Anthropology & Evolution - Comparative study of tooth, joints, jaws, muscles of mastication and facial expression, tongue, palate, facial profile and facial skeletal system. Comparative anatomy of skull, bone, brain, musculo - skeletal system, neuromuscular coordination, posture and gait - plantigrade and orthograde posture.

Applied Genetics and Heredity - Principles of orofacial genetics, molecular basis of genetics, genetic risks, counseling, bioethics and relationship to Orthodontic management. Dentofacial anomalies, Anatomical, psychological and pathological characteristic of major groups of developmental defects of the orofacial structures

cell biology - Detailed study of the structure and function of the mammalian cell with special emphasis on ultra structural features and molecular aspects. Detailed consideration of Intercellular junctions. Cell cycle and division, cell-to-cell and cell- extra cellular matrix interactions.

Applied Physiology and Nutrition - Introduction, Mastication, deglutition, digestion and assimilation, Homeostasis, fluid and electrolyte balance. Blood composition, volume, function, blood groups and hemorrhage, Blood transfusion, circulation, Heart, Pulse, Blood pressure, capillary and lymphatic circulation, shock, respiration, control, anoxia, hypoxia, asphyxia, artificial respiration. Endocrine glands in particular reference to pituitary, parathyroid and thyroid glands and sex hormones. Role of calcium and Vit D in growth and development of teeth, bone and jaws. Role of Vit. A, C and B complex in oral mucosal and periodontal health. Physiology and function of the masticatory system. Speech mechanism, mastication, swallowing and deglutition mechanism, salivary glands and Saliva

Endocrines- General principles of endocrine activity and disorders relating to pituitary, thyroid, pancreas, parathyroid, adrenals, gonads, including pregnancy and lactation. Physiology of saliva, urine formation, normal and abnormal constituents, Physiology of pain, Sympathetic and parasympathetic nervous system. Neuromuscular co-ordination of the stomatognathic system.

Applied Pharmacology and Therapeutics- Definition of terminologies used - Dosage and mode of administration of drugs. Action and fate of drugs in the body, Drug addiction, tolerance and hypersensitive reactions, Drugs acting on the central nervous system, general anesthetics hypnotics. Analeptics and tranquilizers, Local anesthetics, Chemotherapeutics and antibiotics, Antitubercular and anti syphilitic drugs, Analgesics and antipyretics, Antiseptics, styptics, Sialogogues and antisialogogues, Haematinics, Cortisone, ACTH, insulin and other antidiabetics

vitamins: A, D, B - complex group C and K etc. Chemotherapy and Radiotherapy

Applied Pathology - Inflammation, repair and degeneration, Necrosis and gangrene, Circulatory disturbances, Ischemia, hyperemia, chronic venous congestion, edema, thrombosis, embolism and infarction. Infection and infective granulomas, Allergy and hypersensitive reaction, Neoplasm; Classification of tumors, Carcinogenesis, characteristics of benign and malignant tumors, spread of tumors. Applied histo pathology and clinical pathology.

Applied Microbiology- Immunity, knowledge of organisms commonly associated with diseases of the oral cavity (morphology cultural characteristics etc) of strepto, staphylo, pneumo, gono and meningococci, Clostridia group of organisms, Spirochetes, organisms of tuberculosis, leprosy, diphtheria, actinomycosis and moniliasis etc. Virology, Cross infection control, sterilization and hospital waste management

a) Applied Oral Pathology -Developmental disturbances of oral and Para oral structures, Regressive changes of teeth, Bacterial, viral and mycotic infections of oral cavity, Dental caries, diseases of pulp and periapical tissues, Physical and chemical injuries of the oral cavity, oral manifestations of metabolic and endocrine disturbances, Diseases of the blood and blood forming organism in relation to the oral cavity, Periodontal diseases, Diseases of the skin, nerves and muscles in relation to the Oral cavity.

b) Laboratory determinations- Blood groups, blood matching, R.B.C. and W.B.C. count, Bleeding and clotting time, Smears and cultures - urine analysis and culture

BioStatistics- Study of Biostatistics as applied to dentistry and research. Definition, aim characteristics and limitations of statistics, planning of statistical experiments, sampling, collection, classification and presentation of data (Tables, graphs, pictograms etc) Analysis of data

Introduction to biostatistics- Scope and need for statistical application to biological data. Definition of selected terms - scale of measurements related to statistics, Methods of collecting data, presentation of the statistical diagrams and graphs.

Frequency curves, mean, mode of median, Standard deviation and co-efficient of variation, Correlation - Co-efficient and its significance, Binominal distributions normal distribution and Poisson distribution, Tests of significance

Research methodology - Understanding and evaluating dental research, scientific method and the behavior of scientists, understanding to logic - inductive logic - analogy, models, authority, hypothesis and causation, Quacks, Cranks, Abuses of Logic, Measurement and Errors of measurement, presentation of results, Reliability, Sensitivity and specificity diagnosis test and measurement, Research Strategies, Observation, Correlation, Experimentation and Experimental design. Logic of statistical interference balance judgements, judgement under uncertainty, clinical

vs., scientific judgement, problem with clinical judgement, forming scientific judgements, the problem of contradictory evidence, citation analysis as a Means of literature evaluation, influencing judgement: Lower forms of Rhetorical life, Denigration, Terminal, Inexactitude.

Applied Radiology- Introduction, radiation, background of radiation, sources, radiation biology, somatic damage, genetic damage, protection from primary and secondary radiation, Principles of X-ray production, Applied principles of radio therapy and after care.

Roentgenographs Techniques- Intra oral: Extra oral roentgenography, Methods of localization digital radiology and ultra sound, Normal anatomical landmarks of teeth and jaws in radiograms, temporomandibular joint radiograms, neck radiograms.

Applied medicine- Systemic diseases and its influence on general health and oral and dental health. Medical emergencies in the dental offices - Prevention, preparation, medico legal consideration, unconsciousness, respiratory distress, altered consciousness, seizures, drug related emergencies, chest pain, cardiac arrest, premedication, and management of ambulatory patients, resuscitation, applied.

psychiatry, child, adult and senior citizens. Assessment of case, premedication, inhibition, monitoring, extubation, complication assist in O.T. for anesthesia.

Applied surgery & Anesthesia- General principles of surgery, wound healing, incision wound care, hospital care, control of hemorrhage, electrolyte balance. Common bandages, sutures, splints, shifting of critically ill patients, prophylactic therapy, bone surgeries, grafts, etc, surgical techniques, nursing assistance, anesthetic assistance.

Principles in speech therapy, surgical and radiological craniofacial oncology, applied surgical ENT and ophthalmology.

Plastic surgery - Applied understanding and assistance in programmes of plastic surgery for prosthodontics therapy.

Applied Dental Material

© All materials used for treatment of craniofacial disorders - Clinical, treatment, and laboratory materials, Associated materials, Technical consideration, shelf life, storage, manipulations, sterilization, and waste management.

© Students shall be trained and practiced for all clinical procedures with an advanced knowledge of theory of principles, concepts and techniques of various honorably accepted methods and materials for Prosthodontics, treatment modalities including honorably accepted methods of diagnosis, treatment plan, records maintenance, and treatment and laboratory procedures and after care and preventive.

© Understanding all applied aspects for achieving physical, psychological well being of the patients for control of diseases and / or treatment related syndromes with the patient satisfaction and restoring function of Cranio mandibular system for a quality life of a patient

© The theoretical knowledge and clinical practice shall include principles involved for support, retention, stability, esthetics, phonation, mastication, occlusion, behavioral, psychological, preventive and social aspects of science of Prosthodontics including Crown & Bridge and Implantology

© Theoretical knowledge and clinical practice shall include knowledge for laboratory practice and material science. Students shall acquire knowledge and practice of history taking, systemic and oro and Craniofacial region and diagnosis and treatment plan and prognosis record maintaining. A comprehensive rehabilitation concept with pre prosthetic treatment plan including surgical Reevaluation and prosthodontic treatment plan, impressions, jaw relations, utility of face bow and articulators, selection and positioning of teeth for retention, stability, esthetics, phonation and psychological comfort. Fit and insertion and instruction for patients after care and preventive Prosthodontics, management of failed restorations.

© TMJ syndromes, occlusion rehabilitation and craniofacial esthetics. State of the art clinical methods and materials for implants supported extra oral and intra oral prosthesis.

© Student shall acquire knowledge of testing biological, mechanical and other physical property of all materials used for the clinical and laboratory procedures in prosthodontic therapy.

© Students shall acquire full knowledge and practice Equipments, instruments, materials, and laboratory procedures at a higher competence with accepted methods.

© All clinical practice shall involve personal and social obligation of cross infection control, sterilization and waste management.

I. REMOVABLE PROSTHODONTICS AND IMPLANTS

a. Prosthodontic treatment for completely edentulous patients - Complete denture, immediate complete denture, single complete denture, tooth supported complete denture, Implant supported Prosthesis for completely edentulous.

b. Prosthodontic treatment for partially edentulous patients: - Clasp- retained partial dentures, intra coronal and extra coronal precision attachments retained partial dentures, maxillofacial prosthesis.

Prosthodontic treatment for edentulous patients: -Complete Dentures and Implant supported Prosthesis for Edentulous in both the arches

Complete Denture Prosthesis - Definitions, terminology, G.P.T., Boucher's clinical dental terminology

Scope of Prosthodontics - the Cranio Mandibular system and its functions, the reasons for loss of teeth and methods of restorations,

Infection control, cross infection barrier - clinical and laboratory and hospital and lab waste management

a) Edentulous Predicament, Biomechanics of the edentulous state, Support mechanism for the natural dentition and complete dentures, Biological considerations, Functional and Para functional considerations, Esthetic, behavioral and adaptive responses, Temporomandibular joints changes.

b) Effects of aging of edentulous patients - aging population, distribution and edentulism in old age, impact of age on edentulous mouth - Mucosa, Bone, saliva, jaw movements in old age, taste and smell, nutrition, aging, skin and teeth, concern for personal appearance in old age

c) Sequelae caused by wearing complete denture - the denture in the oral environment - Mucosal reactions, altered taste perception, burning mouth syndrome, gagging, residual ridge reduction, denture stomatitis, flabby ridge, denture irritation hyperplasia, traumatic Ulcers, Oral cancer in denture wearers, nutritional deficiencies, masticatory ability and performance, nutritional status and masticatory functions.

d) Temporomandibular disorders in edentulous patients - Epidemiology, etiology and management, Pharmacotherapy, Physical modalities, and Bio-behavioral modalities

e) Nutrition Care for the denture wearing patient - Impact of dental status of food intake, Gastrointestinal functions, nutritional needs and status of older adults, Calcium and bone health, vitamin and herbal supplementation, dietary counseling and risk factor for malnutrition in patients with dentures and when teeth are extracted.

f) Preparing patient for complete denture patients - Diagnosis and treatment planning for edentulous and partially edentulous patients - familiarity with patients, principles of perception, health questionnaires and identification data, problem identification, prognosis and treatment identification data, problem identification, prognosis and treatment planning - contributing history - patient's history, social information, medical status - systemic status with special reference to debilitating diseases, diseases of the joint, cardiovascular, disease of the skin, neurological disorders, oral malignancies, climacteric, use of drugs, mental health - mental attitude, psychological changes, adaptability, geriatric changes - physiologic, pathological, pathological and intra oral changes. Intra oral health - mucosa membrane, alveolar ridges, palate and vestibular sulcus and dental health.

Data collection and recording, visual observation, radiography, palpation, measurement

- sulci or fossae, extra oral measurement is the vertical dimension of occlusion, diagnostic casts.

Specific observations - existing dentures, soft tissue health, hard tissue health - teeth, bone.

Biomechanical considerations - jaw relations, border tissues, saliva, muscular development - muscle tones, neuromuscular co-ordination, tongue, cheek and lips.

Interpreting diagnostic findings and treatment planning

g) Pre prosthetic surgery - Improving the patients denture bearing areas and " relations: - non surgical methods - rest for the denture supporting tissues, 0m! correction of the old prosthesis, good nutrition, conditioning of the patients musculature, surgical methods - Correction of conditions, that preclude optimal prosthetic function - hyperplastic ridge - epulis fissuratum and papillomatosis, frenular attachments and pendulous maxillary tuberosities, ridge augmentation, maxillary and Mandibular oral implants, corrections of congenital deformities, discrepancies in jaw size, relief of pressure on the mental foramen, enlargement of denture bearing areas, vestibuloplasty, ridge augmentation, replacement of tooth roots with Osseo integrated denture implants.

h) Immediate Denture - Advantages, disadvantages, contra indication, diagnosis treatment plan and prognosis, Explanation to the patient, Oral examinations, examination of existing prosthesis, tooth modification, prognosis, referrals / adjunctive care, oral prophylaxis and other treatment needs.

First extraction / surgical visit, preliminary impressions and diagnostic casts, management of loose teeth, custom trays, final impressions and final casts two tray or sectional custom impression tray, location of posterior limit and jaw relation records, setting the denture teeth / verifying jaw relations and the patient try in, laboratory phase, setting of anterior teeth, Wax contouring, flasking and boil out, processing and finishing, surgical templates, surgery and immediate denture insertion, post operative care and patient instructions, subsequent service for the patient on the immediate denture, over denture tooth attachments, implants or implant attachments.

i) Over dentures (tooth supported complete dentures) - indications and treatment planning, advantages and disadvantages, selection of abutment teeth, lose of abutment teeth, tooth supported complete dentures. Non-coping abutments, abutment with copings, abutments with attachments, submerged vital roots, preparations of the retained teeth.

j) Single Dentures: Single Mandibular denture to oppose natural maxillary teeth, single complete maxillary denture to oppose natural Mandibular teeth to oppose a partially edentulous Mandibular arch with fixed prosthesis, partially edentulous Mandibular arch with removable partial dentures. Opposing existing complete dentures, preservation of the residual alveolar ridge,

necessity for retaining maxillary teeth and mental trauma.

k) Art of communication in the management of the edentulous predicament - Communication - scope, a model of communication, why communication . important, what are the elements of effective communications, special significance of doctor / patient communication, doctor behavior, The iatrosedative (doctor & act of making calm) recognizing and acknowledging the problem, exploring and identifying the problem, interpreting and explaining the problem, offering a solution to the problem for mobilize their resources to operate most efficient way, recognizing and acknowledging the problem, interpreting and explaining the problem, offering a solution to the problem.

l) Materials prescribed in the management of edentulous patients - Denture base materials, General requirements of biomaterials for edentulous patients, requirement of an ideal denture base, chemical composition of denture base resins, materials used in the fabrication of prosthetic denture teeth, requirement of prosthetic denture teeth, denture lining materials and tissue conditioners, cast metal alloys as denture, bases - base metal alloys.

m) Articulators - Classification, selection, limitations, precision, accuracy and sensitivity, and Functional activities of the lower member of the articulator and uses,

n) Fabrications of complete dentures - complete denture impressions - muscles of facial expressions and anatomical landmarks, support, retention, stability, aims and objectives - preservation, support, stability, aesthetics, and retention. Impression materials and techniques - need of 2 impressions the preliminary impression and final impression.

Developing an analogue / substitute for the maxillary denture bearing area -anatomy of supporting structures - mucous membrane, hard palate, residual ridge, shape of the supporting structure and factors that influence the form and size of the supporting bones, incisive foramen, maxillary tuberosity, sharp spiny process, torus palatinus, Anatomy of peripheral or limiting structures, labial vestibule, Buccal vestibule, vibrating line, preliminary and final impressions, impression making, custom tray and refining the custom tray, preparing the tray to secure the final impression, making the final impression, boxing impression and making the casts

Developing an analogue / substitute for the Mandibular denture bearing area-Mandible - anatomy of supporting structure, crest of the residual ridge, the Buccal shelf, shape of supporting structure, mylohyoid ridge, mental foramen, genial tubercles, torus mandibularis, Anatomy of peripheral or limiting structure - labial vestibule, Buccal vestibule, lingual border, mylohyoid muscle, retromylohyoid fossa, sublingual gland region, alveolingual sulcus, Mandibular impressions - preliminary impressions, custom tray, refining, preparing the tray\, final impressions.

m) Mandibular movements, Maxillo mandibular relation and concepts of occlusion - Gnathology, identification of shape and location of arch form - Mandibular and maxillary, occlusion rim, level of occlusal plane and recording of trail denture base, tests to determine vertical dimension of occlusion, interocclusal, centric relation records, Biological and clinical considerations in making jaw relation records and transferring

records from the patients to the articulator, Recording of Mandibular movements - influence of opposing tooth contacts, Temporomandibular joint, muscular involvements, neuromuscular regulation of Mandibular motion, the envelope of motion, rest position, Maxillo - Mandibular relations - the centric, eccentric, physiologic rest position, vertical dimension, occlusion, recording methods - mechanical, physiological, Determining the horizontal jaw relation - Functional graphics, tactile or interocclusal check record method, Orientation / sagittal relation records, Arbitrary / Hinge axis and face bow record, significance and requirement, principles and biological considerations and securing on articulators.

n) Selecting and arranging artificial teeth and occlusion for the edentulous patient - anterior tooth selection, posterior tooth selection, and principles in arrangement of teeth, and factors governing position of teeth - horizontal, vertical. The inclinations and arrangement of teeth for aesthetics, phonetics and mechanics -to concept of occlusion.

o) The Try in - verifying vertical dimension, centric relation, establishment of posterior palatal seal, creating a facial and functional harmony with anterior teeth, harmony of spaces of individual teeth position, harmony with sex, personality and age of the patient, co-relating aesthetics and incisal guidance.

p) Speech considerations with complete dentures - speech production - structural and functional demands, neuropsychological background, speech production and the roll of teeth and other oral structures - bilabial sounds, labiodentals sounds, linguodental sounds, linguoalveolar sound, articulatoric characteristics, acoustic characteristics, auditory characteristics, linguopalatal and linguoalveolar sounds, speech analysis and prosthetic considerations.

q) Waxing contouring and processing the dentures their fit and insertion and after care - laboratory procedure - wax contouring, flasking and processing, laboratory remount procedures and selective, finishing and polishing. Critiquing the finished prosthesis - doctors evaluation, patients evaluation, friends evaluation, elimination of basal surface errors, errors in occlusion, interocclusal records for remounting procedures - verifying centric relation, eliminating occlusal errors, special instructions to the patient - appearance with new denture, mastication with new dentures, speaking with new dentures, speaking with new dentures, oral hygiene with dentures, preserving of residual ridges and educational material for patients, maintaining the comfort and health of the oral cavity in the rehabilitated edentulous patients. Twenty-four hours oral examination and treatment and preventive Prosthodontic - periodontic recall for oral examination 3 to 4 months intervals and yearly intervals.

m) Implant supported Prosthesis for partially edentulous patients - Science of Osseo integration, clinical protocol for treatment with implant supported over dentures, managing problems and complications, implant Prosthodontics for edentulous patients: current and future directions.

n) Implant supported prosthesis for partially edentulous patients - Clinical and laboratory protocol: Implant supported prosthesis, managing problems and implications.

- © Introduction and Historical Review
- © Biological, clinical and surgical aspects of oral implants
- © Diagnosis and treatment planning
- © Radiological interpretation for selection of fixtures
- © Splints for guidance for surgical placement of fixtures
- © Intra oral plastic surgery © Guided bone and Tissue generation consideration for implants fixture. © © Implants supported prosthesis for complete edentulism and partial edentulism
- © Occlusion for implants support prosthesis.
- © Peri-implant tissue and Management
- © Peri-implant and management
- © Maintenance and after care
- © Management of failed restoration.
- © Work authorization for implant supported prosthesis - definitive instructions, legal aspects, delineation of responsibility.

Prosthodontic treatment for partially edentulous patients - Removable partial Prosthodontics -

a. Scope, definition and terminology, Classification of partially edentulous arches - requirements of an acceptable methods of classification, Kennedy's classification, Applegate's rules for applying the Kennedy classification.

b. Components of RPD - major connector - mandibular and maxillary, minor connectors, design, functions, form and location of major and minor connectors, tissue stops, finishing lines, reaction of tissue to metallic coverage

Rest and rest seats - from of the Occlusal rest and rest seat, interproximal Occlusal rest seats, internal Occlusal rests, possible movements of partial dentures, support for rests, lingual rests on canines and incisor teeth, incisal rest and rest seat.

Direct retainer- Internal attachment, extracoronary direct retainer, relative uniformity of retention, flexibility of clasp arms, stabilizing - reciprocal clasp are, criteria for selecting a given clasp design, the basic principles of clasp design, circumferential clasp, bar clasp, combination clasp and other type of retainers.

Indirect Retainer - denture rotation about an axis, factors influencing effectiveness of indirect retainers, forms of indirect retainers, auxiliary Occlusal rest, canine extensions from Occlusal

an opposing cast or template, types of anterior teeth, waxing and investing tinW partial denture before processing acrylic resin bases, processing the denture, remounting and occlusal correction to

an occlusal template, polishing the denture.

m. Initial placement, adjustment and servicing of the removable partial denture - adjustments to bearing surfaces of denture framework, adjustment of occlusion in harmony with natural and artificial dentition, instructions to the patient, follow - up services

n. Relining and Rebasings the removable partial denture - Relining tooth supported dentures bases, relining distal extension denture bases, methods of reestablishing occlusion on a relined partial denture.

o. Repairs and additions to removable partial dentures - Broken clasp arms, fractured occlusal rests, distortion or breakage of other components - major and minor connectors, loss of a tooth or teeth not involved in the support or retention of the restoration, loss of an abutment tooth necessitating its replacement and making a new direct retainer, Other types of repairs, Repair by soldering.

p. Removable partial denture considerations in maxillofacial prosthetics - Maxillofacial prosthetics, intra oral prosthesis, design considerations, maxillary prosthesis. Obturators, speech aids, palatal lifts, palatal augmentations, mandibular prosthesis, treatment planning, framework design, class I resection, Class II resection, mandibular flange prosthesis, jaw relation record

q. Management of failed restorations, work authorization.

I. MAXILLOFACIAL REHABILITATION:

Scope, terminology, definitions, cross infection control and hospital waste management, work authorization.

Behavioral and psychological issues in Head and neck cancer, Psychodynamic interactions - clinician and patient - Cancer Chemotherapy: Oral Manifestations, Complications, and management, Radiation therapy of head and neck tumors: Oral effects, Dental manifestations and dental treatment: Etiology, treatment and rehabilitation (restoration)- Acquired defect of the mandible, acquired defects of hard palate, soft palate, clinical management of edentulous and partially edentulous maxillectomy patients, Facial defects, Restoration of speech, Velopharyngeal function, cleft lip and palate, cranial implants, maxillofacial trauma, Lip and cheek support prosthesis, Laryngectomy aids, Obstructive sleep apnoea, Tongue prosthesis, Esophageal prosthesis, Vaginal radiation carrier, Burn stents, Nasal stents, Auditory inserts, trismus appliances, mouth controlled devices for assisting the handicapped, custom prosthesis for lagophthalmos of the eye. Osseo integrated supported facial and maxillofacial prosthesis. Resin bonding for maxillofacial prosthesis, Implant rehabilitation of the mandible compromise by radiotherapy, Craniofacial Osseo integration, Prosthodontic treatment, Material and laboratory procedures for maxillofacial prosthesis.

II. OCCLUSION

Evaluation, Diagnosis and Treatment of Occlusal Problems

Scope, definition, terminology, optimum oral health, anatomic harmony, functional harmony, occlusal stability, causes of deterioration of dental and oral health, Anatomical, physiological, neuro - muscular, psychological, considerations of teeth, muscles of mastication, temporomandibular joint, intra oral and extra oral and facial musculatures, the functions of Cranio mandibular system.

Occlusal therapy, the stomatognathic system, centric relation, vertical dimension, the neutral zone, the occlusal plane, differential diagnosis of temporomandibular disorders, understanding and diagnosing intra articular problems, relating treatment to diagnosis of internal derangements of TMJ, Occlusal splints, Selecting instruments for occlusal diagnosis and treatment, mounting casts, Pankey-mann-schuyler philosophy of complete occlusal rehabilitation, long centric, anterior guidance, restoring lower anterior teeth, restoring upper anterior teeth, determining the type of posterior occlusal contours, methods for determining the plane of occlusion, restoring lower posterior teeth, restoring upper posterior teeth, functionally generated path techniques for recording border movements intra orally, occlusal equilibration, Bruxism, Procedural steps in restoring occlusions, requirements for occlusal stability, solving occlusal problems through programmed treatment planning, splinting, solving - occlusal wear problems, deep overbite problems, anterior overjet problems, anterior open bite problems. Treating - end to end occlusion, splayed anterior teeth, cross bite patient, Crowded, irregular, or interlocking anterior bite, using Cephalometric for occlusal analysis, solving severe arch malrelationship problems, transcranial radiography, postoperative care of occlusal therapy.

III. FIXED PROSTHODONTICS

Scope, definitions and terminology, classification and principles, design, mechanical and biological considerations of components - Retainers, connectors, pontics, work authorization.

© **Diagnosis and treatment planning** - patients history and interview, patients desires and expectations and needs, systemic and emotional health, clinical examinations - head and neck, oral - teeth, occlusal and periodontal, Preparation of diagnostic cast, radiographic interpretation, Aesthetics, endodontics considerations, abutment selection - bone support, root proximities and inclinations, selections of abutments, for cantilever, pier abutments, splinting, available tooth structures and crown morphology, TMJ and muscles mastication and comprehensive planning and prognosis.

© **Management of carious teeth** - caries in aged, caries control, removing infected carious materials, protection of pulp, reconstruction measure for compromising teeth - retentive pins, horizontal slots, retention grooves, prevention of caries, diet, prevention of root caries and vaccine for caries.

© **Periodontal considerations** - attachment units, ligaments, gingivitis, periodontitis Microbiological aspect of periodontal diseases, marginal lesion, occlusal trauma, periodontal pockets attached gingiva, interdental papilla, gingival embrasures, radiographic interpretations of Periodontia, intraoral plastics, periodontal splinting -Fixed prosthodontics with periodontially compromised dentitions, placement of margin restorations.

© **Biomechanical principle of tooth preparations** - individual tooth preparations - Complete metal Crowns - P.F.C., All porcelain - Cerestore crowns, dicor crowns, incerem etc. porcelain jacket crowns partial 3/4, half and half, rickler, telescopic, telescopic, pin - hole, pin - ledge, laminates, inlays, onlays and preparations for restoration of teeth - amalgam, glass ionomer and composite resins, Resin Bond retainer, Gingival marginal preparations - Design, material selection, and biological and mechanical considerations - intracoronal retainer and precision attachments - custom made and ready made

© **Isolation and fluid control** - Rubber dam applications, tissue dilation - soft tissue management for cast restoration, impression materials and techniques, provisional restoration, interocclusal records, laboratory support for fixed Prosthodontics' Occlusion, Occlusal equilibration, articulators, recording and transferring of occlusal relations, cementing of restoration.

© **Resins, Gold and gold alloys, glass ionomer, restorations.**

© **Restorations of endodontically treated teeth, Stomatognathic Dysfunction and managements**

© **Management of failed restorations**

© **Osseo integrated supported fixed Prosthodontics** - Osseo integrated supported and tooth supported fixed Prosthodontics

IV. TMJ - Temporomandibular joint dysfunction - Scope, definitions, and terminology

Temporomandibular joint and its function, Orofacial pain, and pain from the temporomandibular joint region, temporomandibular joint dysfunction, temporomandibular joint sounds, temporomandibular joint disorders

Anatomy related, trauma, disc displacement, Osteoarthritis/Osteoarthritis, Hyper mobility and dislocation, infectious arthritis, inflammatory diseases, Eagle's syndrome (Styloid -stylohyoid syndrome), Synovial chondromatosis, Osteochondritis disease, Osteonecrosis, Nerve entrapment process, Growth changes, Tumors, Radiographic imaging

© Etiology, diagnosis and cranio mandibular pain, differential diagnosis and management, orofacial pain - pain from teeth, pulp, dentin, muscle pain, TMJ pain - psychologic, physiologic - endogenous control, acupuncture analgesia, Placebo effects on analgesia, Trigeminal neuralgia, Temporal arteritis

© Occlusal splint therapy - construction and fitting of occlusal splints, management of occlusal splints, therapeutic effects of occlusal splints, occlusal splints and general muscles performance, TMJ joint uploading and anterior repositioning appliances, use and care of occlusal splints.

© Occlusal adjustment procedures - Reversible - occlusal stabilization splints and physical therapies, jaw exercises, jaw manipulation and other physiotherapy or irreversible therapy - occlusal repositioning appliances, orthodontic treatment, Orthognathic surgery, fixed and removable prosthodontic treatment and occlusal adjustment, removable prosthodontic treatment and occlusal adjustment, Indication for occlusal adjustment, special nature of orofacial pain, Indication for occlusal adjustment, special nature of orofacial pain, Psychopathological considerations, occlusal adjustment philosophies, mandibular position, excursive guidance,, occlusal contact scheme, goals of occlusal adjustment, significance of a slide in centric, Preclinical procedures, clinical procedures for occlusal adjustment.

V. AESTHETIC

Scope, definitions -

Morpho psychology and esthetics, structural esthetic rules - facial components, dental components, gingival components physical components. Esthetics and its relationship to function - Crown morphology, physiology of occlusion, mastication, occlusal loading and clinical aspect in bio esthetic aspects, Physical and physiologic characteristic and muscular activities of facial muscle, perioral anatomy and muscle retaining exercises Smile - classification and smile components, smile design, esthetic restoration of smile, Esthetic management of the dentogingival unit, intraoral plastic for management of gingival contours, and ridge contours, Periodontal esthetics, Restorations - Tooth colored restorative materials, the clinical and laboratory aspects, marginal fit anatomy, inclinations, form, size, shape, color, embrasures, contact point.

Teaching and learning activities:

All the candidates registered for MDS course shall pursue the course for a period of three years as full - time students. During this period each student shall take part actively in learning and teaching activities designed by the Institution/ University. The following are the teaching and learning activities in each speciality.

1. **Lectures:** There shall be didactic lectures both in the speciality and in the allied fields. The postgraduate departments should encourage the guest lectures in the required areas to strengthen the training programmes. It is also desirable to have certain integrated lectures by multidisciplinary teams on selected topics

2. **Journal club:** The journal review meetings shall be held at least once a week. All trainees are expected to participate actively and enter relevant details in logbook. The trainee should make

presentations from the allotted journal of selected articles at least 5 times in a year.

3. **Seminars:** The seminars shall be held at least twice a week in the department, all trainees associated with postgraduate teachers are expected to participate actively and enter relevant details in logbook. Each trainee shall make at least 5-seminar presentation in each year.

4. **Symposium:** It is recommended to hold symposium on topics covering multiple disciplines one in each academic year.

5. **Workshops:** It is recommended to hold workshops on topics covering multiple disciplines one in each academic year.

6. **Clinical Postings:** Each trainee shall work in the clinics on regular basis to acquire adequate professional skills and competency in managing various cases to be treated by a specialist

7. **Clinico Pathological Conference:** The Clinico pathological conferences should be held once in a month involving the faculties of oral biology, oral medicine and radiology, oral pathology, oral surgery, period ontology, endodontia and concerned clinical department. The trainees should be encouraged to present the clinical details, ft radiological and histo-pathological interpretations and participation in the discussions, j

8. **Interdepartmental Meetings:** To bring in more integration among various specialities there shall be interdepartmental meeting chaired by the dean with all heads of postgraduate departments at least once a month.

9. **Rural oriented prosthodontic health care** - To carry out a prosthodontic therapy interacting with rural centers and the institution.

10. **Teaching skills:** All the trainees shall be encouraged to take part in undergraduate teaching programmes either in the form of lectures or group discussions

11. **Evaluation skills:** All the trainees shall be encouraged to take part evaluating the skills and knowledge in clinical laboratory practice including theory by formulating question banks and model answers.

12. **Continuing dental education programmes:** Each Postgraduate department shall organize these programmes on regular basis involving the other institutions. The trainees shall also be encouraged to attend such programmes conducted elsewhere.

13. **Conferences/Workshops/Advanced courses:** The trainees shall be encouraged not only to attend conference/workshops/advance courses but also to present at least two papers at state/national speciality meeting during their training period.

14. **Rotation and posting in other departments:** To bring in more integration between the speciality and allied fields each post graduate department shall workout a programme to rotate the

trainees in related disciplines and Craniofacial and maxillofacial ward.

15. **Dissertation:** Trainees shall prepare a dissertation based on the clinical or laboratory experimental work or any other study conducted by them under the supervision of the post graduate guide.

I YEAR M.D.S.

- © Theoretical exposure of all applied sciences of study
- © Clinical and non-clinical exercises involved in Prosthodontic therapy for assessment and acquiring higher competence.
- © Commencement of Library Assignment within six months.
- © Short epidemiological study relevant to Prosthodontics.
- © Acquaintance with books, journals and referrals To acquire knowledge of list of published books, journal and website for the purpose of gaining knowledge and reference - in the fields of Prosthodontics including Crown & bridge and implantology
- © Acquire knowledge of instruments, equipment, and research tools in Prosthodontics.
- © To acquire knowledge of Dental Material Science - Biological and biomechanical, bio- esthetics knowledge of using in laboratory and clinics including testing methods
- . © Participation and presentation in seminars, didactics lecture
- © Evaluation - Internal Assessment examinations on Applied subjects

II YEAR M.D.S.

- © Acquired confidence in obtaining various phases and techniques for providing Prosthodontic therapy.
- © Acquiring confidence by clinical practice with sufficient numbers of patient requiring tooth and tooth surface restorations.
- © Adequate number of complete denture prosthesis and techniques with higher clinical approach by utilizing in semi-adjustable articulators, face bow and graphic tracing.
- © Understanding the use of the dental surveyor and its application in diagnosis and treatment plan in R.P.D.
- © Adequate numbers of R.P.D. covering all clinical partially edentulous situation
- © Adequate number of Crowns, Inlays, laminates F.P.D. covering all clinically, partial edentulous situation.
- © Selection of cases and principles in treatment of edentulous patients, partial or complete by implant supported prosthesis.
- © Treating single edentulous situation by implant support.
- © Diagnosis and treatment planning.
- © 1st stage and 2nd stage implant surgery
- © Understanding the maxillofacial Prosthodontics
- © Treating craniofacial defects
- © Management of orofacial esthetics
- © Prosthetic management of TMJ syndrome
- © Occlusal rehabilitation
- © Maintenance and management of filled restoration
- © Prosthodontic Management of patient with psychogenic origin.
- © Practice of child and geriatric prosthodontics
- © Participation and presentation in seminars, didactics lectures
- © Evaluation - Internal Assessment examinations

III YEAR M.D.S

- © Clinical and laboratory practice continued from IIInd year
- © Occlusal equilibration procedures - Fabrication of stabilizing splint for parafunctional disorders, occlusal disorders and TMJ functions.
- © Practice of dental, oral and facial esthetics
- © The clinical practice of all aspects of Prosthodontic therapy for elderly patients.
- © Implants Prosthodontics - Rehabilitation of Partial Edentulous, Complete edentulism and for craniofacial rehabilitation
- © Failures in all aspects of Prosthodontics and its management and after care
- © Team management for esthetics, TMJ syndrome and Maxillofacial and Craniofacial Prosthodontics
- © Management of Prosthodontics emergencies, resuscitation.
- © Candidate should complete the course by attending by large number and variety of patients to master the prosthodontic therapy. This includes the practice management, examinations, treatment planning, communication with patients, clinical and laboratory techniques materials and instrumentation requiring different aspects of prosthodontic therapy, Tooth and Tooth surface restoration, Restoration of root treated teeth, splints for periodontal rehabilitations and fractured jaws, complete dentures, R.P.D. FPD. Immediate dentures over dentures implant supported prosthesis, maxillofacial and body prosthesis, occlusal rehabilitation.
- © Prosthetic management of TMJ syndrome
- © Management of failed restorations
- © Complete and submit Library Assignment 6 months prior to examination.
- © Candidates should acquire complete theoretical and clinical knowledge through seminars, symposium, workshops and reading.
- © Participation and presentation in seminars, didactic lectures.
- © Evaluation - Internal Assessment examinations three months before University examinations.

PROSTHODONTIC TREATMENT MODALITIES

1. Diagnosis and treatment plan in prosthodontics
2. Tooth and tooth surface restorations
 - Fillings
 - Veneers - composites and ceramics
 - Inlays- composite, ceramic and alloys

- Onlay - composite, ceramic and alloys

Management of failed restoration

- Partial crowns - $\frac{3}{4}$ m, $\frac{4}{5}$ h, $\frac{7}{8}$ h, Vz crowns
- Pin-ledge
- Radicular crowns
- Full crowns

Management of failed restorations

	PARTIAL	COMPLETE
© Tooth supported	Fixed partial denture	Overdenture
©Tissue Supported	Interim partial denture	Complete denture
	Intermediate partial denture	Immediate denture
©Tooth and tissue supported	Cast partial denture	Immediate complete Denture Overdenture
	Precision attachment	
©Implant supported	Cement retained	Bar attachment Screw retained Ball attachment Clip attachment
©Tooth and implant supported	Screw retained	
	Cement retained	
©Root supported	Dowel and core	Overdenture

Pin retained

Management of failed restorations

> Distal extension prosthesis

- © Tooth borne prosthesis
- © Combination distal extension and tooth borne prosthesis
- © Retainers for partial dentures - intra coronal, extra coronal or Para coronal intraproximal with cantilevered pontics

> Attached to cantilevered pontics

- © Pontics between bridge retainers
- © Attached to root coping
- © Spring loaded bolts or plungers
- © Ring springs
- © Bolts
- © Rubber device
- © Slide cap attachments
- © Cones crown
- © Hybrid telescope
- © Ring telescope
- © Prefabricated cap-post system

> Precision attachments

- © Intra coronal attachments
- © Extra coronal attachments
- © Bar - slide attachments
- © Joints and hinge joint attachments

Management of failed restorations

4. Tooth and tissue defects (Maxillo- facial and Cranio-facial prosthesis)

A. Congenital Defects

a. Cleft lip and palate

Obturator

- > Feeding
- > Surgical
- © Immediate
- © Delayed
- > Interim
- > Definitive
- > implant supported prosthesis

b. Pierre Robin Syndrome

c. Ectodermal dysplasia

d. Hemifacial microsomia

e. Anodontia

f. Oligodontia

g. Malformed teeth

- > cast partial denture implant supported dentures complete dentures

B. Acquired defects

- a. Head and neck cancer patients - prosthodontic splints and stents
- b. Restoration of facial defects
 - Auricular prosthesis
 - Nasal prosthesis
 - Orbital prosthesis
 - Craniofacial implants
- c. Midfacial defects
- d. Restoration of maxillofacial trauma
- e. Hemimandibulectomy
- f. Maxillectomy
- g. Lip and cheek support prosthesis
- h. Ocular prosthesis
- i. Speech and Velopharyngeal prosthesis
- j. Laryngectomy aids
- k. Esophageal prosthesis
- l. Nasal stents
- m. Tongue prosthesis
- n. Burn stents
- o. Auditory inserts
- p. Trismus appliances
- q. Prosthesis for lagophthalmos of the eye

Management of failed restorations.

5. T.M.J and Occlusal disturbances

- a. Occlusal equilibration

b.Splints

-Diagnostic

-Repositioners / Deprogrammers

- c. Anterior bite plate
- d. Posterior bite plate
- e. Bite raising appliances
- f. Occlusal rehabilitation
- g. Behavioral and psychological care for the cancer patient Management of failed restorations
- 6. Esthetic/Smile designing
 - a. Laminates / Veneers
 - b. Tooth contouring (peg laterals, malformed teeth)
 - c. Tooth replacements
 - d. Team management

Management of failed restorations

7. Psychological therapy

- a. Questionnaires
- b. Charts, papers, photographs
- c. Models
- d. Case reports
- e. Patient counseling
- f. Behavioral modifications
- g. Referrals

-

8. Geriatric Prosthodontics

- a. Prosthodontics for the elderly
- b. Behavioral and psychological counseling
- c. Removable Prosthodontics
- d. Fixed Prosthodontics
- e. Implant supported Prosthodontics
- f. Maxillofacial Prosthodontics
- g. Psychological and physiological considerations

Management of failed restorations

9. Preventive measures
 - a. Diet and nutrition modulation and counseling
 - a. Referrals

THE BENCH WORK SHOULD BE COMPLETED BEFORE THE CLINICAL WORK STARTS DURING THE FIRST YEAR OF THE M.D.S COURSE

I. Complete dentures

1. Arrangements in adjustable articulator for

- © Class I
- © Class II
- © Class III
- © Cross bite

2. Various face bow transfer to adjustable articulators

3. Processing of characterized anatomical denture

II. Removable partial denture

1. Design for Kennedy's Classification (Survey, block out and design)

- a. Class I
- b. Class II
- c. Class III
- d. Class IV

2. Designing of various components of RPD

3. Wax pattern on refractory cast

- a. Class I
- b. Class II
- c. Class III
- d. Class IV

4- Casting and finishing of metal frameworks

5- Acrylisation on metal frameworks for

Class I

Class III with modification

III. Fixed Partial Denture

- © Preparation of ivory teeth/natural teeth
 - © Fvc for metal
 - © FVC for ceramic
 - © *Porcelain jacket crown*
 - © Acrylic jacket crown
 - © PFM crown
 - © 3/4th (canine, premolar and central)
 - © 7/8th posterior
 - © Proximal half crown
 - © Inlay - Class I, II, V
 - © Onlay-Pin ledged, pinhole
 - © Laminates
2. Preparation of different die system
3. Fabrication of wax pattern by drop wax build up technique
- © Wax in increments to produce wax coping over dies of tooth preparations on substructures.
 - © 3-unit wax pattern (maxillary and Mandibular)
 - © Full mouth
 - © Wax additive technique
4. Pontic design in wax pattern
- © Ridge lap Sanitary
 - © Modified ridge lap
 - © Modified sanitary
 - © Spheroidal or conical
5. Fabrication of metal framework
- © Full metal bridge for posterior (3 units)
 - © Coping for anterior (3 unit)
 - © Full metal with acrylic facing
 - © Full metal with ceramic facing

- © Adhesive bridge for anterior
- © Coping for metal margin ceramic crown
- © Pin ledge crown

6. Fabrication of crowns

- © Post and core
- © All ceramic crowns with characterized
- © Metal ceramic crowns with characterized
- © Full metal crown
- © Precious metal crown

7. Laminates

- © Composites with characterized
- © Ceramic with characterized
- © Acrylic

8. Preparation for composites

- © Laminates
- © Crown
- © Inlay
- © Onlay
- © Class 1
- © Class II
- © Class III
- © Class IV
- © Fractured anterior tooth

IV. Maxillofacial prosthesis

1. Eye
2. Ear
3. Nose
4. Face
5. Body
6. Cranial

7. Hemimaxillectomy
8. Hemimandibulectomy
9. Finger prosthesis
10. Guiding flange
11. Obturator

V. Implant supported prosthesis

1. Step by step procedures - laboratory phase

VI. Other exercises

1. TMJ splints - stabilization appliances, maxillary and Mandibular repositioning appliances
2. Anterior disclusion appliances
3. Chrome cobalt and acrylic resin stabilization appliances
4. Modification in accommodation in irregularities in dentures
5. Occlusal splint
6. Periodontal splint
7. Precision attachments - custom made
8. Over denture coping
9. Full mouth rehabilitation (by drop wax technique, ceramic build up)
10. TMJ appliances - stabilization appliances Essential Skills

* Key

0 -Washes up and observes. A-Assists a senior

PA- performs procedure under the direct supervision of a senior specialist PI- Performs independently

PROCEDURE	CATEGORY			
	<i>0</i>	<i>A</i>	<i>PA</i>	<i>PI</i>
<i>"Tooth and tooth surface restorationa)</i>	2	2	2	10
<i>Composites - fillings, laminates, inlay, onlayb) Ceramics - laminates, inlays, onlaysc) Glass ionomer</i>	2	2	2	10
	1	1	1	10
CROWNS				
<i>FVC for metal</i>	1	2	2	10
<i>FVC for ceramic</i>	1	2	2	10
<i>Precious metal crown</i>	1	-	1	5

<i>Galvanoformed crown</i>	-	-	1	1
<i>3/4th crowns (premolars, canines and centrals)</i>	1	-	-	5
<i>7/8th posterior crown</i>	1	-	-	5
<i>Proximal half crown</i>	1	-	-	5
<i>Pinledge and pinhole crowns</i>	1	-	-	5
<i>Telescopic crowns</i>	1	-	-	5

<i>Intraradicular crowns (central, lateral, canine, premolar, and molar)</i>	1	-	-	5
<i>Crown as implant supported prosthesis</i>	1		1	5

FIXED PARTIAL DENTURES

Cast porcelain(3 unit)	1	-	-	5
Cast metal-precious and non precious (3 unit posterior)	1	-	-	5
Porcelain fused metal (anterior and posterior)	1	1	1	10
Multiple abutment- maxillary and mandibular full arch	1	1	1	5
Incorporation of custom made and readymade precision joint or Attachment	1	1	1	4
Adhesive bridge for anterior/ posterior	1	-	1	10
Metal fused to resin anterior FPD	-	-	1	5

<i>Interim provisional restorations (crowns and FPDs)</i>	1	1	1	10
<i>Immediate fixed partial dentures (interim)</i>	1	-	-	5
<i>Fixed prosthesis as a retention and rehabilitation</i>	1	1	-	5
<i>for acquired and congenital defects – maxillofacial</i>	-	-	-	-

<i>Prosthetics</i>	-	-	-	-
<i>Implant supported prosthesis</i>	1	-	1	1
<i>Implant - tooth supported prosthesis</i>	1	-	1	1
<i>REMOVABLE PARTIAL DENTURE</i>	-	-	-	-
<i>Provisional partial denture prosthesis</i>	1	1	1	10
<i>Cast removable partial denture (for Kennedy's Applegate classification with modification)</i>	1	1	1	6
<i>Removable bridge with precision attachments and telescopic crowns for anterior and posterior</i>	1	1	2	4
<i>Immediate RPD</i>	1	1	1	5
<i>Partial denture for medically compromised and handicapped patients</i>	1	1	1	5
<i>COMPLETE DENTURES</i>	-	-	-	-
<i>Neurocentric occlusion & characterized prosthesis</i>	-	-	1	5
<i>Anatomic characterized prosthesis (by using semi adjustable articulator)</i>	-	-	1	25
<i>Single dentures</i>	-	-	1	5
<i>Overlay dentures</i>	-	-	1	5
<i>Interim complete dentures as a treatment prosthesis for abused denture supporting tissues</i>	-	-	1	5
<i>Complete denture prosthesis (for abnormal ridge relation, ridge form and ridge size)</i>	-	-	1	5
<i>Complete dentures for patients with TMJ syndromes</i>	-	-	1	5
<i>Complete dentures for medically compromised and handicapped patients</i>	-	-	1	5
<i>GERIATRIC PATIENTS</i>	-	-	-	-
<i>Tooth and tooth surface restorations, crowns, fixed prosthesis, removable prosthesis</i>	-	-	1	5
<i>IMPLANT SUPPORTED COMPLETE PROSTHESIS</i>	-	-	-	-
<i>Implant supported complete prosthesis (maxillary and Mandibular)</i>	-	-	1	1

MAXILLOFACIAL PROSTHESIS				
Guiding flange and obturators	-	-	1	4
Speech and palatal lift prosthesis	-	-	1	2
Eye prosthesis	-	-	1	2
Ear prosthesis	-	-	1	2
Nose prosthesis	-	-	1	2
Face prosthesis	-	-	-	1
Hemimaxillectomy	-	-	1	2
Hemimandibulectomy	-	-	1	2
Cranioplasty	-	-	1	1
Finger/ hand, foot	-	-	1	2
Body prosthesis	-	-	1	1
Management of burns, scars	-	-	-	1
TMJ SYNDROME MANAGEMENT				
Splints - periodontal, teeth, jaws	-	-	1	4
TMJ supportive and treatment prosthesis	-	-	1	1
Stabilization appliances for maxilla and mandible with freedom to move from IP to CRCP	-	-	-	1
In IP without the freedom to move to CRCP	-	-	-	1

Repositioning appliances, anterior disclusion	-	-	-	1
Chrome cobalt and acrylic resin stabilization appliances for modification to accommodate for the irregularities in the dentition				2
Occlusal adjustment and occlusal equilibrium	-	-	1	4
FULL MOUTH REHABILITATION				
Full mouth rehabilitation – occlusion	-	-	1	4
Full mouth rehabilitation - restoration of esthetics and function of stomatognathic system	-		1	4
INTER-DISCIPLINARY TREATMENT MODALITIES				
Inter-disciplinary management - restoration of Oro craniofacial defects for esthetics, phonation, mastication and psychological comforts			1	2
MANAGEMENT OF FAILED RESTORATION				
Tooth and tooth surface restorations	-	-	-	5
Removable prosthesis	-	-	-	10
Crowns and fixed prosthesis				5

Maxillofacial prosthesis	-	-	-	2
Implant supported prosthesis	-	-	-	1
Occlusal rehabilitation and TMJ syndrome	-	-	-	2
Restoration failure of psychogenic origin	-	-	-	5
Restoration failure to age changes	-		-	2

UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1st year and Part II at the end of 3 years Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - **100 Marks**

Part-II: Paper-I, Paper-II & Paper-III - **300 Marks** (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics,. Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory:

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

A. Practical / Clinical Examination : 200 Marks

Examination shall be for three days. If there are more than 6 candidates, it may be extended for one more day. Each candidate shall be examined for a minimum of three days, six hours per day including viva voce

1. Presentation of treated patients and records during their three year training period.

- 25 Marks

2. Present actual treated patients CD. Prosthesis and Insertion - 90 Marks

1. Discussion on treatment plan and patient review -10 marks

2. Tentative jaw relation records - 5 marks

3. Face Bow - transfer - 5 marks

4. Transferring it on articulators - 5 marks

5. Extra oral tracing and securing centric and protrusive/lateral. - 25 marks

6. Transfer in on articulator. - 5 marks

7. Selection of teeth - 5 marks

8. Arrangement of teeth -15 marks

9. Waxedup denture trial -10 marks

10. Fit, insertion and instruction of previously processed

characterized, anatomic complete denture prosthesis - 5 marks All steps will include

chair side, lab and viva voce

3. Fixed Partial Denture - 50Marks

a. Case discussion and selection of patients for F.P.D. - 5 marks

b. Abutment preparation isolation and fluid control - 25 marks

c. Gingival retraction and impressions -10 marks

d. Cementation of provisional restoration -10 marks

4. Removable Partial Denture - 35Marks

B. Viva Voce 100 Marks

i. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes

presentation and discussion on dissertation also.

ii. Pedagogy Exercise: 20 marks

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

PERIODONTOLOGY

Objectives

The following objectives are laid out to achieve the goals of the course

Knowledge

- © Discuss historical perspective to advancement in the subject proper and related topics
- © Describe etiology, pathogenesis, diagnosis and management of common periodontal diseases with emphasis on Indian population
- © Familiarize with the biochemical, microbiologic and immunologic genetic aspects of periodontal pathology
- © Describe various preventive periodontal measures
- © Describe various treatment modalities of periodontal disease from historical aspect to currently available ones
- © Describe interrelationship between periodontal disease and various systemic conditions
- © Describe periodontal hazards due to iatrogenic causes and deleterious habits and prevention of it
- © Identify rarities in periodontal disease and environmental/ Emotional determinates
in a given case
- © Recognize conditions that may be outside the area of his Speciality/competence and refer them to an appropriate Specialist
- © Decide regarding non-surgical or surgical management of the case
- © Update him by attending course, conferences and seminars relevant to periodontics or by self-learning process.
- © Plan out/ carry out research activity both basic and clinical aspects with the aim of publishing his/her work in scientific journals
- © Reach to the public to motivate and educate regarding periodontal disease, its prevention and consequences if not treated
- © Plan out epidemiological survey to assess prevalence and incidence of early onset periodontitis

and adult periodontitis in Indian population (Region wise)

- © Shall develop knowledge, skill in the science and practice of Oral Implantology
- © Shall develop teaching skill in the field of Periodontology and Oral Implantology

SKILL

© *Take a* proper clinical history, thorough examination intra orally, extra orally, medical history evaluation, advice essential diagnostic procedures and interpret them to come to a reasonable diagnosis

© Effective motivation and education regarding periodontal disease and maintenance after the treatment

© Perform both non-surgical & education regarding periodontal disease, maintenance after the treatment

© Perform both non-surgical and surgical procedures independently

© Provide Basic Life Support Service (BLS)

Human values, ethical practice & communication abilities

© Adopt ethical principles in all aspects of treatment modalities, Professional honesty & integrity are to be fostered. Develop Communication skills to make awareness regarding periodontal disease Apply high moral and ethical standards while carrying out human or animal research, Be humble, accept the limitations in his/her knowledge and skill, and ask for help from colleagues when needed, Respect patients rights and privileges, including patients right to information and right to seek a second opinion.

Course Contents

Applied Anatomy:

1. Development of the Periodontium
2. Micro and Macro structural anatomy and biology of the periodontal tissues
3. Age changes in the periodontal tissues
4. Anatomy of the Periodontium
 - © Macroscopic and microscopic anatomy
 - © Blood supply of the Periodontium
 - © Lymphatic system of the Periodontium
 - © Nerves of the Periodontium
5. Temporomandibular joint, Maxillae and Mandible

6. Cranial nerves (5,7,9,11,12)

7. Tongue, oropharynx

8. Muscles of mastication

Physiology

1. Blood

2. Respiratory system - Acknowledge of the respiratory diseases which are a cause of periodontal diseases (periodontal Medicine)

3. Cardiovascular system

h. Blood pressure

i. Normal ECG

j. Shock

4. Endocrinology - hormonal influences on Periodontium

5. Gastrointestinal system

a. Salivary secretion - composition, function & regulation

b. Reproductive physiology

i. Hormones - Actions and regulations, role in periodontal disease

ii. Family planning methods

6. Nervous system

a. Pain pathways

b. Taste - Taste buds, primary taste sensation & pathways for sensation

Biochemistry

1. Basics of carbohydrates, lipids, proteins, vitamins, proteins, enzymes and minerals

2. Diet and nutrition and periodontium

3. Biochemical tests and their significance

4. Calcium and phosphorus

Pathology

1. Cell structure and metabolism

2. Inflammation and repair, necrosis and degeneration

3. Immunity and hypersensitivity

4. Circulatory disturbances - edema, hemorrhage, shock, thrombosis, embolism, infarction and hypertension

5. Disturbances of nutrition

6. Diabetes mellitus

7. Cellular growth and differentiation, regulation

8. Lab investigations

9. Blood

Microbiology:

1. General bacteriology

- a. Identification of bacteria
- b. Culture media and methods
- c. Sterilization and disinfection

2. Immunology and Infection

3. Systemic bacteriology with special emphasis on oral microbiology - staphylococci, genus actinomyces and other filamentous bacteria and actinobacillus actinomycetumcomitans

4. Virology

- a. General properties of viruses
- b. Candidiasis

6. Applied microbiology

7. Diagnostic microbiology and immunology, hospital infections and management

Pharmacology:

1. General pharmacology

a. Definitions - Pharmacokinetics with clinical applications, routes of administration including local drug delivery in Periodontics

b. Adverse drug reactions and drug interactions

2. Detailed pharmacology of

- a. Analgesics - opioid and nonopioid
- b. Local anesthetics
- c. Haematinics and coagulants, Anticoagulants
- d. Vit D and Calcium preparations
- e. Antidiabetics drugs
- f. Steroids
- g. Antibiotics
- h. Antihypertensive
- i. Immunosuppressive drugs and their effects on oral tissues
- j. Antiepileptic drugs

3. Brief pharmacology, dental use and adverse effects of

- a. General anesthetics

- b. Antipsychotics
 - c. Antidepressants
 - d. Anxiolytic drugs
 - e. Sedatives
 - f. Antiepileptics
 - g. Antihypertensives
 - h. Antianginal drugs
 - i. Diuretics
 - j. Hormones
 - k. Pre-anesthetic medications
4. Drugs used in Bronchial asthma cough

5. Drug therapy of
- a. Emergencies
 - b. Seizures
 - c. Anaphylaxis
 - d. Bleeding
 - e. Shock
 - f. Diabetic ketoacidosis
 - g. Acute Addisonian crisis

6. Dental Pharmacology
- a. Antiseptics
 - b. Astringents
 - c. Sialogogues
 - d. Disclosing agents
 - e. Antiplatelet agents

7. Fluoride pharmacology

Biostatistics:

- © Introduction, definition and branches of biostatistics
- © Collection of data, sampling, types, bias and errors

- © Compiling data-graphs and charts
- © Measures of central tendency (mean, median and mode), standard deviation variability
- © Tests of significance (chi square test't'test and Z-test)
- © Null hypothesis

Etiopathogenesis

1. Classification of periodontal diseases and conditions
2. Epidemiology of gingival and periodontal diseases
3. Defense mechanisms of gingiva
4. Periodontal microbiology
5. Basic concepts of inflammation and immunity
6. Microbial interactions with the host in periodontal diseases
7. Pathogenesis of plaque associated periodontal diseases
8. Dental calculus
9. Role of iatrogenic and other local factors
10. Genetic factors associated with periodontal diseases
11. Influence of systemic diseases and disorders of the periodontium
12. Role of environmental factors in the etiology of periodontal disease
13. Stress and periodontal diseases
14. Occlusion and periodontal diseases
15. Smoking and tobacco in the etiology of periodontal diseases
16. AIDS and periodontium
17. Periodontal medicine
18. Dentinal hypersensitivity

Clinical and Therapeutic Periodontology and Oral Implantology Please note:

Clinical periodontology includes gingival diseases, periodontal diseases, periodontal instrumentation, diagnosis, prognosis and treatment of periodontal diseases.

I. GINGIVAL DISEASES

1. Gingival inflammation
2. Clinical features of gingivitis
3. Gingival enlargement
4. Acute gingival infections

5. Desquamative gingivitis and oral mucous membrane diseases
6. Gingival diseases in the childhood

II. PERIODONTAL DISEASES

1. Periodontal pocket
2. Bone loss and patterns of bone destruction
3. Periodontal response to external forces
4. Masticatory system disorders
5. Chronic periodontitis
6. Aggressive periodontitis
7. Necrotising ulcerative periodontitis
8. Interdisciplinary approaches

Orthodontic

-Endodontic

9. Periodontic considerations

III. TREATMENT OF PERIODONTAL DISEASES

A. History, examination, diagnosis, prognosis and treatment planning

1. Clinical diagnosis
2. Radiographic and other aids in the diagnosis of periodontal diseases
3. Advanced diagnostic techniques
4. Risk assessment
5. Determination of prognosis
6. Treatment plan
7. Rationale for periodontal treatment
8. General principles of anti-infective therapy with special emphasis on infection control in periodontal practice
9. Halitosis and its treatment
10. Bruxism and its treatment

B. Periodontal instrumentation

1. Instrumentation

2. Principles of periodontal instrumentation
3. Instruments used in different parts of the mouth

C. Periodontal therapy

1. Preparation of tooth surface
2. Plaque control
3. Anti microbial and other drugs used in periodontal therapy and wasting diseases of teeth
4. Periodontal management of HIV infected patients
5. Occlusal evaluation and therapy in the management of periodontal diseases
6. Role of orthodontics as an adjunct to periodontal therapy
7. Special emphasis on precautions and treatment for medically compromised patients
8. Periodontal splints
9. Management of dentinal hypersensitivity

D. Periodontal surgical phase - special emphasis on drug prescription

1. General principles of periodontal surgery
2. Surgical anatomy of periodontium and related structures
3. Gingival curettage
4. Gingivectomy technique
5. Treatment of gingival enlargements
6. Periodontal flap
7. Osseous surgery (resective and regenerative)

8. Furcation; Problem and its management
9. The periodontic - endodontic continuum 10. Periodontic plastic and esthetic surgery 11. Recent advances in surgical techniques

E. Future directions and controversial questions in periodontal therapy

1. Future directions for infection control
 2. Research directions in regenerative therapy
 3. Future directions in anti-inflammatory therapy
 4. Future directions in measurement of periodontal diseases
- E. Periodontal maintenance phase

1. Supportive periodontal treatment
2. Results of periodontal treatment

IV. ORAL IMPLANTOLOGY

1. Introduction and historical review
2. Biological, clinical and surgical aspects of dental implants
3. Diagnosis and treatment planning
4. Implant surgery
5. Prosthetic aspects of dental implants
6. Diagnosis and treatment of Peri implant complications
7. Special emphasis on plaque control measures implant patients
8. Maintenance phase

V. MANAGEMENT OF MEDICAL EMERGENCIES IN PERIODONTAL PRACTICE Teaching / learning Activities

© Seminars: - A minimum of 15 seminars to be presented by each student during the P.G. course (At least 5 Seminars per year)

© Journal clubs: - a minimum of 25 Journal articles to be reviewed by each student during the P.G. course

© Interdepartmental Seminars: - Each P.G. student should present at least t seminar in an Interdepartmental meeting during the P.G course. Such meetings maybe held at least once every month

© Library Assignment: - one to be presented at the end of 18 months of the course.

Academic Activities:

I Year

Submission of synopsis for Dissertation - within 6 months from the start of the course

II Year

Scientific Paper presentation at the conferences by the end of the 2nd year

III Year

Scientific Paper/ Poster presentation at conferences

-
Submission of Dissertation - 6 months before completion of III year

Skills First year

Pre - Clinical work

Dental

1. Practice of incisions and suturing techniques on the typhodont models
2. Fabrication of bite guards and splints
3. Occlusal adjustments on the casts mounted on the articulator
4. X- Ray techniques and interpretation
5. Local anesthetic techniques

Medical

1. Basic diagnostic microbiology and immunology, collection and handling sample, culture techniques.
2. Basic understanding of immunological diseases
3. Interpretation of various biochemical investigations
4. Practical training and handling medical emergencies and basic life support devices
5. Basic Biostatistics - Surveying and data analysis Clinical work

- | | |
|------------------------------------|----------|
| 1. Applied periodontal indices | 10 CASES |
| 2. Scaling and root planning (SRP) | |
| a. Hand | 15 CASES |
| b. Ultrasonic | 15 CASES |
| 3. Curettage | 10 CASES |
| 4. Gingivectomy | 20 CASES |
| 5. Ginqivoplasty | 10 CASES |

Clinical Work

2. Case history and treatment planning
 3. Local Drug Delivery techniques
 4. Periodontal surgical procedures
 - Pocket therapy
 - Muco-gingival surgeries
 - Implants (2 implants)
- Management of perio endo problems

10 CASES

5. Occlusal adjustments

6. Perio splints

Third Year

Clinical work

1. Regenerative techniques

- Using various graft and barrier membranes

2. Record, maintenance and follow up of all treated cases including implants **Assessment**

examinations: - In addition to the regular evaluation, log book etc., assessment examination should be conducted once every six months & progress of the student monitored

Note: The number of cases mentioned are minimum number to be performed by each candidate.

Submission of Synopsis for Dissertation should be done within 6 months of the commencement of the course.

Submission of two copies of Library Assignments at the end of 1 and 2nd year Submission of pre-clinical work as scheduled. Submission of Dissertation - 6 months before completion of III year.

Maintenance of Work Diary/Log book as prescribed by RGUHS.

Monitoring Learning Progress

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV

UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1st year and Part II at the end of 3 years Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - **100 Marks**

Part-II: Paper-I, Paper-II & Paper-III - **300 Marks** (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory :

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

B. Practical / Clinical Examination : 200 Marks

The clinical examination shall be of two days duration

1st day

Case discussion

- Long case- One
- Short case - One

Periodontal surgery - Periodontal flap surgery on a previously prepared case in one quadrant of the mouth after getting approval from the examiners

2nd day

Post-surgical review and discussion of the case treated on the 1st day Presentation of dissertation & discussion

All the examiners shall participate in all the aspects of clinical examinations / Viva Voce

Distribution of Marks for Clinical examination (recommended)

a) Long Case discussion	50
b) 2 short cases	50
c) Periodontal surgery	75
d) Post — operative review	25
Total	200

C. Viva Voce: 100 Marks

i. Viva- Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy: 20 marks

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes

Topic be given to each candidate in the beginning of clinical examination. He/she is asked make a presentation on the topic for 8-10 minutes.

ORAL AND MAXILLOFACIAL SURGERY

Objective :

The training program in Oral and Maxillofacial Surgery is structured to achieve the following four objectives-

- © Knowledge
- © Skills
- © Attitude
- © Communicative skills and ability

Knowledge:

- © To have acquired adequate knowledge and understanding of the etiology, patho physiology and diagnosis, treatment planning of various common oral and Maxillofacial surgical problems both minor and major in nature.

© To have understood the general surgical principles like pre and post surgical management, particularly evaluation, post surgical care, fluid and electrolyte management, blood transfusion and post surgical pain management.

© Understanding of basic sciences relevant to practice or oral and maxillofacial surgery.

© Able to identify social, cultural, economic, genetic and environmental factors and their relevance to disease process management in the oral and Maxillofacial region.

© Essential knowledge of personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste keeping in view the high prevalence of hepatitis and HIV.

Skill

© To obtain proper clinical history, methodical examination of the patient, perform essential diagnostic procedures and order relevant laboratory tests and interpret them and to arrive at a reasonable diagnosis about the surgical condition.

© To perform with competence minor oral surgical procedures and common maxillofacial surgery. To treat both surgically and medically (or by other means of the oral and Maxillofacial and the related area).

© Capable of providing care for maxillofacial surgery patients.

Attitude:

© Develop attitude to adopt ethical principles in all aspect of surgical practice, professional honesty and integrity are to be fostered. Surgical care is to be delivered irrespective of the social status, caste, creed or religion of the patient.

© Willing to share the knowledge and clinical experience with professional colleagues.

© Willing to adopt new techniques of surgical management developed from time to time based on scientific research which are in the best interest of the patient

© Respect patient's right and privileges, including patients right to information and right to seek a second opinion.

© Develop attitude to seek opinion from an allied medical and dental specialists as and when required.

Communication skills:

© Develop adequate communication skills particularly with the patients giving them the various options available to manage a particular surgical problem and obtain a true informed consent from them for the most appropriate treatment available at that point of time

© Develop the ability to communicate with professional colleagues.

© Develop ability to teach undergraduates.

Course content:

The program outline addresses both the knowledge needed in Oral and Maxillofacial Surgery and allied medical specialties in its scope. A minimum of three years of formal training through a graded system of education as specified will equip the trainee with skill and knowledge at its completion to be able to practice basic oral and Maxillofacial surgeon competently and have the ability to intelligently pursue

further apprenticeship towards advance Maxillofacial surgery.

The topics are considered as under:-

© Basic sciences

© Oral and Maxillofacial surgery

© Allied specialties

Applied Basic Sciences:

A thorough knowledge both on theory and principles in general and in particular the basic medical subjects as relevant to the practice of maxillofacial surgery. It is desirable to have adequate knowledge in bio-statistics, Epidemiology, research methodology, nutrition and computers.

© Anatomy

Development of face, paranasal sinuses and associated structures and their anomalies; surgical anatomy of scalp temple and face, anatomy and its applied aspects of triangles of neck, deep structures of neck, cranial facial bones and its surrounding soft tissues, cranial nerves tongue, stemporal and infratemporal region, orbits and its contents, muscles of face and neck, paranasal sinuses, eyelids and nasal septum teeth gums and palate, salivary glands, pharynx, thyroid and parathyroid glands, larynx, trachea and esophagus, congenital abnormality of orofacial regions, General consideration of the structure and

© Physiology

Nervous system-physiology of nerve conduction, pain pathway, sympathetic and parasympathetic nervous system, hypothalamus and mechanism of controlling body temperature; Blood-its composition hemostasis, blood dyscrasias and its management, hemorrhage and its control, blood grouping, cross matching, blood component therapy, complications of blood transfusion, blood substitutes, auto transfusion, cell savers; digestive system composition and functions of saliva mastication deglutition, digestion, assimilation, urine formation, normal and abnormal constituents; Respiration control of ventilation anoxia, asphyxia, artificial respiration, hypoxia - types and management; CVS - cardiac cycle, shock, heart sounds, blood pressure, hypertension; Endocrinology- metabolism of calcium; endocrinal activity and disorder relating to thyroid gland, parathyroid gland, adrenal gland, pituitary gland, pancreas and gonads; Nutrition- general principles balanced diet. Effect of dietary deficiency, protein energy malnutrition, Kwashiorkor, Marasmus, Nutritional assessment, metabolic responses to stress, need for nutritional support, entrials nutrition, roots of access to GI tract, Parenteral nutrition, Access to central veins, Nutritional support; Fluid and Electrolytic balance/Acid Base metabolism- the body fluid compartment, metabolism of water and electrolytes, factors maintaining hemostasis, causes for treatment of acidosis and alkalosis.

©Biochemistry

General principles governing the various biological principles of the body, such as osmotic pressure,

electrolytes, dissociation, oxidation, reduction etc; general composition of body, intermediary metabolism, carbohydrate, proteins, lipids, enzymes, vitamins, minerals and antimetabolites.

© **General Pathology**

Inflammation - Acute and chronic inflammation, repair and regeneration, necrosis and gangrene, role of component system in acute inflammation, role of arachidonic acid and its metabolites in acute inflammation, growth factors in acute inflammation role of NSAIDs in inflammation, cellular changes in radiation injury and its manifestation; wound management - Wound healing factors influencing healing; properties of suture materials, appropriate uses of sutures; hemostasis - role of endothelium in thrombogenesis; arterial and venous thrombi, disseminated intravascular coagulation; Hypersensitivity; Shock and pulmonary failure: types of shock, diagnosis, resuscitation, pharmacological support, ARDS and its causes and prevention, ventilation and support, Neoplasm I | of tumors, Carcinogens and Carcinogenesis, grading and staging of tumors, various laboratory investigation.

© **General microbiology**

Immunity, Hepatitis B and its prophylaxis, Knowledge of organisms, commonly associated with diseases of oral cavity, culture and sensitivity tests, various staining techniques-Smears and cultures, urine analysis and culture.

© **Oral pathology and microbiology:**

Developmental disturbances of oral and para oral structures, regressive changes of teeth, bacterial, viral, mycotic infection of oral cavity, dental caries, diseases of pulp and Periapical tissues, physical and chemical injuries of oral cavity, wide range of pathological lesions of hard and soft tissues of the orofacial regions like the cysts odontogenic infection, benign, malignant neoplasms, salivary gland diseases, maxillary sinus diseases, mucosal diseases, oral aspects of various systemic diseases, role of laboratory investigation in oral surgery.

© **Pharmacology and therapeutics:**

Definition of terminology used, pharmacokinetics and pharmacodynamic dosage and mode of administration of drugs, action and fate in the body, drug addiction, tolerance and hypersensitive reactions, drugs acting on CNS, general and local anesthetics, antibiotics and analgesics, antiseptics, antitubercular, sialagogues, hematinics, anti diabetic, Vitamins A, B-complex, C,D,E,K

© **Computer science**

Use of computers in surgery, components of computer and its use in practice-principles of word processing, spreadsheet function database and presentations; the internet and its use. The value of computer based systems in biomedical equipment.

ORAL AND MAXILLOFACIAL SURGERY:

- © Evolution of Maxillofacial surgery.
- © Diagnosis, history taking, clinical examination, investigations.
- © Informed consent/medico-legal issues.
- © Concept of essential drugs and rational use of drugs.
- © Communication skills with patients- understanding clarity in communication, compassionate explanations and giving emotional support at the time of suffering and bereavement
- © Principles of surgical audit - understanding the audit of process and outcome. Methods adopted for the same Basic statistics.
- © Principles of evidence bases surgery- understanding journal based literature study; the value of textbook, reference book articles, value of review articles; original articles and their critical assessment, understanding the value of retrospective, prospective, randomized control and blinded studies, understanding the principles and the meaning of various Bio-statistical tests applied in these studies.
- © Principles of surgery- developing a surgical diagnosis, basic necessities for surgery, aseptic techniques, incisions, flap designs, tissue handling, homeostasis, dead space management, decontamination and debridement, suturing, edema control, patient general health and nutrition.
- © Medical emergencies - Prevention and management of altered consciousness, sensitivity reaction, chest discomfort, respiratory difficulty.
- © Pre operative workup - Concept of fitness for surgery; basic medical work up; work up in special situation like diabetes renal failure, cardiac and respiratory illness; risk stratification
- © Surgical sutures, drains
- © Post operative care- concept of recovery room care, Airway management, Assessment of Wakefulness, management of cardio vascular instability in this period, Criteria for shifting to the ward, pain management
- © Wound management- Wound healing, factors influencing healing, basic surgical techniques, Properties of suture materials, appropriate use of sutures.
- © Surgical Infections - Asepsis and antisepsis, Microbiological principles, Rational use of antibiotics, special infections like Synergistic Gangrene and Diabetic foot infection, Hepatitis and HIV infection and cross infection.
- © Airway obstruction/management - Anatomy of the airway, principles of keeping the airway patent, mouth to mouth resuscitation, Oropharyngeal airway, endotracheal intubation, Cricothyroidectomy, Tracheostomy.
- © Anesthesia - stages of Anesthesia, pharmacology of inhalation, intravenous and regional anesthetics, muscle relaxants.
- © Facial pain; Facial palsy and nerve injuries.

- © Pain control - acute and chronic pain, cancer and non-cancer pain, patient controlled analgesia
- © General patient management - competence in physical assessment of patients of surgery, competence in evaluation of patients presenting with acute injury, particularly to maxillofacial region. Competence in the evaluation of management of patients for anesthesia
- © Clinical oral surgery - all aspects of dento alveolar surgery
- © Pre-prosthetic surgery - A wide range of surgical reconstructive procedures inv their hard and soft tissues of the edentulous jaws.
- © Temporomandibular joint disorders - TMJ disorders and their sequelae need e> evaluation, assessment and management. It is preferable to be familiar with diagr and therapeutic arthroscopic surgery procedures.
- © Tissue grafting - Understanding of the biological mechanisms involved in auto and heterogeneous tissue grafting.
- © Reconstructive oral and maxillofacial surgery - hard tissue and so reconstruction.
- © Anesthesia - Stages of anesthesia, pharmacology of inhalation, intravenous and regional anesthesia, muscle relaxants.
- © Cyst and tumors of head and neck region and their management - including principles of tumor surgery, giant cell lesion of jaw bones, fibro osseous lesion of jaw lesions. © Neurological disorders of maxillofacial region-diagnosis and management of Trigeminal Neuralgia, MPDS, Bells palsy, Frey's Syndrome, Nerve injuries
- © Maxillofacial trauma - basic principles of treatment, primary care, diagnosis and management of hard and soft tissue injuries, Comprehensive, management including polytrauma patients
- © Assessment of trauma-multiple injuries patients/closed abdominal and chest injuries/penetrating injuries, pelvic fractures, urological injuries, vascular injuries.
- © Orthognathic surgery - The trainee must be familiar with the assessment and correcting of jaw deformities
- © Laser surgery - The application of laser technology in the surgical treatment of lesions amenable to such therapy
- © Distraction osteogenesis in maxillofacial region.
- © Cryosurgeries - Principles, the application of cryosurgery in the surgical management of lesions amenable to such surgeries.
- © Cleft lip and palate surgery- detailed knowledge of the development of the face, head and neck, diagnosis and treatment planning, Current concepts in the management of cleft lip and palate deformity, knowledge of nasal endoscopy and other diagnostic techniques In the evaluation of speech and hearing, concept of multi disciplinary team management.
- © Aesthetic facial surgery - detailed knowledge of structures of facial neck including skin and

underlying soft tissues, diagnosis and treatment planning of deformities and conditions affecting facial kin, underlying facial muscles, bone, eyelids, external ear etc. surgical management of post acne scarring, face lift, blepharoplasty, otoplasty, facial bone recountouring etc.

© Craniofacial surgery - basic knowledge of developmental anomalies of face, head and neck, basics concept in the diagnosis and planning of various head and neck anomalies including facial cleft, craniosynostosis, syndromes, etc., Current concepts in the management of craniofacial anomalies

© Head and neck oncology - understanding of the principles of management of head and neck oncology including various pre cancerous lesions, Experience in the surgical techniques of reconstruction following ablative surgery.

© Micro vascular surgery.

© Implantology - principles, surgical procedures for insertion of various types of implants.

© Maxillofacial radiology/radio diagnosis

© Other diagnostic methods and imaging techniques

Allied specialties:

© General medicine: General assessment of the patient including children with special iphasis on cardiovascular diseases endocrinal and metabolic respiratory and renal eases, Blood dyscrasias

© General surgery: Principles of general surgery, exposure to common general surgical procedures.

© Neuro - surgery: Evaluation of a patient with head injury, examination of various Neuro-surgical procedures

© ENT/Ophthalmology: Examination of ear, nose throat, exposure to ENT surgical procedures, ophthalmic examination and evaluation, exposure to ophthalmic surgical procedures.

© Orthopedic: basic principles of orthopedic surgery, bone diseases and trauma as relevant to Maxillofacial surgery, interpretation of radiographs, CT, MRI and ultrasoi

© Anesthesia: Evaluation of patients for GA techniques and management of emergencies, various IV sedation techniques

Academic Clinical programme (applicable for all three years):

© Seminars to be presented attended once in a week.

© Journal clubs (departmental and interdepartmental) to be conducted once in fifteen days.

© Departmental and interdepartmental discussions to be held once in a month.

© Minimum 2 scientific papers should be presented.

© Every candidate shall maintain a logbook to record his/hers wok or participate all activities such as journal clubs, seminars, CDE programs etc. this wove| scrutinized and certified by the head of the departmental and head of the institute and presented to the university every year

Year by year programme: I Year First 6 Months:

Dissection, basic sciences, basic computer sciences, exodontias, seminars on basic selection of dissertation topic, library assignment topic, attending O.T and ward preparation of synopses and its submission within the six months after admission to the university as per calendar of events.

Second six Months (rotation and postings in other department):

Oncology	- 2 months
Emergency	- 1 month
General medicine-	- 15 days
General surgery/anesthesia	- 15 days
Ophthalmology	-15 days
Neurology	-15 days
ENT	-15 days

II Year

Minor oral surgery and higher surgical training Submission of library assignment by the end of first term

Examination on minor oral surgical procedures - one paper of three hours duration to be conducted by the college.

III Year

Maxillofacial surgery, submission of dissertation in the first term, i.e. six months before the final examination to the university.

Examination of three hours duration three months before the final examination to be conducted by the college. It is desirable to enter general surgical skills and operative procedure that are observed, assisted or performed in the log book in the format as given by RGUHS in the revised ordinance governing MDS degree course.

Final examination at the end of the third

SL	Procedure	Category	Year	Number
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No				
	Injection I.M. and I.V.	PI	I,II	50,20
2	Minor suturing and removal of sutures	Pi	I	N,A
3	Incision & drainage of an abscess	PI	I	10
	Surgical extraction	PI	I	15
5	Impacted teeth	PI, PA	I, II	20,10
6	Pre prosthetic surgery-	PI		
	a) corrective procedures	PI	I	15
	b) ridge extension	PA	I,II	3
	c) ridge reconstruction	A	II,III	3
7	OAF closure	PI, PA	I, II	3,2
	Cyst enucleation	PI,PA	I, H	5,5
	Mandibular fractures	PI,PA	I,II	10,10
10	Peri-apical surgery	PI,PA	I	5
11	Infection management	PI,PA	I, II	N,A
12	Biopsy procedures	PI	I, H	N,A
13	Removal of salivary calculi	PA	I, H	3,5
14	Benign tumors	PA, A	II, III	3,3
15	mid face fractures	PA, A	II, III	3,5
16	Implants	PA.A	II, III	5,5
17	Tracheotomy	PA.A	II, III	2,2
18	Skin grafts	PA	III	3,5
19	Orthognathic surgery	PA,A	II, III	3
20	Harvesting bone & cartilage grafts a) Iliac crest b) Rib c) Calvarial d) Fibula	PA A A A,0		3 2 2
21	T.M. Joint surgery	PA, A	II, I,	1
22	Jaw resections	PA, A	III, II	3,3

23	Onco surgery	A,0	III, III	3,3
24	Micro vascular anastomosis	A,0	III	5,10
25	Cleft lip & palate	PA,A	II, III	10,15
26	Distraction osteogenesis	A,0	II, III	2,3
27	Rhinoplasty	A,0	III	3,5
28	Access osteotomies and base of skull surgeries	A,0	III	1,3

ORAL AND MAXILLOFACIAL SURGERY

Paper I: Applied Basic Sciences: Applied Anatomy, Physiology, Biochemistry, General and Oral Pathology and Microbiology and Pharmacology Applied Anatomy

1. Surgical anatomy of the scalp, temple and face
2. Anatomy of the triangles of neck and deep structures of the neck
3. Cranial and facial bones and its surrounding soft tissues with its applied aspects in maxillofacial injuries.
4. Muscles of head and neck
5. Arterial supply, venous drainage and lymphatics of head and neck
6. Congenital abnormalities of the head and neck
7. Surgical anatomy of the cranial nerves
8. Anatomy of the tongue and its applied aspects
9. Surgical anatomy of the temporal and infratemporal regions
10. Anatomy and its applied aspects of salivary glands, pharynx, thyroid and parathyroid gland, larynx, trachea esophagus
11. Tooth eruption, morphology, and occlusion.
12. Surgical anatomy of the nose.
13. The structure and function of the brain including surgical anatomy of intra cranial venous sinuses.
14. Autonomous nervous system of head and neck
15. Functional anatomy of mastication, deglutition, speech, respiration and circulation
16. Development of face, paranasal sinuses and associated structures and their anomalies
17. TMJ: surgical anatomy and function

Physiology: 1. Nervous system

© Physiology of nerve conduction, pain pathway, sympathetic and parasympathetic nervous system, hypothalamus and mechanism of controlling body temperature

2. Blood

© Composition

© Haemostasis, various blood dyscrasias and its management of patients with the same

© Hemorrhage and its control

© Capillary and lymphatic circulation.

© Blood grouping, transfusing procedures.

3. Digestive system

© Saliva - composition and functions of saliva

© Mastication deglutition, digestion, assimilation

© Urine formation, normal and abnormal constituents

4. Respiration

© Control of ventilation anoxia, asphyxia, artificial respiration

© Hypoxia - types and management

5. Cardiovascular System

© Cardiac cycle,

© Shock

© Heart sounds,

© Blood pressure,

© Hypertension:

6. Endocrinology

© General endocrinal activity and disorder relating to thyroid gland,

© Parathyroid gland, adrenal gland, pituitary gland, pancreas and gonads:

© Metabolism of calcium

7. Nutrition

© General principles balanced diet, effect of dietary deficiency, protein malnutrition, Kwashiorkor,

Marasmus:

© Fluid and Electrolytic balance in maintaining haemostasis and significance in minor and major surgical procedures

Biochemistry

General principles governing the various biological activities of the body, such as osmotic pressure, electrolytes, dissociation, oxidation, reduction etc. General composition of the body

Intermediary metabolism

Carbohydrates, proteins, lipids, and their metabolism Nucleoproteins, nucleic acid and nucleotides and their metabolism Enzymes, vitamins and minerals Hormones

Body and other fluids. Metabolism of inorganic elements. Detoxification in the body. Antimetabolites.

Pathology:

1. Inflammation-

- © Repair and regeneration, necrosis and gangrene
- © Role of component system in acute inflammation,
- © Role of arachidonic acid and its metabolites in acute inflammation,
- © Growth factors in acute inflammation
- © Role of molecular events in cell growth and intercellular signaling cell surface receptors
- © Role of NSAIDs in inflammation,
- © Cellular changes in radiation injury and its manifestation:

2. Haemostasis

- © Role of endothelium in thrombogenesis,
- © Arterial and venous thrombi,
- © Disseminated Intravascular coagulation

3. Shock:

- © Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock
- © Circulatory disturbances, ischemia hyperemia, venous congestion, eden infarction

4. Chromosomal abnormalities:

- © Marfans Syndrome, Ehler's Danlos Syndrome, Fragile X- Syndrome

5. Hypersensitivity:

- © Anaphylaxis, type 2 hypersensitivity, type 3 sensitivity and cell mediated reaction. And its clinical importance, systemic lupus erythematosus.
- © Infection and infective granulomas.

6. Neoplasia:

- © Classification of tumors.

- © Carcinogenesis and carcinogen- chemical, viral and microbial
- © Grading and staging of cancers, tumor Angiogenesis, Paraneoplastic syndrome, spread of tumors.
- © Characteristics of benign and malignant tumors

7. Others:

- © Sex linked a gamma globulinemia.
- © AIDS
- © Management of immune deficiency patients requiring surgical procedures
- © De George Syndrome
- C Ghons complex, post primary pulmonary tuberculosis - pathology and pathogenesis.

8. Oral Pathology:

- © Developmental disturbances of oral and Para oral structures
- © Regressive changes of teeth.
- © Bacterial, viral and mycotic infections of oral cavity
- © Dental caries,, diseases of pulp and periapical tissues
- © Physical and chemical injuries of the oral cavity
- © Oral manifestations of metabolic and endocrinal disturbances
- © Diseases of jawbones and TMJ
- © Diseases of blood and blood forming organs in relation ot oral cavity
- © Cysts of the oral cavity © Salivary gland diseases © Role of laboratory investigations in oral surgery

9. Microbiology:

- © Immunity
 - © Knowledge of organisms commonly associated with disease of oral cavity.
 - © Morphology cultural characteristics of strepto, staphylo, pneumo, gono, meningo, Clostridium group of organism, spirochetes, organisms of TB, leprosy, diphtheria, actinomycosis and moniliasis
 - © Hepatitis B and its prophylaxis
 - © Culture and sensitivity test
 - © Laboratory determinations
 - © Blood groups, blood matching, RBC and WBC count
 - © Bleeding and clotting time etc, smears and cultures,
 - © Urine analysis and cultures. Applied Pharmacology and Therapeutics:
1. Definition of terminologies used
 2. Dosage and mode of administration of drugs.
 3. Action and fate of drugs in the body

4. Drug addiction, tolerance and hypersensitive reactions.
5. Drugs acting on the CNS
6. General and local anesthetics, hypnotics, analeptics, and tranquilizers.
7. Chemo therapeutics and antibiotics
8. Analgesics and antipyretics
9. Antitubercular and antisyphilitic drugs. 10. Antiseptics, sialogogues and antisialogogues
11. Haematinics
12. Antidiabetics
13. Vitamins A, B-complex, C, D, E, K

MINOR ORAL SURGERY AND TRAUMA

© Principles of Surgery: Developing a surgical diagnosis, basic necessities!

Surgery, Aseptic Technique, Incisions, Flap Design Tissue handling, Haemostasis dead space management, decontamination and debridement, Suturing, Oedema control, patient general health and nutrition.

© Medical Emergencies: prevention and management of altered consciousness (syncope, orthostatic hypotension, seizures, diabetes mellitus, adrenal insufficiency hypersensitivity reactions, chest discomfort, and respiratory difficulty.

1. Examination and Diagnosis: clinical history, physical and radiographic, clinical and laboratory diagnosis, oral manifestations of systemic diseases, implications systemic diseases in surgical patients.
2. Haemorrhage and Shock : applied physiology, clinical abnormalities coagulation, extra vascular hemorrhage, and hemorrhagic lesions, management secondary hemorrhage, shock.
3. Exodontia: principles of extraction, indications and contraindications, types of extraction, complications and their management, principles of elevators and elevators used in oral surgery.
4. Impaction: surgical anatomy, classification, indications and contraindications, diagnosis, procedures, complications and their management.
5. Surgical Aids to Eruption Of Teeth: surgical exposure of unerupted teeth, surgical repositioning of partially erupted teeth.
6. Transplantation of Teeth
7. Surgical Endodontics : indications and contraindications, diagnosis, procedures of periradicular surgery
8. Procedures To Improve Alveolar soft tissues: requirements, types (alveoplasty, tuberosity reduction, mylohyoid ridge reduction, genial reduction, removal of exostosis, vestibuloplasty)
9. Procedures to Improve Alveolar soft Tissues: hypermobile tissues- operative / sclerosing method, epulis fissuratum, frenectomy and frenotomy

10. Infection of Head and Neck: Odontogenic and non Odontogenic infections, factors affecting spread of infection, diagnosis and differential diagnosis, management of facial space infections, Ludwig angina, cavernous sinus thrombosis.
11. Chronic Infections of the Jaws : Osteomyelitis (types, etiology, pathogenesis, management) osteoradionecrosis
12. Maxillary Sinus: maxillary sinusitis - types, pathology, treatment, closure of Oro - antral fistula. Caldwell- luc operation
13. Cysts of the Orofacial region: classification, diagnosis, management of OKC, dentigerous, radicular non Odontogenic, ranula
14. Neurological Disorders of the maxillofacial region: diagnosis and management of trigeminal neuralgia, MPDS, bell's palsy, Frey's syndrome, nerve injuries.
15. Implantology: definition, classification, indications and contraindications, advantages and disadvantages, surgical procedure.
16. Anesthesia
Local Anesthesia: classification of local anesthetic drugs, modes of action indications and contra indications, advantages and disadvantages, techniques, complications and their management.
General Anesthesia: classification, stages of GA, mechanism of action, indications, and contra indications, advantages and disadvantages, post anesthetic complications and emergencies, anesthetic for dental procedures in children, pre medication, conscious sedation, legal aspects for GA
17. Trauma
18. Surgical Anatomy of head and Neck
19. Etiology of Injury
20. Basic Principles of Treatment
21. Primary Care: resuscitation, establishment of airway, management of hemorrhage, management of head injuries and admission to hospital.
22. Diagnosis: clinical, radiological
23. Soft Tissue Injury of Face and Scalp: classification and management of soft tissue wounds, injuries to structure requiring special treatment.
24. Dento Alveolar Fractures: examination and diagnosis, classification, treatment, prevention.
25. Mandibular Fractures: classification, examination and diagnosis, general principles of treatment, complications and their management
26. Fracture of Zygomatic Complex: classification, examination and diagnosis, general principles of treatment, complications and their management.

27. Orbital Fractures: blow out fractures
28. Nasal Fractures
29. Fractures of Middle third of the Facial Skeleton: emergency care, fractured maxilla, and treatment of the Le Fort I, II, III, fractures of Naso orbito ethmoidal region.
30. Ophthalmic Injuries: minor injuries, non-perforating injuries, perforating injuries, retinobulbar hemorrhage, and traumatic optic neuropathy.
31. Traumatic Injuries to Frontal sinus: diagnosis, classification, treatment
32. Maxillofacial injuries in Geriatric and pediatric Patients
33. Gun shot wounds and War Injuries
34. Osseointegration in Maxillofacial Reconstruction
35. Metabolic response to Trauma: neuro endocrine responses, inflammatory mediators clinical implications
36. Healing of Traumatic Injuries: soft tissues, bone, cartilage, response of peripheral nerve to injury
37. Nutritional Consideration following Trauma
38. Tracheostomy: indications and contraindications, procedure, complications and their management.

MAXILLOFACIAL SURGERY

- **Salivary gland**

- © Sialography
- © Salivary fistula and management
- © Diseases of salivary gland - developmental disturbances, cysts, inflammation and sialolithiasis
- © Mucocele and Ranula
- © Tumors of salivary gland and their management
- © Staging of salivary gland tumors
- © Parotidectomy

Temporomandibular Joint

- © Etiology, history signs, symptoms, examination and diagnosis of temporomandibular joint disorders
- © Ankylosis and management of the same with different treatment modalities
- © MPDS and management
- © Condylectomy - different procedures
- © various approaches to TMJ
- © Recurrent dislocations - Etiology and Management

Oncology

- © Biopsy
- © Management of pre-malignant tumors of head and neck region

- © Benign and Malignant tumors of Head and Neck region
- © Staging of oral cancer and tumor markers
- © Management of oral cancer
- © Radial Neck dissection
- © Modes of spread of tumors
- © Diagnosis and management of tumors of nasal, paranasal, neck, tongue, cheek, maxilla and mandible
- © Radiation therapy in maxillofacial regions.
- © Lateral neck swellings

Orthognathic surgery

- © Diagnosis and treatment planning
- © Cephalometric analysis
- © Model surgery
- © Maxillary and mandibular repositioning procedures
- © Segmental osteotomies
- © Management of apertognathia
- © Genioplasty
- © Distraction osteogenesis

Cysts and tumor of oro facial region

- © Odontogenic and non-Odontogenic tumors and their management
- © Giant lesions of jawbone
- © Fibro osseous lesions of jawbone
- © Cysts of jaw

Laser surgery

- © The application of laser technology in surgical treatment of lesions Cryosurgery
- © Principles, applications of cryosurgery in surgical management of Cleft lip and palate surgery
- © Detailed knowledge of the development of the face, head and neck
- © Diagnosis and treatment planning
- © Current concepts in the management of cleft lip and palate deformity
- © Knowledge of Naso endoscopy and other diagnostic techniques in the evaluation of speech and hearing
- © Concept of multidisciplinary team management

Aesthetic facial surgery

- © Detailed knowledge of the structures of the face and neck including skin a underlying soft tissue

- © Diagnosis and treatment planning of deformities and conditions affecting facial skin
- © Underlying facial muscles, bone. Eyelids external ear
- © Surgical management of post acne scarring, facelift, blepharoplasty, otoplasty, facial bone recontouring, etc

Craniofacial surgery

- © Basic knowledge of developmental anomalies of the face, head and neck
- © Basic concepts in the diagnosis and planning of various head and neck anomalies including facial clefts, craniosynostosis, syndromes, etc.
- © Current concept in the management of Craniofacial anomalies

Monitoring Learning Progress

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV

UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1st year and Part II at the end of 3 years Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - **100 Marks**

Part-II: Paper-I, Paper-II & Paper-III - **300 Marks** (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory :

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

Practical / Clinical Examination : 200 Marks .

a. Minor Oral Surgery -100 Marks

Each candidate is required to perform the minor oral surgical procedures under local anaesthesia. The minor surgical cases may include removal of impacted lower third molar, cyst enucleation, any similar procedure where students can exhibit their professional skills in raising the flap, removing the bone and suturing the wound.

b. One long case - 60 marks

c. Two short cases – 20 marks each

Viva Voce: 100 Marks

i. Viva-voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy Exercise: 20 marks

A topic be given to each candidate in the beginning of clinical examination. He/she is asked make a presentation on the topic for 8-10 minutes.

CONSERVATIVE DENTISTRY and ENDODONTICS

The following objectives are laid out to achieve the goals of the course. These are to be achieved by the time the candidate completes the course. These objectives may be considered under the following subtitles.

Knowledge

At the end of 36 months of training, the candidates should be able to:

© Describe aetiology, pathophysiology, periapical diagnosis and management of common restorative situations, endodontic situations that will include contemporary management of dental caries, management of trauma and pulpal pathoses including periodontal situations.

© Demonstrate understanding of basic sciences as relevant to conservative / restorative dentistry and Endodontics.

© Identify social, economic, environmental and emotional determinants in a given case or community and take them into account for planning and execution at individual and community level.

© Ability to master differential diagnosis and recognize conditions that may require multi disciplinary approach or a clinical situation outside the realm of the specialty, which he or she should be able to recognize and refer to appropriate specialist.

© Update himself by self-study and by attending basic and advanced courses, conferences, seminars, and workshops in the specialty of Conservative Dentistry- Endodontics-Dental Materials and Restorative Dentistry.

© Ability to teach, guide, colleagues and other students. Use information technology tools and carry out research both basic and clinical with the aim of publishing his/her work and presenting the same at scientific platforms

Skills

© Take proper chair side history, examine the patient and perform medical and dental diagnostic procedures and order as well as perform relevant tests and interpret to them to come to a reasonable diagnosis about the dental condition in general and Conservative Dentistry - Endodontics in particular. And undertake complete patient monitoring including preoperative as well as post operative care of the patient.

© Perform all levels of restorative work and surgical and non-surgical Endodontics including endodontic endosseous implants, as well as endodontic-periodontal surgical procedures as part of multidisciplinary approach to clinical condition.

© Provide basic life saving support in emergency situations.

© Manage acute pulpal and pulpo periodontal situations.

© Have a thorough knowledge of infection control measures in the dental clinical environment and laboratories.

Human Values, Ethical Practice and Communication Abilities

© Adopt ethical principles in all aspects of restorative and contemporaries Endodontics" including non-surgical and surgical Endodontics. © Professional honesty and integrity should be the top priority.

© Dental care has to be provided regardless of social status, caste, creed or religion of the patient.

© Develop communication skills- in particular to explain various options available management and to obtain a true informed consent from the patient.

© Apply high moral and ethical standards while carrying on human or animal research .He / She shall not carry out any heroic procedures and must know his limitations in performing all aspects of restorative dentistry including Endodontics. Ask for help from colfeagues or seniors when required without hesitation O Respect patient's rights and privileges including patients right to information.

Course Contents :

Applied Anatomy of Head and Neck

© Development of face, paranasal sinuses and the associated structures and their anomalies, cranial and facial bones, TMJ anatomy and function, arterial and venous drainage of head and neck, muscles of face and neck including muscles of mastication and deglutition, brief consideration of structures and function of brain. Brief consideration of all cranial nerves and autonomic nervous system of head and neck. Salivary glands, Functional anatomy of mastication, deglutition and speech. Detailed anatomy of deciduous and permanent teeth, general consideration in physiology of permanent dentition, form, function, alignment, contact, occlusion.)

© Internal anatomy of permanent teeth and its significance

© Applied histology, histology of skin, oral mucosa, connective tissue, bone cartilage, blood vessels, lymphatics, nerves, muscles, tongue.

Development of Teeth

© Enamel - development and composition, physical characteristics, chemical properties, structure

© Age changes - clinical structure

© Dentin - development, physical and chemical properties, structure type of dentin, innervations, age and functional changes.

© Pulp - development, histological structures, innervations, functions, regressive changes, clinical considerations.

- © Cementum - composition, cementogenesis, structure, function, clinical consideration.
- © Periodontal ligament - development, structure, function and clinical consideration.
- © Salivary glands - structure, function, clinical considerations.

Applied Physiology

- © Mastication, deglutition, digestion and assimilation, fluid and electrolyte balance.
- © Blood composition, volume, function, blood groups, haemostasis, coagulation, blood transfusion, circulation, heart, pulse, blood pressure, shock, respiration, control, anoxia, hypoxia, asphyxia, artificial respiration, and endocrinology - general principles of endocrine activity and disorders relating to pituitary, thyroid, parathyroid, adrenals including pregnancy and lactation.
- © Physiology of saliva - composition, function, clinical significance.
- © Clinical significance of vitamins, diet and nutrition - balanced diet.
- © Physiology of pain, sympathetic and Para sympathetic nervous system, pain pathways, physiology of pulpal pain, Odontogenic and non Odontogenic pain, pain disorders - typical and atypical, biochemistry such as osmotic pressure, electrolytic dissociation, oxidation, reduction etc., carbohydrates, proteins, lipids and their metabolism, nucleoproteins, nucleic acid and their metabolism. Enzymes, vitamin and minerals, metabolism of inorganic elements, detoxification in the body, anti metabolites, chemistry of blood lymph and urine.

Pathology

- © Inflammation, repair, degeneration, necrosis and gangrene.
- © Circulatory disturbances - ischemia, hyperemia, edema, thrombosis, embolism, infarction, allergy and hypersensitivity reaction.
- © Neoplasms - classifications of tumors, characteristics of benign and malignant tumors, spread tumors.
- © Blood dyscrasias
- © Developmental disturbances of oral and Para oral structures, dental caries, regressive changes of teeth, pulp, periapical pathology, pulp reaction to dental caries and dental procedures.
- © Bacterial, viral, mycotic infections of the oral cavity.

Microbiology

- © Pathways of pulpal infection, oral flora and micro organisms associated with endodontic diseases, pathogenesis, host defense, bacterial virulence factors, healing, theory of focal infections, microbes or relevance to dentistry - strepto, staphylococci, lactobacilli, comyebacterium, actinomycetes, Clostridium, neisseria, vibrio, bacterioids, fusobacteria, spirochetes, mycobacterium, virus and fungi.

- © Cross infection, infection control, infection control procedure, sterilization and disinfection.
- © Immunology - antigen antibody reaction, allergy, hypersensitivity and anaphylaxis, auto immunity, grafts, viral hepatitis, HIV infections and aids. Identification and isolation of microorganisms from infected root canals. Culture medium and culturing technique (Aerobic and anaerobic interpretation and antibiotic sensitivity test).

Pharmacology

- © Dosage and route of *administration of drugs, actions and fate of drug in body, drug addiction, tolerance of hypersensitivity reactions.*
- © Local anesthesia - *agents and chemistry, pharmacological actions, fate and metabolism of anaesthetic, ideal properties, techniques and complications.*
- © General anesthesia - *pre medications, neuro muscular blocking agents, induction agents, inhalation anesthesia, and agents used, assessment of anesthetic problems in medically compromised patients.*
- © *Anaesthetic emergencies*
- © *Antihistamines, corticosteroids, chemotherapeutic and antibiotics, drug resistance, haemostasis, and haemostatic agents, anticoagulants, sympathomimetic drugs, vitamins and minerals (A, B, C, D, E, K IRON), anti sialogogue, immunosuppressants, drug interactions, antiseptics, disinfectants, anti viral agents, drugs acting on CNS.*

Biostatistics

- © *Introduction, Basic concepts, Sampling, Health information systems - collection, compilation, presentation of data. Elementary statistical methods - presentation of statistical data, Statistical averages - measures of central tendency, measures of dispersion, Normal distribution. Tests of significance - parametric and non - parametric tests (Fisher exact test, Sign test, Median test, Mann Whitney test, Krusical Wallis one way analysis, Friedmann two way analysis, Regression analysis), Correlation and regression, Use of computers.*

Research Methodology

- © *Essential features of a protocol for research in humans*
- © *Experimental and non-experimental study designs*
- © *Ethical considerations of research*

Applied Dental Materials

- © *Physical and mechanical properties of dental materials, biocompatibility.*
- © *Impression materials, detailed study of various restorative materials, restorative resin and recent advances in composite resins, bonding- recent developments- tarnish and corrosion, dental amalgam, direct filling gold, casting alloys, inlay wax, die materials, investments, casting procedures, defects, dental cements for restoration and pulp protection (luting, liners, bases) cavity varnishes.*

© *Dental ceramics-recent advances, finishing and polishing materials.* © *Dental burs - design and mechanics of cutting - other modalities of tooth preparation.* © *Methods of testing biocompatibility of materials used.*

CONSERVATIVE DENTISTRY

1. *Examination, diagnosis and treatment plan*
2. *Occlusion as related to conservative dentistry, contact, contour, its significance. Separation of teeth, matrices, used in conservative dentistry.*
3. *Dental caries- epidemiology, recent concept of etiological factors, pathophysiology, Histopathology, diagnosis, caries activity tests, prevention of dental caries and management - recent methods.*
4. *Hand and rotary cutting instruments, development of rotary equipment, speed ranges hazards.*
5. *Dental burs and other modalities of tooth reparation- recent developments (air abrasions, lasers etc)*
6. *Infection control procedures in conservative dentistry, isolation equipments etc.*
7. *Direct concepts in tooth preparation for amalgam, composite, GIC and restorative techniques, failures and management.*
8. *Direct and indirect composite restorations.*
9. *Indirect tooth colored restorations- ceramic, inlays and onlays, veneers, crowns, recent advances in fabrication and materials.*

a. Tissue management

10. *Impression procedures used for direct restorations.*
11. *Cast metal restorations, indications, contraindications, tooth preparation for class I inlay, Onlay full crown restorations.*
Restorative techniques, direct and indirect methods of fabrication including materi used for fabrication like inlay wax, investment materials and
12. *Direct gold restorations.*
13. *Recent advances in restorative materials and procedures.*
14. *Management of non-carious lesion.*
15. *Advance knowledge of minimal intervention dentistry.*
16. *Recent advances in restoration of endodontically treated teeth and grossly mutilated teeth*
17. *Hypersensitivity, theories, causes and management.*

18. Lasers in Conservative Dentistry
19. CAD-CAM & CAD-CIM in restorative dentistry
20. Dental imaging and its applications in restorative dentistry (clinical photography)
21. Principles of esthetics
 - Facial analysis
 - Smile design
 - Principles of esthetic integration
 - Treatment planning in esthetic dentistry

Endodontics

1. Rationale of endodontics.
2. Knowledge of internal anatomy of permanent teeth, anatomy of root apex and its implications in endodontic treatment.
3. Dentin and pulp complex.
4. Pulp and periapical pathology
5. Pathobiology of periapex.
6. Diagnostic procedure - recent advances and various aids used for diagnosis-
 - a. Orofacial dental pain emergencies: endodontic diagnosis and management
7. Case selection and treatment planning
8. Infection control procedures used in endodontics (aseptic techniques such as rubber dam, sterilization of instruments etc.)
9. Access cavity preparation - objectives and principles
10. Endodontic instruments and instrumentation - recent developments, detailed description of hand, rotary, sonic, ultra sonic etc..
11. Working length determination / cleaning and shaping of root canal system and recent development in techniques of canal preparation.
12. Root canal irrigants and intra canal medicaments used including non - surgical endodontics by calcium hydroxide.
13. Endodontic microbiology.
14. Obturating materials, various obturation techniques and recent advances in obturation of root canal.
15. Traumatic injuries and management - endodontic treatment for young permanent teeth. Pediatric endodontics - treatment of immature apex.

16. Endodontic surgeries, recent developments in technique and devices, endosseous endodontic implants - biology of bone and wound healing.
17. Endoperio interrelationship, endo + Perio lesion and management
18. Drugs and chemicals used in endodontics
19. Endo emergencies and management.
20. Restoration of endodontically treated teeth, recent advances.
21. Geriatric endodontics
22. Endo emergencies and management.
23. Biologic response of pulp to various restorative materials and operative procedures.
24. Lasers in endodontics.
25. Multidisciplinary approach to endodontic situations. 26. Endodontic radiology- digital technology in endodontic practice. 27. Local anesthesia in endodontics.
28. Procedural errors in endodontics and their management. 29. Endodontic failures and retreatment.
30. Resorptions and its management. 31. Microscopes in endodontics.
32. Single visit endodontics, current concepts and controversies.

First Year

Pre Clinical Work - Operative and Endodontics

Preclinical work on typhodont teeth

- | | |
|--|-------|
| 1. Class 2 amalgam cavities | |
| a. Conservative preparation | |
| b. Conventional preparation | - 0 3 |
| 2. Inlay cavity preparation on premolars And molars - MO, DO, MOD | - 0 3 |
| a. Wax pattern | |
| b. Casing | - 1 0 |
| 3. Onlay preparation oh molars a. Casting | - 0 6 |
| 4. Full Crown | - 0 4 |
| a. Anterior | - 0 2 |
| b. Posterior | - 0 1 |
| (2 each to be processed) | 0 5 |
| 5. 7/8 crown (1 to be processed) | 0 5 |
| 6. 3 / 4 crown premolars (1 to be processed) <i>Pre Clinical work on natural teeth</i> | - 0 2 |
| | - 0 2 |
| 1. Inlay on molars and premolars MO, DO, and MOD | 0 8 |
| a. Casting | 0 2 |
| b. Wax pattern | 0 2 |
| 2. Amalgam cavity preparation | |
| a. Conventional | 0 2 |

b. Conservative	02	
3. Pin retained amalgam on molar teeth	02	
4. Post and core build up		
Anterior teeth	10	
Posterior teeth	05	
5. <i>Casting</i>		
<i>Anterior</i>	04	
<i>Posterior</i>	02	
6. <i>Onlay on molars</i>	03	
<i>(1 to be processed)</i>		
7. <i>Full crown premolars and molars</i>		04
8. <i>Full crown anterior</i>		06
<i>(2 and 3 to be processed)</i>		
9. <i>Veneers anterior teeth (indirect method)</i>		02
10. <i>Composite inlay (class 2)</i>		03
11. Full tooth wax carving - all permanent teeth		

Endodontics

1. Sectioning of all maxillary and mandibular teeth.
2. Sectioning of teeth - in relation to deciduous molar, 2nd primary upper and lower molar 1 each
3. Access cavity opening and root canal therapy in relation to maxillary and mandibular permanent teeth
4. Access cavity preparation and BMP Anterior
 - a. Conventional prep
 - b. Step back
 - c. Crown down

Obturation

03

5. BMP Premolar 06 (2 upper and 2 lower) obturation 1 each
6. BMP Molar 06 (3 upper - 2 first molars and 1 second molar, 3 lower - 2 first molars and 1 second molar) obturation 1 each
7. Post and core preparation and fabrication in relation to anterior and posterior teeth
 - a. Anterior 10 (casting 4)
 - b. Posterior 05 (casting 2)
 - c. Removable dies 04

Note: Technique work to be completed in the first four months Clinical work

A. Composite restorations	30
B. GIC restorations	30

C. Complex amalgam restorations	05
D. Composite inlay + veneers	05
Direct + Indirect	
E. Ceramic jacket crown	05
F G Post and core for anterior teeth Bleaching	05
vital	
	05
Non Vital	05
H. RCT Anterior	20
I. Endo surgery - observation and assisting	05

Presentation of

© Seminars - 5 seminars by each student - should include topics in dental conservative dentistry and endodontics

© Journal clubs - by each student

© Submission of synopsis at the end of 6 months

© Library assignment work

© Internal assessment - theory and clinicals.

Second Year

Case discussion-5

1 Ceramic jacket crowns	10
2 Post and core for anterior teeth	10
3 Post and core for posterior teeth	05
4 Composite restoration	05
5 Full crown for posterior teeth	15
6 Cast gold inlay	05
7 Other special types of work such as splinting- Reattachment of fractured teeth etc.	05
8 Anterior RCT	20
9 Posterior RCT	30
10 Endo surgery performed independently	05
11 Management of endo - Perio problems	05

© Under graduate teaching program as allotted by the HOD

© Seminars - 5 by each student

- © Journal club - 5 by each student
- © Dissertation work
- © Prepare scientific paper and present in conference and clinical meeting
- © Library assignment to be submitted 18 months after starting of the course
- © Internal assessment - theory and clinical

Third Year

Dissertation work to be submitted 6 months before final examination. Clinical work

- © Cast gold inlay- Onlay, cuspal restoration 10
- © Post and core 20
- © Molar endodontics 50
- © Endo surgery 05

All other types of surgeries including crown 05

lengthening, perioesthetics, hemi sectioning, splinting, replantation, endodontic implants.

Presentation of

- © Seminars
- © Journal club
- Teaching - lecture (under graduates)
- © Internal assessment - theory and clinical

Monitoring Learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1st year and Part II at the end of 3 years Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - 100 Marks

Part-II: Paper-I, Paper-II & Paper-III - 300 Marks (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory :

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

The training programme in Orthodontics is to structure and achieve the following four objectives **Knowledge of**

1. The dynamic interaction of biologic processes and mechanical forces acting on the stomatognathic system during orthodontic treatment
2. The etiology, pathophysiology, diagnosis and treatment planning of various common Orthodontic problems
3. Various treatment modalities in Orthodontics preventive interceptive and corrective.
4. Basic sciences relevant to the practice of Orthodontics
5. Interaction of social, cultural, economic, genetic and environmental factors and their relevance to management of oro - facial deformities
6. Factors affecting the long-range stability of orthodontic correction and their management
7. Personal hygiene and infection control, prevention of cross infection and safe disposal of hospital waste, keeping in view the high prevalence of Hepatitis and HIV and other highly contagious diseases.

Skills

1. To obtain proper clinical history, methodical examination of the patient, perform essential diagnostic procedures, and interpret them and arrive at a reasonable diagnosis about the Dentofacial deformities.
2. To be competent to fabricate and manage the most appropriate appliance - intra or extra oral, removable or fixed, mechanical or functional, and active or passive - for the treatment of any orthodontic problem to be treated singly or as a part of multidisciplinary treatment of orofacial deformities.

Attitudes:

1. Develop an attitude to adopt ethical principles in all aspects of Orthodontic practice.
2. Professional honesty and integrity are to be fostered
3. Treatment care is to be delivered irrespective of the social Status, cast, creed or colleagues
4. Willingness to share the knowledge and clinical experience with professional colleagues
5. Willingness to adopt, after a critical assessment, new methods and techniques of orthodontic management developed from time to time based on scientific research, which are in the best interest of the patient
6. Respect patients rights and privileges, including patients right to information and right to seek a second opinion
7. Develop attitude to seek opinion from allied medical and dental specialists as and when required

Communication skills

1. Develop adequate communication skills particularly with the patients giving them various options available to manage a particular Dentofacial problem and to obtain a true informed consent from them for the most appropriate treatment available at that point of time.
2. Develop the ability to communicate with professional colleagues, in Orthodontics or other specialities through various media like correspondence, Internet, e-video, conference, etc. To render the best possible treatment.

Course Content

The program outlined, addresses both the knowledge needed in Orthodontics and allied Medical specialities in its scope. A minimum of three years of formal training through a graded system of education as specifies, will equip the trainee with skill and knowledge at its completion to be able to practice basic Orthodontics and have the ability to intelligently pursue further apprenticeship towards advanced Orthodontics.

Spread of the Curriculum

Six months teaching of basic subjects including completion of pre - clinical exercises 2 ft years of coverage of all the relevant topics in Orthodontics, clinical training involving treatment of patients and submission of dissertation. These may be divided into blocks of 6 to 8 months duration each, depending on the training policies of each institution.

I. Applied Anatomy:

© Prenatal growth of head:

Stages of embryonic development, origin of head, origin of face, origin of teeth.

© Postnatal growth of head:

Bones of skull, the oral cavity, development of chin, the hyoid bone, general growth of head, face growth.

© Bone growth:

Origin of bone, composition of bone, units of bone structure, schedule of Ossification, mechanical properties of bone, roentgen graphic appearance of bone

© Assessment of growth and development:

Growth prediction, growth spurts, the concept of normality and growth increments of growth, differential growth, gradient of growth, methods of gathering growth data. Theories of growth and recent advances, factors affecting physical growth.

© Muscles of mastication:

Development of muscles, muscle change during growth, muscle function facial development, muscle function and malocclusion

© Development of dentition and occlusion:

Dental development periods, order of tooth eruption, chronology of permanent tooth formation, periods of occlusal development, pattern of occlusion.

© Assessment of skeletal age

The carpal bones, carpal x - rays, cervical vertebrae II

Physiology

© Endocrinology and its disorders

(Growth hormone, thyroid hormone, parathyroid hormone, ACTH) pituitary gland hormones, thyroid gland hormones, parathyroid gland hormones

© Calcium and its metabolism

© Nutrition-metabolism and their disorders: proteins, carbohydrates, fats, vitamins and minerals.

© Muscle physiology

© Craniofacial Biology: cell adhesion molecules and mechanism of adhesion

© Bleeding disorders in orthodontics: Hemophilia

III Dental materials:

© Gypsum products: dental plaster, dental stone and their properties, setting reaction etc.

© Impression materials: impression materials in general and particularly of alginate impression material.

© Acrylics: chemistry, composition physical properties

© Composites: composition types, properties setting reaction

© Banding and bonding cements: Zn (P04)2, zinc silicophosphate, Zinc polycarboxylate, resin cements and glass ionomer cements

© Wrought metal alloys: deformation, strain hardening, annealing, recovery, recrystallization, grain growth, properties of metal alloys

© Orthodontic arch wires: stainless steel gold, wrought cobalt chromium nickel alloys, alpha&beta titanium alloys

© Elastics: Latex and non-latex elastics.

© Applied physics, Bioengineering and metallurgy.

© Specification and tests methods used for materials used in Orthodontics

© Survey of all contemporary literature and Recent advances in above - mentioned materials.

IV. Genetics:

© Cell structure, DNA, RNA, protein synthesis, cell division

© Chromosomal abnormalities © Principles of orofacial genetics •

© Genetics in malocclusion

© 5 Molecular basis of genetics

- © Studies related to malocclusion
- © Recent advances in genetics related to malocclusion
- © Genetic counseling
- © Bioethics and relationship to Orthodontic management of patients.

V Physical Anthropology:

- © Evolutionary development of dentition
- © Evolutionary development of jaws.

VI Pathology:

- © Inflammation
- © Necrosis

VII Biostatistics:

- © Statistical principles
- © Data Collection
- © Method of presentation
- © Method of Summarizing
- © Methods of analysis - different tests/errors
- © Sampling and Sampling technique
- © Experimental models, design and interpretation
- © Development of skills for preparing clear concise and cogent scientific abstracts and publication

VIII. Applied research methodology in Orthodontics

- © Experimental design
- © Animal experimental protocol
- © Principles in the development, execution and interpretation of **methodologies in Orthodontics**
- © Critical Scientific appraisal of literature.

IX. Applied Pharmacology:

X. Orthodontic history:

- © Relationship of TMJ anatomy and pathology and related neuromuscular physiology.

XII. Etiology and Classification of malocclusion:

- © A comprehensive review of the local and systemic factors in the causation of malocclusion
- © Various classifications of malocclusion

XIII. Dentofacial Anomalies:

- © Anatomical, physiological and pathological characteristics of major groups of developmental defects of the orofacial structures.

XIV. Child and Adult Psychology:

- © Stages of child development.
- © Theories of psychological development.
- © Management of child in orthodontic treatment.
- © Management of handicapped child.
- © Motivation and Psychological problems related to malocclusion / orthodontics
- © Adolescent psychology
- © Behavioral psychology and communication

XV. Diagnostic procedures and treatment planning in orthodontics

- © Emphasis on the process of data gathering, synthesis and translating it into a treatment plan
- © Problem cases - analysis of cases and its management
- © Adult cases, handicapped and mentally retarded cases and their special problems
- © Critique of treated cases. Cephalometrics
- © Instrumentation
- © Image processing
- © Tracing and analysis of errors and applications
- © Radiation hygiene
- © Advanced Cephalometrics techniques
- © Comprehensive review of literature
- © Video imaging principles and application.

XVII. Practice management in Orthodontics

- © Economics and dynamics of solo and group practices
- © Personal management
- © Materials management
- © Public relations
- © Professional relationship
- © Dental ethics and jurisprudence
- © Office sterilization procedures
- © Community based Orthodontics.

XVIII. Clinical Orthodontics Myofunctional Orthodontics:

- © Basic principles
- © Contemporary appliances - their design and manipulation
- © Case selection and evaluation of the treatment results
- © Review of the current literature.

Dentofacial Orthopedics

- © Principles
- © Biomechanics
- © Appliance design and manipulation
- © Review of contemporary literature

Cleft lip and palate rehabilitation:

- © Diagnosis and treatment planning
- © Mechanotherapy
- © Special growth problems of cleft cases
- © Speech physiology, pathology and elements of therapy as applied to orthodontics
- © Team rehabilitative procedures.

Biology of tooth movement:

- © Principles of tooth movement-review
- © Review of contemporary literature
- © Applied histophysiology of bone, periodontal ligament
- © Molecular and ultra-cellular consideration in tooth movement

Orthodontic / Orthognathic surgery:

- © Orthodontist' role in conjoint diagnosis and treatment planning
- © Pre and post-surgical Orthodontics
- © Participation in actual clinical cases, progress evaluation and post retention study
- © Review of current literature

Ortho / Perio / Prostho inter relationship

- © Principles of interdisciplinary patient treatment © Common problems and their management

Basic principles of Mechanotherapy Includes Removable appliances and fixed appliances

- © Design
- © Construction
- © Fabrication
- © Management
- © Review of current literature on treatment methods and results

Applied preventive aspects in Orthodontics

- © Caries and periodontal disease prevention
- © Oral hygiene measures
- © Clinical procedures

Interceptive Orthodontics

- © Principles
- © Growth guidance
- © Diagnosis and treatment planning
- © Therapy emphasis on:
 - a. Dento-facial problems
 - b. Tooth material discrepancies
 - c. Minor surgery for Orthodontics

Retention and relapse

- © Mechanotherapy - special reference to stability of results with various procedures
- © Post retention analysis
- © Review of contemporary literature

XIX. Recent advances like:

- © Use of implants
- © Lasers
- © Application of F.E.M.
- © Distraction Osteogenesis

Skills:

II. Pre - Clinical Exercises

A general outline of the type of exercises is given here. Every institution can decide the details of exercises under each category.

1. General Wire bending exercises to develop the manual dexterity.
2. Clasps, Bows and springs used in the removable appliances.
3. Soldering and welding exercises.
4. Fabrication of removable habit breaking, mechanical and functional appliances, also all types of space maintainers and space regainers.
5. Bonwill Hawley Ideal arch preparation.
6. Construction of orthodontic models trimmed and polished preferably as per specifications of Tweed or A.B.O.
7. Cephalometric tracing and various Analyses, also superimposition methods -
8. Fixed appliance orthodontic exercises.

a) Training shall be imparted in one basic technique i.e. Standard Edgewise / Begg technique or its derivative / Straight wire etc., with adequate exposure to other techniques.

- b) Typhodont exercise
 - i. Band making
 - ii. Bracket positioning and placement
 - iii. Different stages in treatment appropriate to technique taught
- 9. Clinical photography
- 10. Computerized imaging
- 11. Preparation of surgical splints, and splints for TMJ problems.
- 12. Handling of equipments like vacuum forming appliances and hydro solder etc

First Year

I. Basic Pre-Clinical Exercise Work for the MDS Students:

First 6 Months

1. Non-appliance exercises

All the following exercises should be done with 0.7 or 0.8mm wire

SI. No.	Exercise	No.
1	Straightening of 6" & 8" long wire	1 each
2	Square	1
3	Rectangle	1
4	Triangle of 2" side	1
5	Circle of 2" side	1
6	Bending of 5U's	1
7	Bending of 5V's	1

1. Clasps

SI. No	Exercise	No.
1	$\frac{3}{4}$ Clasps	2
2	Full clasps	2
3	Triangular Clasps	2
4	Adam's clasp - upper molar	2
5	Adam's Clasp - lower molar	2
6	Adam's Clasp - Pre-molar	2

7	Adam's Clasp – Incisor	2
8	Modification of Adam's - With Helix	2
9	Modification of Adam's - With distal extension	2
10	Modification of Adam's - With soldered tube	2
11	Duyzing Clasps on Molars	2
12	Southend Clasp	1

2. LABIAL BOWS

SL NO	EXERCISE	NO
1	Short labial bow (upper & lower)	1
2	Long labial bow (upper & lower)	1
3	Robert's retractor	1
4	High labial bow-with apron spring's	1
5	Mill's labial bow	1
6	Reverse loop labial bow	1
7	Retention labial bow soldered to Adam's clasp	1
8	Retention labial bow extending distal to second molar	
9	Fitted labial bow	
10	Split high labial bow	1

3. SPRINGS

SL NO	EXERCISE	NO
1	Finger spring-mesial movement	2
2	Finger spring-distal movement	2
3	Double cantilever spring	2
4	Flapper spring	2
5	Coffin spring	2
6	T spring	2

1. CANINE RETRACTORS

SL NO	EXERCISE	NO
1	u loop canine retractor	2PAIRS
2	Helical canine retractor	2PAIRS
3	Palatal canine retractor	2PAIRS
4	Self -supporting canine retractor	2PAIRS
5	Self -supporting canine retractor	2PAIRS

2. Appliances

SL NO	EXERCISE
1	Hawley's retention appliance with anterior bite plane
2	Upper Hawley's appliance with posterior bite plane
3	Upper expansion appliance with coffin spring
4	Upper expansion appliance with coffin spring
5	Upper expansion appliance with expansion screw
6	Habit breaking appliance with tongue crib
7	Oral screen and double oral screen
8	Lip bumper
9	Splint for Bruxism
10	Catalans appliance
11	Activator
12	Bionator
13	Frankel-FR 2 appliance
14	Twin block
15	Lingual arch
16	TPA

17	Quad helix
18	Bihelix
19	Utility arches
20	Pendulum appliance

3. Soldering exercises

SI.No.	Exercise	No.
1	Star	1
2	Comb	1
3	Christmas tree .	1
4	Soldering buccal tube on molar bands	1

4. Welding exercises

SI.No.	Exercise
1	Pinching and welding of molar, premolar, canine and Incisor bands
2	Welding of buccal tubes and brackets on molar bands and incisor bands

5. Impression of upper and lower arches in alginate

6. Study model preparation

7. Model analysis

SI. No.	EXERCISE
1	Impression of upper and lower dental arches
2	PREPARATION OF STUDY MODEL -1 And all the permanent dentition analyses to be done.
3	PREPARATION OF STUDY MODEL - 2 And all the permanent dentition analyses to be done.
4	PREPARATION OF STUDY MODEL - 3 And all the mixed dentition analyses to be done.

8. Cephalometrics

SI. No.	EXERCISE
1	Lateral cephalogram to be traced in five different colors and super imposed to see the accuracy of tracing
2	Steiner's analysis
3	Down's analysis
4	Tweed analysis
5	Rickett's analysis
6	Burrstone analysis
7	Rakosi's analysis
8	Mc Namara analysis
9	Bjork analysis
10	Coben's analysis
11	Harvold's analysis
12	Soft tissue analysis - Holdaway and Burrstone

- **Basics of Clinical Photography including Digital Photography**
- **Light wire bending exercises for the Begg technique**

SI.No.	Exercise
1	Wire bending technique on 0.016' wire circle "Z" Omega
2	Bonwill-Hawley diagram
3	Making a standard arch wire
4	Inter maxillary hooks- Boot leg and Inter Maxillary type
5	Upper and Lower arch wire
6	Bending a double back arch wire
7	Bayonet bends (vertical and horizontal offsets)
8	Stage-III arch wire
9	Torquing auxiliary (upper)
10	Reverse Torquing (lower)
11	Up righting spring

2. Typhodont exercises

1. Teeth setting in Class-II division I malocclusion with maxillary anterior proclination and mandibular anterior crowding
2. Band pinching, welding brackets and buccal tubes to the bands
3. Stage-I
4. Stage-II
5. Pre Stage-I
6. Stage-III

CLINICAL WORK:

Once the basic pre-clinical work is completed the students can take up clinical cases and clinical training is for the two and half years.

Each postgraduate student should start with a minimum of 50 cases of his/her own. Additionally he / she should handle a minimum of 20 transferred cases.

The type of cases can be as follows:

- i. Removable active appliances-5cases
- ii. Class-I malocclusion with Crowding
- iii. Class-I malocclusion with bi-maxillary protrusion
- iv. Class-II division-1
- v. Class-II division-2
- vi. Class-III (Orthopedic, Surgical, Orthodontic cases)
- vii. Inter disciplinary cases
- viii. Removable functional appliance cases like activator, Bionator, functional regulator, twin block and new developments
- ix. Fixed functional appliances - Herbst appliance, jasper jumper etc - 5 cases
- x. Dento-facial orthopedic appliances like head gears, rapid maxillary expansion niti expander etc., - 5 cases
- xi. Appliance for arch development such as molar distalization -m 5 cases
- xii. Fixed mechano therapy cases (Begg, PEA, Tip edge, Edgewise) Retention procedures of above treated cases.

Other work to be done during FIRST YEAR

1. **Seminars:** One Seminar per week to be conducted in the department. A minimum of five seminars should be presented by each student each year
2. **Journal club:** One Journal club per week to be conducted in the department. A minimum of five seminars should be presented by each student each year
3. Protocol for dissertation to be submitted on or before the end of six months from the date of admission.
4. **Under graduate classes:** Around 4 - 5 classes should be handled by each post- graduate student
5. **Field survey:** To be conducted and submit the report
6. **Inter-departmental meetings:** should be held once in a month.
7. **Case discussions**
8. **Field visits:** To attend dental camps and to educate the masses
9. **Basic subjects classes**
10. **Internal assessment or Term paper Second Year:**

The clinical cases taken up should be followed under the guidance. More case discussions and cases to be taken up. Other routine work as follows.

1. Seminars: One Seminar per week to be conducted in the department. Each student should present a minimum of five seminars each year.
2. Journal club: One Journal club per week to be conducted in the department. Each student should present a minimum of five seminars each year.
3. Library assignment to be submitted on or before the end of six months.
4. Undergraduate classes: each post-graduate student should handle Around 4-5 classes.
5. Inter-departmental meetings: Should be held once in a month
6. Case discussions
7. Field visits: To attend dental camps and to educate the masses.
8. Internal assessment or term paper.
9. Dissertation work: On getting the approval from the university work for the dissertation to be started.

Third Year:

The clinical cases taken up should be followed under the guidance. More cases discussions and cases to be taken up. Other routine work as follows:

1. **Seminars:** One Seminar per week to be conducted in the department. E student should present a

minimum of five seminars each year.

2. **Journal Club:** One Journal club per week to be conducted in the departments minimum of five seminars should be presented by each student each year
3. **Under graduate classes:** each post - graduate student, should handle Around 4-5 classes.
4. **Inter-departmental meetings:** Should be held once in a month.
5. **The completed dissertation should be submitted six months before the final examination**
6. **Case discussions**
7. **Field visits:** To attend dental camps and to educate the masses.
8. **Finishing and presenting the cases taken up.**
9. **Preparation of finished cases and presenting the cases (to be presented for the examination)**
10. **Mock examination Dissertation:**
 - a. The protocol for dissertation should be submitted on or before the end of six months from the date of admission as per calendar of events to the Registrar, Rajiv Gandhi University of Health Sciences, Karnataka, through proper channel.
 - b. The completed dissertation should be submitted 6 months before the final examination as per calendar of events to the Registrar (Evaluation), Rajiv Gandhi University of Health Sciences, Karnataka, through proper channel.
 - c. The dissertation should not be just a repetition of a previously undertaken study but should try to explore some new aspects.
 - d. Approval of dissertation is essential before a candidate appears for the Univ examination.

Monitoring Learning Progress

It is essential to monitor the learning progress of each candidate through continuous app and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department^ participation of students in various teaching / learning activities. It may be structured assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1st year and Part II at the end of 3 years Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - **100 Marks**

Part-II: Paper-I, Paper-II & Paper-III - **300 Marks** (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory :

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

B. Practical / Clinical Examination : 200 Marks

No	Exercise	Marks allotted	Approximate time
1	Functional appliance, <ul style="list-style-type: none">• case discussion, bite registration, fabrication and delivering of the appliance	50	1 hour 1 hour
2	III stage mechanics/ Bonding/ arch wire fabrication	50	1 hour 30 min
3	Display of case records (a minimum of 5 patients to be presented with all the records)	75	1 hour
4	Long cases	25	2 hours

C Viva Voce : 100 Marks

i. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy Exercise: 20 marks

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minute

ORAL AND MAXILLOFACIAL PATHOLOGY; AND ORAL MICROBIOLOGY

objectives

© To train a post graduate dental surgeon so as to ensure higher competence in both general and special pathology dealing with the nature of oral diseases, their causes, processes and effects.

© An oral pathologist is expected to perform routine histopathological evaluation of specimens relating to oral and perioral tissues, to carry out routine diagnostic procedures including hematological, cytological, microbiological, Immunological and ultrastructural investigations.

© He/she is expected to have an understanding of current research methodology, collection and interpretation of data, ability to carry out research projects on clinical and/or epidemiological aspects,

a working knowledge on current databases, automated data retrieval systems, referencing and skill in writing scientific papers.

© He/she is expected to present scientific data pertaining to the field, in conferences both as poster and verbal presentations and to take part in group discussions.

Broad outline of theoretical, clinical and practical courses.

1. Study of principles of routine and special techniques used for histopathology including principles of histochemistry, Immunochemistry, applied and theoretical biochemical basis of histochemistry as related to oral pathology.

1. Advanced histological and histopathological study of dental and oral tissues including embryonic considerations, clinical considerations, biology, histology, Pathology, prognosis and management of oral oncology, Concepts of oral premalignancy

2. Study of special and applied pathology of oral tissues as well as relation of local pathologic and clinical findings to systemic conditions.

3. Oral microbiology and their relationship to various branches of dentistry.

4. Oral microbiology affecting hard and soft tissues. Study of clinical changes and their significance to dental and oral diseases as related to oral pathology

5. Forensic odontology

6. Inter institutional postings such as cancer hospital, dermatology clinics, regional HIV detection centers, 'sophisticated instrumentation centers for electron microscopy and other techniques.

7. Maintenance of records of all postgraduates activities.

8. Library assignment.

9. University Dissertation.

A. Course contents First year

1) Biostatistics and Research Methodology

© Basic principles of biostatistics and study as applied to dentistry and research

© Collection/organization of data/measurement scales presentation of data analysis.

© Measures of central tendency.

© Measures of variability.

© Sampling and planning of health survey.

© Probability, normal distribution and indicative statistics.

© Estimating population values.

© Tests of significance (parametric/non-parametric qualitative methods.)

- © Analysis of variance
- © Association, correlation and regression.

Approach:

- © Didactic lectures on biostatistics and discussion on research methodology by eminent researchers.
- © Two - day P.G. orientation course including general approach PG course, library and main dissertation, journal club topic selection and presentation, seminars, clinico- pathological meets, teaching methodology and use of audiovisual aids.

2) Applied Gross Anatomy of Head and Neck including Histology:

- © Temporomandibular joint
- © Trigeminal nerve and facial nerve
- © Muscles of mastication
- © Tongue
- © Salivary glands
- © Nerve supply; blood supply, lymphatic drainage and venous drainage of Oro-dental tissues.
- © Embryology
- Development of face, palate, mandible, maxilla, tongue and applied aspects of the same
- Development of teeth and dental tissues and developmental defects of oral and maxillofacial region and abnormalities of teeth
- © Maxillary sinus
- © Jaw muscles and facial muscles

Genetics:

Introduction modes of inheritance, chromosomal anomalies of oral tissues and single genetic disorders.

Approach:

- To be covered as didactic lectures.
- © Posting in department of anatomy for dissection of head, face and neck.

3) Physiology (General and oral)

- © Saliva
- © Pain
- © Mastication
- © Taste
- © Deglutition
- © Wound healing
- © Vitamins (Influence on growth, development and structure of oral soft and hard tissues and para oral

tissues.)

© Calcium metabolism.

© Theories of mineralization.

© Tooth eruption and shedding.

© Hormones. (Influence on growth, development and structure of oral soft and hard tissues and para oral tissues.)

© Blood and its constituents.

Approach:

To be covered as didactic lectures.

4) Cell Biology:

© Cell-structure and function (ultrastructural and molecular aspects), intercellular junctions, cell cycle and division, cell cycle regulators, cell - cell and cell - extra cellular matrix interactions.

© Detailed molecular aspects of DNA, RNA, and intracellular organelles, transcription and translation and molecular biology techniques.

Approach:

To be covered as seminars and didactic lecture.

5) General Histology:

Light and electron microscopy considerations of Epithelial tissues and glands, bone, hematopoietic system, lymphatic system, muscle, neural tissue, endocrinal system (thyroid, pituitary, parathyroid)

Approach:

© Topics to be covered as didactic lectures.

© Postings in the department of anatomy and histology for slide discussion

© Record book to be maintained.

6) Biochemistry:

©Chemistry of carbohydrates, lipids and proteins.

©Methods of identification and purification.

©Metabolism of carbohydrates, lipids and proteins.

©Biological oxidation.

©Various techniques - cell fractionation and ultra filtration, centrifugation, Electrophor Spectrophotometry, and radioactive techniques.

Approach:

© Topics to be covered as didactic lectures.

© Postings to the department of biochemistry to familiarize with various techniques

© Record book to be maintained.

7) General Pathology:

© Inflammation and chemical mediators, thrombosis, embolism, necrosis, repair, degeneration, shock, hemorrhage pathogenic mechanisms at molecular level and blood dyscrasias, Carcinogenesis and Neoplasia.

Approach:

To be covered as seminars and didactic lectures.

8) General Microbiology:

- © Definitions of various types of infections.
- © Routes of infection and spread
- © Sterilization, disinfection and antiseptics.
- © Bacterial genetics.
- © Physiology and growth of microorganisms.

Approach:

©To be covered as seminars and didactic lectures.

©Record book to be maintained.

9) Basic Immunology

- © Basic principles of immunity, antigen and antibody reactions.
- © Cell mediated immunity and Humoral immunity.
- © Immunology of hypersensitivity.
- © Immunological basis of the autoimmune phenomena.
- © Immunodeficiency with relevance to opportunistic infections.
- © Basic principles of transplantation and tumor immunity.

Approach:

To be covered as didactic lectures.

10) Systemic microbiology/applied microbiology

Morphology, classification, pathogenicity, mode of transmission, methods of pre collection and transport of specimen, for laboratory diagnosis, staining methods, come culture media, interpretation of laboratory reports and antibiotic sensitivity tests.

© Staphylococci

- © Streptococci
- © Corynebacterium diphtheria
- © Mycobacteria
- © Clostridia, Bacteroides and fusobacteria © Actinomycetis
- © Spirochetes

Virology:

General properties: structure, broad classification of viruses, pathogenesis, pathology of viral infections.

Herpes virus: list of viruses included, lesions produced, pathogenesis, latency principles and laboratory diagnosis.

Hepatitis virus: list of viruses, pathogenesis, and mode of infection, list of diagnostic tests, and their interpretations, methods of prevention and control.

Human Immunodeficiency virus: structure with relevance to laboratory diagnosis, type of infection, laboratory tests and their interpretation, universal precautions, specific precautions and recent trends in diagnosis and prophylaxis.

Mycology:

© General properties of fungi, classification bases on disease, superficial, subcutaneous, deep opportunistic infections.

© General principles of fungal infections, diagnosis rapid diagnosis method of collection of sample and examination for fungi.

Approach:

- © To be covered as seminars and didactic lectures
- © Postings to the dept. of microbiology to familiarize with relevant diagnostic methods
- © Record book to be maintained

11) Oral Biology (oral and dental histology)

© Structure and function of oral, dental and paraoral tissues including their ultra structure, molecular and biochemical aspects.

© Study of morphology of permanent and deciduous teeth (Lectures and practical demonstrations to be given by PG students)

Approach:

- © To be covered as seminars and didactic lectures.
- © Slide discussion on histological appearance of normal oral tissues.

© Record book to be maintained.

12) Basic molecular biology and techniques: experimental aspects - DNA extraction, PCR, western blotting. **Approach:**

© To be covered as didactic lectures

© Postings in centers where facilities are available for demonstration of routine molecular biology techniques.

© Record book to be maintained.

13) Basic histo techniques and microscopy:

© Routine hematological tests and clinical significance of the same.

© Biopsy procedures for oral lesions.

© Processing of tissues for Paraffin lesions.

© Microtome and principles of microtomy.

© Routine stains, principles and theories of staining techniques

© Microscope, principles and theories of microscopy.

© Light microscopy and various other types including electron microscopy.

© Methods of tissue preparation for ground sections, decalcified sections.

Approach:

© Topics to be covered as seminars.

© Preparation of ground and decalcified sections, tissue processing, sectioning and staining.

© Record book to be maintained

Academic activities:

© Submission of synopsis of dissertation at the end of six months.

© Journal clubs and seminars to be presented by every post graduate student twice a month.

© To attend interdepartmental meetings.

© To attend dental camps based on the survey to be done.

© Part -1 year ending examination to be conducted by the college.

SECOND YEAR

Oral pathology

© Developmental defects of oral and maxillofacial region and abnormalities of teeth Dental caries (Introduction, Epidemiology, microbiology, cariogenic bacterial including properties, acid production in plaque, development of lesion, response of dentine - pulp unit, histopathology, root caries, sequelae and immunology).

© Pulpal and Periapical diseases

© Infections of oral and Para oral regions (bacterial, viral and fungal infection)

© Non - neoplastic disorders of salivary glands

- © Bone pathology
- © Hematological disorders
- © Physical and chemical injuries, allergic and Immunological diseases.
- © Cysts of odontogenic origin
- © Dermatologic diseases.
- © Periodontal diseases
- © Oral manifestations of systemic diseases
- © Facial pain and neuromuscular disorders including TMJ disorders
- © Regressive alterations of teeth

Clinical Pathology:

- © Laboratory investigations - Hematology, Microbiology and Urine analysis
- © Postings to Clinical Pathology for relevant training
- © Record book to be maintained.

Specialized histological techniques and special stains: Special staining techniques for different tissues.

Immunohistochemistry

Preparation of frozen sections and cytological smears

Approach:

Training to be imparted in the department or in other institutions having the facility Record book to be maintained

Recording of Case history and Clinicopathological discussions: Approach

Posting to the department of Oral medicine, Diagnosis and Radiology and Oral and Maxillofacial surgery

Record of case histories to be maintained Dermatology

Study of selected mucocutaneous lesions-etio-pathogenesis, pathology, clinical presentation and diagnosis.

Approach

- © Posting to the dept of Dermatology of a Medical college
- © Topics to be covered as Seminars
- © Record of cases seen to be maintained.

Oral oncology

Detailed study including Pathogenesis, molecular and biochemical changes of tumor like lesions and Premalignant lesions affecting the hard and soft tissues of oral and para oral tissues

Tumor markers

Approach

To be covered as seminars

Posting to a Cancer center to familiarize with the pathological appearances, diagnosis, radio-diagnosis and treatment modalities.

Oral Microbiology and immunology

© Normal Oral microbial flora

© Defense mechanism of the oral cavity

© Microbiology and immunology of Dental caries and Periodontal diseases © Dental caries (Introduction, epidemiology, microbiology, cariogenic bacteria including properties, acid production in plaque, development of lesion, response of dentin-pulp unit, histopathology, root caries, sequelae and immunology)

© Tumor immunology

© Infections of Pulp and Periapical and periodontal tissues

© Oral sepsis and Bacteremia

© Microbial genetics

© Infections of oral and Para oral regions (bacterial, viral and fungal infections)

Approach

To be covered as seminars Forensic Odontology:

Legal procedures like inquest, medico-legal evidences post mortem examination of violence around mouth and neck, identification of deceased individual-dental importance.

Bite marks rugae patterns and lip prints.

Approach

To be covered as seminars

Posting to a Cancer center to familiarize with the pathological appearances, diagnosis, and radio-diagnosis and treatment modalities

Histopathology - slide discussion Record book to be maintained Laboratory techniques and Diagnosis

© Routine hematological tests and clinical significance of the same

© Microtome and principles of microtomy

© Routine stains, principles and theories of staining techniques

© Microscope, principles and theories of microscopy

© Light microscopy and various other types including electron microscopy

© Methods of tissue preparation for ground sections, decalcified sections.

© Special stains and staining techniques for different tissues

© Immunohistochemistry

© Preparation of frozen sections and cytological smears

Other Topics in Oral Pathology.

Detailed description of diseases affecting oral mucosa, teeth, supporting tissues & jaws

Cysts of the oral & Para-oral regions

Systemic diseases affecting oral cavity

. Approach: Seminars & Slide discussions. Record notebook to be maintained. Training in histopathology slide reporting.

Experimental aspects of Oral diseases

Approach: Posting is desirable in Centers where animal experimentation is carried out to familiarize with laboratory technique's, upkeep & care of experimental animals.

Recent advances in Oral Pathology.

Approach: Update of knowledge in Oral Pathology through study of recent journals & Internet browsing.

Journal Clubs & Group discussions

Academic activities

© Library assignment to be submitted at the end of 6 months © Commencement of dissertation work

© Journal clubs and seminars to be presented by every PG student © Clinicopathological discussions once in a month by every PG student © To attend interdepartmental meetings.

© Lecture and practical classes and slide discussions to be taken for II BDS students in oral and dental anatomy, dental histology and oral physiology. © Year ending examination (theory and practical) to be conducted by the college.

IIIIRD YEAR

© Non-neoplastic disorders of salivary glands.

© Bone pathology

© Physical and chemical injuries, allergic and Immunological diseases.

© Cysts of odontogenic origin

© Oral manifestations of systemic diseases

Approach

To be covered as seminars Slide discussions of the same Record book to be maintained

Academic activities

© Visit to center out Animal experimentation to familiarize with Laboratory techniques, upkeep and care of animals

© Completion of Dissertation work and submission of the same, six months before the Final Examination

© Study of Journals, Internet Browsing, and group discussions, to update knowledge in the recent advances in Oral Pathology

© Lecture and Practical demonstrations for third B.D.S students in Oral pathology and Microbiology

© Reporting of histopathology slides

© Journal clubs and Seminars to be presented by every post graduate student twice a month

© Clinicopathological discussions by every student once in a month

© To attend Interdepartmental meetings.

Monitoring learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured, and assessment is done using checklists that assess various aspects. Checklists are given in Section

UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1st year and Part II at the end of 3 years Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - 100 Marks

Part-II: Paper-I, Paper-II & Paper-III - 300 Marks (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory :

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

B. Practical/Clinical - 200 Marks

1. Case Presentation

a) Long case - 20 marks

b) Short case — 10 marks

2. Clinical Hematology (any two investigations) - 20 Marks

Hb%, bleeding time, clotting time, Total WBC count, Differential WBC count and ESR

3. Smear Presentation - 20 marks

4. Cytology or microbial smear and staining

5. Paraffin sectioning and H & E Staining - 30 Marks

6. Histopathology slide discussion - 100 Marks

C. Viva Voce 100 Marks

i. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes rill components of course contents. It includes presentation and discussion on dissertation also.

iii. Pedagogy Exercise: 20 marks

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes

PUBLIC HEALTH DENTISTRY

Objectives

At the end of 3 years of training the candidate should be able to: Knowledge

- © apply basic sciences knowledge regarding etiology, diagnosis and management of the prevention, promotion and treatment of all the oral conditions at the individual and community level.
- © Identify social, economic, environmental and emotional determinants in a given individual patient or a community for the purpose of planning and execution of Community Oral Health Program.
- © Ability to conduct Oral Health Surveys in order to identify all the oral health problems affecting the community and find solutions using multi - disciplinary approach.
- © Ability to act as a consultant in community Oral Health, teach, guide and take part in research (both basic and clinical), present and publish the outcome at various scientific conferences and journals, both national and international level.

Skills

The candidate should be able to

1. Take history, conduct clinical examination including all diagnostic procedures to arrive at diagnosis at the individual level and conduct survey of the community at state and national level of all conditions related to oral health to arrive at community diagnosis. Plan and perform all necessary treatment, prevention and promotion of Oral Health at the individual and community level.
2. Plan appropriate Community Oral Health Program, conduct the program and evaluate, at the community level.
3. Ability to make use of knowledge of epidemiology to identify causes and appropriate preventive and control measures.
4. Develop appropriate person power at various levels and their effective utilization.
5. Conduct survey and use appropriate methods to impart Oral Health Education.
6. Develop ways of helping the community towards easy payment plan, and followed by evaluation for their oral health care needs.
7. Develop the planning, implementation, evaluation and administrative skills to carry out successful community Oral Health Programs.

Values:

1. Adopt ethical principles in all aspects of Community Oral Health Activities.
2. To apply ethical and moral standards while carrying out epidemiological researches.
3. Develop communication skills, in particular to explain the causes and prevention of oral diseases to the patient.
4. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when

needed and promote teamwork approach.

5. Respect patient's rights and privileges including patients right to information and right to seek a second opinion.

Course Contents:

Paper I: Applied Basic Sciences

I. Applied Anatomy and Histology

A. Applied Anatomy in relation to:

- # Development of face
- # Bronchial arches
- # Muscles of facial expression
- # Muscles of mastication
- # TMJ
- # Salivary gland
- # Tongue
- # Salivary gland
- # Tongue
- # Hard and soft palate
- # Infratemporal fossa
- # Paranasal air sinuses
- # Pharynx and larynx
- # Cranial and spinal nerves- with emphasis on trigeminal, facial, glossopharyngeal and hypoglossal nerve
- # Osteology of maxilla and mandible
- # Blood supply, venous and lymphatic drainage of head and neck
- # Lymph nodes of head and neck
- # Structure and relations of alveolar process and edentulous mouth

- # Genetics-fundamentals

B. Oral Histology

- # Development of dentition, Innervations of dentin and pulp

- # Periodontium-development, histology, blood supply, nerve supply and lymphatic drainage
- # Oral mucous membrane

Pulp-periodontal complex

II. Applied Physiology and Biochemistry:

- Cell
 - Mastication and deglutition
 - Food and nutrition
 - Metabolism of carbohydrates, proteins and fats
-
- ☒ Vitamins and minerals
 - ☒ Fluid and electrolyte balance
 - ☒ Pain pathway and mechanism-types, properties
 - ☒ Blood composition and functions, clotting mechanism and erythropoiesis, Blood groups and transfusions, Pulse and blood pressure,
 - ☒ Dynamics of blood flow
 - ☒ Cardiovascular homeostasis-heart sounds
 - ☒ Respiratory system: Normal physiology and variations in health and diseases, Asphyxia and artificial respiration
 - ☒ Endocrinology: thyroid, parathyroid, adrenals, pituitary, sex hormones and pregnancy, Endocrine regulation of blood sugar.

III. A. Applied Pathology:

- # Pathogenic mechanism of molecular level
 - # Cellular changes following injury
 - # Inflammation and chemical mediators
 - # Oedema, thrombosis and embolism
 - # Hemorrhage and shock
 - # Neoplasia and metastasis
 - # Blood disorders
 - # Histopathology and pathogenesis of dental caries, periodontal disease, oral mucosal lesions, and malignancies, HIV
 - # Propagation of dental infection
- B. Microbiology**
- Microbial flora of oral cavity
 - Bacteriology of dental caries and periodontal disease
 - Methods of sterilization
 - Virology of HIV, herpes, hepatitis

- Parasitology
- Basic immunology - basic concepts of immune system in human body Cellular and humoral immunity
Antigen and antibody system

Hypersensitivity and Autoimmune diseases

C. Oral Pathology

- Detailed description of diseases affecting the oral mucosa, teeth, supporting tissues and jaws.

IV. Physical and Social Anthropology

- Introduction and definition
- Appreciation of the biological basis of health and disease
- Evolution of human race, various studies of different races by anthropological methods

V. Applied Pharmacology:

- Definition, scope and relations to other branches of medicine, mode of action, bioassay, standardization, pharmacodynamics , pharmacokinetics.
- Chemotherapy of bacterial infections and viral infections - sulphonamides and antibiotics.
- Local anesthesia
- Analgesics and anti-inflammatory drugs
- Hypnotics, tranquilizers and antipyretics
- Important hormones-ACTH, cortisone, insulin and oral antidiabetics.
- Drug addiction and tolerance
- Important pharmacological agents in connection with autonomic nervous system-adrenaline, noradrenaline, atropine
- Brief mention of antihypertensive drugs
- Emergency drugs in dental practice
- Vitamins and haemopoietic drugs

VI. Research Methodology and Biostatistics:

Health informatics: basic understanding of computers and its components, operating software (Windows), Microsoft office, preparation of teaching materials like slides, project, multimedia knowledge.

Research methodology- definitions, types of research, designing written protocol for research, objectivity in methodology, quantification, records and analysis.

Biostatistics-introduction, applications, uses and limitations of bio - statistics in Public Health dentistry, collection of data, presentation of data, measures of central tendency, measures of dispersion, methods of summarizing, parametric and non-parametric tests of significance, correlation and regression, multivariate analysis, sampling and sampling techniques - types, errors, bias, trial and calibration
COMPUTERS-Basic operative skills in analysis of data and knowledge of multimedia.

Paper II - Public Health

1. Public Health

- Definition, concepts and philosophy of dental health
- History of public health in India and at international level
- Terminologies used in public health

2. Health

- Definition, concepts and philosophy of health
- Health indicators
- Community and its characteristics and relation to health

3. Disease

- Definition, concepts.
- Multifactorial causation, natural history, risk factors
- Disease control and eradication, evaluation and causation, infection of specific diseases
- Vaccines and immunization

4. General Epidemiology

- Definition and aims, general principles
- Multifactorial causation, natural history, risk factors
- Methods in epidemiology, descriptive, analytical, experimental and classic epidemiology of specific diseases, uses of epidemiology
- Duties of epidemiologist
- General idea of method of investigating chronic diseases, mostly non-infectious nature, epidemic, endemic, and pandemic.
- Ethical conversation in any study requirement
- New knowledge regarding ethical subjects
- Screening of diseases and standard procedures used

5.Environmental Health:

- Impact of important components of the environment of health
- Principles and methods of identification, evaluation and control of such health hazards
- Pollution of air, water, soil, noise, food
- Water purification, international standards of water
- Domestic and industrial toxins, ionizing radiation
- Occupational hazards
- Waste disposal- various methods and sanitation

6. Public Health Education:

- Definition, aims, principles of health education
- Health education, methods, models, contents, planning health education programs

7. Public Health Practice and Administration System In India

8. Ethics and Jurisprudence

- Basic principles of law
- Contract laws- dentist - patient relationships & Legal forms of practice
- Dental malpractice
- Person identification through dentistry
- Legal protection for practicing dentist.
- Consumer protection act

9. Nutrition In Public Health:

- Study of science of nutrition and its application to human problem e Nutritional surveys and their evaluations

e Influence of nutrition and diet on general health and oral health, dental caries, periodontal disease and oral cancers

- Dietary constituents and carcinogenicity Guidelines for nutrition

10. Behavioral Sciences:

- Definition and introduction
- Sociology: social class, social group, family types, communities and social relationships, culture, its effect on oral health.
- Psychology: definition, development of child psychology, anxiety, fear and phobia, intelligence, learning, motivation, personalities, fear, dentist-patient relationship, modeling and experience

11 Hospital Administration:

- Departmental maintenance, organizational structures
- Types of practices
- Biomedical waste management

12..Health Care Delivery System:

- International oral health care delivery systems - Review
- Central and state system in general and oral health care delivery system if any
- National and health policy
- National health programme
- Primary health care - concepts, oral health in PHC and its implications
- National and international health organizations
- Dentists Act 1928, Dental council of India, Ethics, Indian Dental Association
- Role of W.H.O. and Voluntary organizations in Health Care for the Community

13. Oral Biology And Genetics:

A detailed study of cell structure

- # Introduction to Genetics, Gene structure, DNA, RNA
- # Genetic counseling, gene typing
- # Genetic approaches in the study of oral disorders
- # Genetic Engineering - Answer to current health problems

Paper III: Dental Public Health

1. Dental Public Health:

- # History
- # Definition and concepts of dental public health
- # Differences between clinical and community dentistry
- # Critical review of current practice
- # Dental problems of specific population groups such as chronically ill, handicapped and institutionalized group

2. Epidemiology of Oral Diseases and Conditions

- Dental caries, gingival, periodontal disease malocclusion, dental Fluorosis, oral cancer, TMJ disorders and other oral health related problems.

3. Oral Survey Procedures:

- # Planning
- # Implementation
- # WHO basic oral health methods 1997
- # Indices for dental diseases and conditions
- # Evaluation

4. Delivery of Dental Care

- # Dental person power - dental auxiliaries
- # Dentist - population ratios,
- # Public dental care programs
- # School dental health programs- Incremental and comprehensive care
- # Private practice and group practice
- # Oral health policy - National and international policy

5. Payment for Dental care

- Prepayment
- Post-payment
- Reimbursement plans
- Voluntary agencies
- Health insurance

6. Evaluation of Quality of Dental care

- Problems in public and private oral health care system program

- Evaluation of quality of services, governmental control

7. Preventive Dentistry

Levels of prevention

Preventive oral health programs screening, health education and motivation

Prevention of all dental diseases-dental caries, periodontal diseases, oral cancer, malocclusion and Dentofacial anomalies

- Role of dentist in prevention of oral diseases at individual and community level.

- Fluoride

-History

-Mechanism of action

-Metabolism

-Fluoride toxicity

-Fluorosis

-Systemic and topical preparations

-Advantages and disadvantages of each

-Update regarding Fluorosis

-Epidemiological studies

-Methods of fluoride supplements

-Defluoridation techniques

- Plaque control measures-

-Health Education

-Personal oral hygiene

-Tooth brushing technique

-Dentifrices, mouth rinses

- Pit and fissure sealant, ART

- Preventive oral health care for medically compromised individual

- Update on recent preventive modalities

- Caries vaccines

- Dietary counseling

8. Practice Management

- Definition

- Principles of management of dental practice and types

- Organization and administration of dental practice

- Ethical and legal issues in dental practice

- Current trends Structured Training Schedule First Year Seminars

- 5 seminars in basic sciences subject,
- To conduct 10 journal clubs Library assignment on assigned topics - 2
- Submission of synopsis for dissertation-within 6 months
- Periodic review of dissertation at two monthly intervals

Clinical Training

1. Clinical assessment of patient
2. Learning different criteria and instruments used in various oral indices - 5 cases each
 - Oral Hygiene Index - Greene and Vermillion
 - Oral Hygiene Index - Simplified
 - DMF - DMF (T), DMF (S)
 - Def
 - Fluorosis Indices - Dean's Fluorosis Index, Tooth Surface Index for Fluorosis and the Thylstrup Fejerskov Index.

Community Periodontal Index (CPI) Plaque Index-Silness and Loe WHO Oral Health Assessment Form - 1997

- Carrying out treatment (under comprehensive oral health care) of 10 patients - maintaining complete records.

Field Programme:

1. Carrying out preventive programs and health education for school children of the adopted school.
2. School based preventive programs-
 - Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, AckW* Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
 - Pit and Fissure Sealant - chemically cured (GIC), light cured
 - Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
 - Organizing and carrying out dental camps in both urban and rural areas.
3. Visit to slum, water treatment plant, sewage treatment plant, and Milk dairy, Public Health Institute, Anti-Tobacco Cell, Primary Health Center and submitting reports.
4. In additions the postgraduate shall assist and guide the under graduate students in their clinical and field programs.

Second Year Seminars

- Seminars in Public Health and Dental Public Health topics
- Conducting journal clubs
- Short term research project on assigned topics - 2

- Periodic review of dissertation at monthly reviews

Clinical Training-Continuation of the clinical training

1. Clinical assessment of patient

2. Learning different criteria and instruments used in various oral indices e Oral Hygiene Index - Greene and Vermillion

- Oral Hygiene Index – Simplified
- DMF - DMF (T), DMF (S)
- Def t/s
- Fluorosis Indices - Dean's Fluorosis Index, Tooth Surface Index for Fluorosis, Thylstrup and Fejerskov Index
- Community Periodontal Index (CPI)
- Plaque Index-Silness and Loe
- WHO Oral Health Assessment Form -1987
- Carrying out treatment (under comprehensive oral health care) of 10 patients - maintaining complete records

Field Program - Continuation of field program

1. Carrying out school dental health education

2. School based preventive programs-

- Topical Fluoride application-Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes, Fluoride mouth rinses
- Pit and Fissure Sealant - chemically cured (GIC); light cured
- Minimal Invasive Treatment-Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)
- Organizing and carrying out dental camps in both urban and rural areas.

5. Assessing oral health status of various target groups like School children, Expectant mothers Handicapped, Underprivileged, and geriatric populations. Plan dental manpower and financing dental health care for the above group.

6. Application of the following preventive measures in clinic-10 Cases each.

- Topical Fluoride application - Sodium Fluoride, Stannous Fluoride, Acidula' Phosphate Fluoride preparations and Fluoride varnishes.
- Pit and Fissure Sealant

7. Planning total health care for school children in an adopted school:

- a) Periodic surveying of school children
- b) Incremental dental care
- c) Comprehensive dental care

8. Organizing and conducting community oral health surveys for all oral condition- 3 surveys

9. In addition the postgraduate shall assist and guide the under graduate student in their clinical and field programs

10. To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic.

Third Year: Seminars

- Seminars on recent advances in Preventive Dentistry and Dental Public Health
- Critical evaluation of scientific articles -10 articles
- Completion and submission of dissertation

Clinical Training

1. Clinical assessment of patient

2. Learning different criteria and instruments used in various oral indices - 5 each

- Oral Hygiene Index - Greene and Vermillion
- Oral Hygiene Index - Simplified
- DMF - DMF (T), DMF (S)
- Def t/s
- Fluorosis Indices - Dean's Fluorosis Index, Tooth Surface Index for Fluorosis Thylstrup and Fejerskov

Index

- Community Periodontal Index (CPI)
- Plaque Index-Silness and Loe
- WHO Oral Health Assessment Form -1987
- Carrying out treatment (under comprehensive oral health care) of 10 patients - maintaining complete records

3. Carrying out school dental health education

4. School based preventive programs-

- Topical Fluoride application - Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations and Fluoride varnishes.
- Pit and Fissure Sealant
- Minimal Invasive Techniques - Preventive Resin Restorations (PRR), Atraumatic Restorative Treatment (ART)

Treatment (ART)

5. To take lecture classes (2) for Undergraduate students in order to learn teaching methods (pedagogy) on assigned topic

6. Exercise on solving community health problems -10 problems

7. Application of the following preventive measures in clinic -10 cases each.

- Topical Fluoride application - Sodium Fluoride, Stannous Fluoride, Acidulated Phosphate Fluoride preparations
- Pit and Fissure sealants

8. Dental - health education training of school teachers, social workers, health workers,

9. Posting at dental satellite centers/ nodal centers

10. In addition the post graduate shall assist and guide the under graduate students in their clinical and field programs

Before completing the third year M.D.S., a student must have attended two national conferences.

Attempts should be made to present two scientific papers, publication of a scientific article in a journal.

Monitoring Learning Process:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1st year and Part II at the end of 3 years Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - 100 Marks

Part-II: Paper-I, Paper-II & Paper-III - 300 Marks (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory :

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

B. Practical / Clinical Examination : 200 Marks

1. Clinical examination of at least 2 patients representing the community- includes history, main complaints, examination and recording of the findings, using indices for the assessment of oral health and presentation of the observation including diagnosis, comprehensive treatment planning. (50 Marks -1 Hrs)

2. Performing – MAXIMUM – 50 marks

- One of the treatment procedures as per treatment plan. (Restorative, surgical, rehabilitation)

- a. Preventive oral health care procedure.

- b. One of the procedures specified in the curriculum

3 Critical evaluation of a given research article published in an international journal

(50 Marks -1 Hour)

4 Problem solving - a hypothetical oral health situation existing in a community is given with sufficient data. The student as a specialist in community dentistry is expected to suggest practical solutions to the existing oral health situation of the given community.

(50 Marks -1 Hour)

C. Viva Voce 100 Marks

i. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy Exercise: 20 marks

A topic be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minute.

PEDIATRIC DENTISTRY

At the end of 3 years of training the candidate should be able to

1. Create not only a good oral health in the child but also a good citizen tomorrow.
2. Instill a positive attitude and behavior in children
3. Understand the principles of prevention and preventive dentistry right from birth to adolescence
4. Guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry
5. Prevent and intercept developing malocclusion

Skills

1. Obtain proper clinical history, methodological examination of the child patient, perform essential diagnostic procedures and interpret them, and arrive at a reasonable diagnosis and treat appropriately
2. Be competent to treat dental diseases which are occurring in child patient.
3. Manage to repair and restore the lost tooth structure to maintain harmony between both hard and soft tissues of the oral cavity.
4. Manage the disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.

Attitudes

1. Develop an attitude to adopt ethical principles in all aspects of Pedodontic practice.
2. Professional honesty and integrity are to be fostered

3. Treatment care is to be delivered irrespective of the social status, cast, creed, and religion of the patients.
4. Willingness to share the knowledge and clinical experience with professional colleagues.
5. Willingness to adopt, after a critical assessment, new methods and techniques of Pedodontic management developed from time to time, based on scientific research, which are in the best interest of the child patient.
6. Respect child patient's rights and privileges, including child patients right to information and right to seek a second opinion.
7. Develop an attitude to seek opinion from allied medical and dental specialities, as and when required

Course contents

1. Applied Anatomy & genetics
2. Applied Physiology
3. Applied Pathology
4. Nutrition and Dietetics

5. Growth & Development: Prenatal and postnatal development of cranium, face, jaws, teeth and supporting structures. Chronology of dental development and development of occlusion. Dimensional changes in dental arches. Cephalometric evaluation of growth.
6. Child Psychology: Development & Classification of behavior, personality, intelligence in children, theories of child psychology, stages of psychological child development, fear anxiety, apprehension and its management
7. Behavior Management: Non- pharmacological and Pharmacological methods.
8. Child Abuse & Dental Neglect
9. Conscious Sedation, Deep Sedation and General Anesthesia in Pediatric Dentistry: (Including Other Drugs, Synergic & Antagonistic Actions of Various Drugs Used in Children
10. Preventive Pedodontics: Concepts, chair side preventive measures for dental diseases, high-risk caries including rampant & extensive caries - Recognition, Features & Preventive Management, Pit and Fissures Sealants, Oral Hygiene measures, Correlation of brushing with dental caries and periodontal diseases. Diet and Nutrition as related to dental caries. Diet Counseling
11. Dental Plaque: Definition, Initiation, Pathogenesis, Biochemistry, and Morphology' & Metabolism.
12. Microbiology & Immunology as related to Oral Diseases in Children. Basic concepts, immune system in human body, Auto Immune diseases, Histopathology, Pathogenesis, Immunology of dental caries, Periodontal diseases. Tumors, Oral Mucosal lesions etc.
13. Gingival and Periodontal diseases in Children:

- Normal Gingiva & Periodontium in children.
 - Gingival & Periodontal diseases - Etiology, Pathogenesis, Prevention & Management
14. Pediatric Operative Dentistry
- Principle Of Operative Dentistry along with modifications of materials/past, current & latest including tooth colored materials.
 - Modifications required for cavity preparation in primary and young permanent teeth.
 - Various Isolation Techniques
 - Restorations of decayed primary, young permanent and permanent teeth in children using various restorative material like Glass Ionomer, Composites, Silver, Amalgam & latest material (gallium)
 - Stainless steel, Polycarbonate 8s Resin Crowns / Veneers & fibre pvit systems.
15. Pediatric Endodontics:
- a. Primary Dentition: - Diagnosis of pulpal diseases and their management - Pulp capping, Pulpotomy, Pulpectomy (Materials & Methods), Controversies 8s recent concepts.
 - b. Young permanent teeth and permanent teeth, Pulp capping, Pulpotomy, Apexogenesis, Apexification, Concepts, Techniques and Materials used for different procedures.
 - c. Recent advances in Pediatric diagnosis and Endodontics.
16. Prosthetic consideration in-Paediatric Dentistry.
17. Traumatic Injuries in Children:
- Classifications & Importance.
 - Sequelae & reaction of teeth to trauma.
 - Management of Traumatized teeth with latest concepts.
 - Management of jaw fracture in children.
18. Interceptive Orthodontics:
- a. Concepts of occlusion and esthetics: Structure and function of all anatomic components of occlusion, mechanics of articulations, recording of masticatory function, diagnosis of Occlusal dysfunction, relationship of TMJ anatomy and pathology and related neuromuscular physiology.
 - b. A comprehensive review of the local and systemic factors in the causation of malocclusion.
 - c. Recognition and management of normal and abnormal developmental occlusions in primary, mixed and permanent dentitions in children (Occlusal Guidance).
 - d. Biology of tooth movement: A comprehensive review of the principles of teeth movement Review of contemporary literature. Histopathology of bone and Periodontal ligament, Molecular and ultra cellular consideration in tooth movement.
 - e. Myofunctional appliances: Basic principles, contemporary appliances: Design & Fabrication
 - f. Removable appliances: Basic principles, contemporary' appliances: Design & Fabrication
 - g. Case selection & diagnosis in interceptive Orthodontics (Cephalometric, Image processing, Tracing, Radiation hygiene, Video imaging 8s advance Cephalometric techniques).

h. Space Management: Etiology, Diagnosis of space problems, analysis, Biomechanics, Planned extraction in interception orthodontics.

19. Oral Habits in Children:

- Definition, Etiology & Classification
- Clinical features of digit sucking, tongue thrusting, mouth breathing & various other secondary habits.
- Management of oral habits in children

20. Dental care of Children with special needs:

- Definition Etiology, Classification, Behavioral, Clinical features & Management of children with:
- Physically handicapping conditions
- Mentally compromising conditions
- Medically compromising conditions
- Genetic disorders

21. Oral manifestations of Systemic Conditions in Children & their Management

22. Management of Minor Oral Surgical Procedures in Children

23. Dental Radiology as related to Pediatric Dentistry

24. Cariology

- Historical background
- Definition, Etiology & Pathogenesis
- Caries pattern in primary, young permanent and permanent teeth in children.
- Rampant caries, early childhood caries and extensive caries. Definition, etiology, Pathogenesis, Clinical features, Complications & Management.
- Role of diet and nutrition in Dental Caries
- Dietary modifications & Diet counseling.
- Subjective & objective methods of Caries detection with emphasis on Caries Activity tests, Caries prediction, Caries susceptibility & their clinical Applications

25. Pediatric Oral Medicine & Clinical Pathology: Recognition & Management of developmental dental anomalies, teething disorders, stomatological conditions, mucosal lesions, viral infections etc.

26. Congenital Abnormalities in Children: Definition, Classification, Clinical features of Management.

27. Dental Emergencies in Children and their Management.

28. Dental Materials used in Pediatric Dentistry.

29. Preventive Dentistry:

- Definition

- Principles 8s Scope
 - Types of prevention
 - Different preventive measures used in Pediatric Dentistry including fissure sealants and caries vaccine.
30. Dental Health Education 8s School Dental Health Programmes
 31. Dental health concepts, Effects of civilization and environment, Dental Health delivery system, Public Health measures related to children along with principles of Pediatric Preventive Dentistry
 32. Fluorides:
 - Historical background
 - Systemic & Topical fluorides
 - Mechanism of action
 - Toxicity & Management.
 - Defluoridation techniques.
 33. Medicological aspects in Paediatric Dentistry with emphasis on informed concept.
 34. Counseling in Paediatric Dentistry
 35. Case History Recording, Outline of principles of examination, diagnosis & treatment planning.
 36. Epidemiology: Concepts, Methods of recording & evaluation of various oral diseases. Various national & global trends of epidemiology of oral diseases.
 37. Comprehensive Infant Oral Health Care.
 38. Principles of Bio-Statistics & Research Methodology & Understanding of Computers and Photography
 39. Comprehensive cleft care management with emphasis on counseling, feeding, nasoalveolar bone remodeling, speech rehabilitation.
 40. Setting up of Pedodontics & Preventive Dentistry Clinic.
 41. Emerging concept in Paediatric Dentistry of scope of laser/minimum invasive procedures :

1ST YEAR

Preclinical Work

(Duration - first 6 Months of First Year MDS) (One On Each Exercise)

1. Carving of all deciduous teeth
2. Basic wire bending exercises
3. Fabrication of
 - a. Maxillary bite plate / Hawley's'
 - b. Maxillary expansion screw appliance
 - c. Canine retractor appliance

d. All habit breaking appliances

e. Two Myofunctional appliance

i. Removable type

ii. Fixed type

iii. Partially fixed and removable

f. Making of inclined plane appliance

g. Feeding appliances

4. Basic soldering exercise I - making of a lamppost of stainless steel wire pieces of different gauges soldered on either side of heavy gauge main post.

5. Fabrication of space maintainers

a. Removable type-

- Unilateral Non - functional space maintainer
- Bilateral Non-Functional space maintainer
- Unilateral functional space maintainer
- Bilateral functional space maintainer

b. Space Regainers -

- Hawley's appliances with Helical space regainer
- Removable appliance with Slingshot space regainer
- Removable appliance with Dumbbell space regainer

c. Fixed Space maintainers

- Band & long loop space maintainer
- Band & short loop space maintainer
- Mayne's space maintainer
- Transpalatal arch space maintainer
- Nance Palatal holding arch
- Nance Palatal holding arch with canine stoppers
- Gerbcr space regainer
- Distal shoe appliance

a. Active space maintainers

b. For guiding the eruption of first permanent molar - rags

- c. Arch holding device
- d. Functional space maintainer
- 6. Basics for spot welding exercise
- 7. Collection of extracted deciduous and permanent teeth
 - a. Sectioning of the teeth at various levels and planes
 - b. Drawing of section and shapes of pulp
 - c. Phantom Head Exercises : Performing ideal cavity preparation for various restorative materials for both Deciduous and permanent teeth
 - d. Performing pulpotomy, root canal treatment and Apexification procedure
 - i) Tooth preparation and fabrication of various temporary and permanent restorations on fractured anterior teeth.
 - ii) Preparation of teeth for various types of crowns
 - iii) Laminates/veneers
 - iv) Bonding & banding exercise
- 8. Performing of behavioral rating and IQ tests for children.
- 9. Computation of: -
 - Caries index and performing various carrier activity test. Oral Hygiene Index
 - Periodontal Index
 - Fluorosis Index
- 10. Surgical Exercises : a. Fabrication of splints b. Type of Wiring c. Suturing, various pvit system, prcing & porm. tuli
 - a. Taking of periapical, occlusal, bitewing radiographs of children
 - b. Developing and processing of films, thus obtained
 - c. Tracing of soft tissue dental and skeletal landmarks as observed on Cephalometric radiographs and drawing of various planes and angles, further interpretation of Cephalometric radiographs is analysis.
 - d. Mixed dentition cast analysis
- 11. Library assignment 12.Synopsis

Clinical work Requirements from 7 to 36 months

The following is the minimum requirement to be completed before the candidate can be considered eligible to appear in the final M.D.S Examinations: -

No,	Clinical Work	Total	7 To 12 Months	13 To 24 Months	25 To 36 Months
1	Behavior Management of different age groups children with complete records.	17'	2	10	5

2	Detailed Case evaluation with complete records, treatment planning and presentation of cases with chair side and discussion	17	2	10	5
3	Step-by-step chair side preventive dentistry scheduled for high risk children with gingival and periodontal diseases & Dental Caries	11	1	5	5
4	Practical application of Preventive dentistry concepts in a class of 35-50 children & Dental Health Education & Motivation.	7	1	4	2
5	Pediatric Operative Dentistry with application of recent concepts.(a). Management of Dental Caries (I) Class I	50	30	10	10
	(II) Class II	100	40	50	10
	(III) Other Restorations 100	20	50	30	
	(b). Management of traumatized anterior teeth	15	04	06	05
	(c) Aesthetic Restorations	25	05	10	10
	(d). Pediatric Endodontic				

	Procedures-				
	Deciduous teeth				
	Pulpotomy /Pulpectomy	150	30	50	70
	Permanent Molars-	20	3	7	10
	Permanent Incisor-	15	2	3	10
	Apexification &	20	02	08	10
	Apexogenesis				
6	Stainless Steel Crowns	50	10	20	20
7	Other Crowns	05	01	02	02
8	Fixed Space Maintainers	30	08	12	10

9	Removable Space Maintainers	20	05	07	08
10	Functional Maintainers	05	01	02	02
11	Preventive measures like fluoride applications & Pit & Fissure Sealants applications with complete follow-up and diet counseling	20	08	08	04
12	Special Assignments(i) School Dental Health Programmes	03	01	01	01
	(ii) Camps etc.,	02	01	01	

13 Library usage

14. Laboratory usage

15. Continuing Dental Health Programme

(The figures given against Sl. No. 4 to 12 are the minimum number of recommended procedures to be performed)

Monitoring Learning Progress

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment should be done using checklists that assess various aspects. Checklists are given Section IV.

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Theory: Part-I: Basic Sciences Paper - 100 Marks

Part-II: Paper-I, Paper-II & Paper-III - 300 Marks (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics, Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory :

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

A. Practical Examination 200 Marks

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First Day:

1. Case Discussion, Pulp Therapy i.e. Pulpectomy on a Primary Molar.

Case Discussion 20 marks

Rubber Dam application 10 marks

Working length X-ray 20 marks

Obturation : 20 marks

Total 70 marks

Case Discussion, Crown preparation on a Primary Molar for Stainless steel crown and cementation of the same.

Case discussion 10 marks

Crown Preparation 20 marks

Crown selection and Cementation 20 marks

Total 50 marks

Case discussion, band adaptation for fixed type of space maintainer and-impression making.

Case discussion 20 marks

Band adaptation 20 marks

Impression 20 marks

Total 60 marks

Second Day:

1. Evaluation of Fixed Space Maintainer and Cementation : 20 marks

B. Viva Voce : 100 Marks

i. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy Exercise: 20 marks

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes

ORAL MEDICINE AND RADIOLOGY

Objectives:

At the end of 3 years of training the candidate should be able to

Knowledge: Theoretical, Clinical and practical knowledge of all mucosal lesions, diagnostic procedures pertaining to them and latest information of imaging modules.

Skills and Attitude: Three important skills need to be imparted

1. . Diagnostic skill in recognition of oral lesions and their management
2. Research skills in handling scientific problems pertaining to oral treatment
3. Clinical and Didactic skills in encouraging younger doctors to attain learning objectives Attitudes:

Positive mental attitude and the persistence of continued learning need to be inculcated

Course Contents

Paper I: Applied Basic Sciences Applied Anatomy

1. Gross anatomy of the face:

- a. Muscles of Facial Expression And Muscles Of Mastication
- b. Facial nerve
- c. Facial artery
- d. Facial vein
- e. Parotid gland and its relations

2. Neck region:

- a. Triangles of the neck with special reference to Carotid, Digastric triangles and midline structures
- b. Facial spaces
- c. Carotid system of arteries, Vertebral Artery, and Subclavian arteries
- d. Jugular system Internal jugular

External jugular

- e. Lymphatic drainage
- f. Cervical plane
- g. Muscles derived from Pharyngeal arches
- h. Infratemporal fossa in detail and temporomandibular joint
- i. Endocrine glands Pituitary
- j. Sympathetic chain
- k. Cranial nerves-V, VII, IX, XI, & XII
- Thyroid
- Parathyroid
- l. Exocrine glands
- Parotid

- Thyroid
- Parathyroid

3. Oral Cavity:

- Vestibule and oral cavity proper
- Tongue and teeth
- Palate - soft and hard

4. Nasal Cavity

- Nasal septum
- Lateral wall of nasal cavity
- Paranasal air sinuses

5. Pharynx:
Gross salient features of brain and spinal cord with references to attachment of cranial nerves to the brainstem.

Detailed study of the cranial nerve nuclei of V, VII, IX, X, XI, XII
Osteology: Comparative study of fetal and adult skull
Mandible:

Development, ossification, age changes and evaluation of mandible in detail

Embryology

1. Development of face, palate, nasal septum and nasal cavity, paranasal air sinuses
2. Pharyngeal apparatus in detail including the floor of the primitive pharynx
3. Development of tooth in detail and the age changes
4. Development of salivary glands
5. Congenital anomalies of face must be dealt in detail.

Histology:

1. Study of epithelium of oral cavity and the respiratory tract
2. Connective tissue
3. Muscular tissue
4. Nervous tissue
5. Blood vessels
6. Cartilage
7. Bone and tooth
8. Tongue
9. Salivary glands
10. Tonsil, thymus, lymph nodes

Physiology:

1. General Physiology:

- Cell
- Body Fluid Compartments
- Classification
- Composition

- Cellular transport
- RMP and action potential Muscle Nerve Physiology
- 2. Structure of a neuron and properties of nerve fibers
- 3. Structure of muscle fibers and properties of muscle fibers
- 4. Neuromuscular transmission
- 5. Mechanism of muscle contraction

Blood:

- 2. RBC and Hb
- 3. WBC - Structure and functions
- 4. Platelets - functions and applied aspects
- 5. Plasma proteins
- 6. Blood Coagulation with applied aspects
- 7. Blood groups
- 8. Lymph and applied aspects

Respiratory System:

- Air passages, composition of air, dead space, mechanics of respiration with pressure and volume changes

Lung volumes and capacities and applied aspects

Oxygen and carbon dioxide transport

Neural regulation of respiration

Chemical regulation of respiration

Hypoxia, effects of increased barometric pressure and decreased barometric pressure

• Cardio-Vascular System:

- Cardiac Cycle
- Regulation of heart rate/ Stroke volume / cardiac output / blood flow
- Regulation of blood pressure
- Shock, hypertension, cardiac failure

Excretory system

- Renal function tests

Gastro - intestinal tract:

- Composition, functions and regulation of:
- Saliva
- Gastric juice
- Pancreatic juice
- Bile and intestinal juice
- Mastication and deglutition

Endocrine system:

- Hormones - classification and mechanism of action
- Hypothalamic and pituitary hormones
- Thyroid hormones
- Parathyroid hormones and calcium homeostasis
- Pancreatic hormones
- Adrenal hormones

Central Nervous System:

- Ascending tract with special references to pain pathway

Special Senses:

- Gustation and Olfaction

Biochemistry

3. Carbohydrates - Disaccharides specifically maltose, lactose, sucrose

-Digestion of starch/absorption of glucose

-Metabolism of glucose, specifically glycolysis, TCA cycle, gluconeogenesis

-Blood sugar regulation

-Glycogen storage regulation

-Glycogen storage diseases

-Galactosemia and fructosemia

2. Lipids

- Fatty acids- Essential/non essential

- Metabolism of fatty acids- oxidation, ketone body formation, utilization ketosis

- Outline of cholesterol metabolism- synthesis and products formed from cholesterol

3. Protein

-Amino acids- essential/non essential, complete/ incomplete proteins

- Transamination/ Deamination (Definition with examples)

-Urea cycle

- Tyrosine- Hormones synthesized from tyrosine

-In born errors of amino acid metabolism

- Methionine and transmethylation

4. Nucleic Acids

- Purines/Pyrimidines Purine analogs in medicine

- DNA/RNA-Outline of structure

- Transcription/translation Steps of protein synthesis Inhibitors of protein synthesis Regulation of gene function

5. Minerals

- Calcium/Phosphorus metabolism specifically regulation of serum calcium levels
- Iron metabolism
- Iodine metabolism
- Trace elements in nutrition

6. Energy Metabolism

- Basal metabolic rate
- Specific dynamic action (SDA) of foods

7. Vitamins

- Mainly these vitamins and their metabolic role- specifically vitamin A, Vitamin C, Vitamin D, Thiamin, Riboflavin, Niacin, Pyridoxine

Pathology:

1. Inflammation:

- Repair and regeneration, necrosis and gangrene
- Role of complement system in acute inflammation
- Role of arachidonic acid and its metabolites in acute inflammation
- Growth factors in acute inflammation
- Role of molecular events in cell growth and intercellular signaling cell surface receptors
- Role of NSAIDS in inflammation
- Cellular changes in radiation injury and its manifestations

Homeostasis

- Role of Endothelium in thrombo - genesis
- Arterial and venous thrombi
- Disseminated Intravascular Coagulation

Shock

- Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock, circulatory disturbances, ischemic hyperemia, venous congestion, edema, infarction
- Chromosomal Abnormalities:

- Marfan's syndrome
- Ehler's Danlos Syndrome
- Fragile X Syndrome

Hypersensitivity:

- Anaphylaxis
- Type II Hypersensitivity
- Type III Hypersensitivity

- Cell mediated Reaction and its clinical importance
- Systemic Lupus Erythmatosus
- Infection and infective granulomas

Neoplasia:

- Classification of Tumors
- Carcinogenesis & Carcinogens - Chemical, Viral and Microbial
- Grading and Staging pf Cancer, tumor Angiogenesis, Paraneoplastic Syndrome
- Spread of tumors
- Characteristics of benign and malignant tumors

Others:

- Sex linked agamaglobulinemia
- AIDS
- Management of Immune deficiency patients requiring surgical procedures
- De George's Syndrome
- Ghons complex, post primary pulmonary tuberculosis - pathology and pathogenesis

Phamacology:

1. Definition of terminologies used

1. Dosage and mode of administration of drugs
2. Action and fate of drugs in the body
3. Drugs acting on the CNS
4. Drug addiction, tolerance and hypersensitive reactions

5. General and local anesthetics, hypnotics, analeptics, and & tranquilizers
6. Chemotherapeutics and antibiotics
7. Analgesics and anti - pyretics
8. Anti - tubercular and anti - syphilitic drugs 10. Antiseptics, sialogogues, and anti - sialogogues
11. Haematinics
12. Anti - diabetics
13. Vitamins - A B Complex, C, D, E, K
14. Steroids

Paper II: Oral And Maxillofacial Radiology

Study includes Seminars / lectures / Demonstrations

1. History of radiology, structure of x - ray tube, production of x - ray, property of x rays
2. Biological effects of radiation
3. Filtration of collimation, grids and units of radiation
4. Films and recording media
5. Processing of image in radiology
6. Design of x -ray department, dark room and use of automatic processing units
7. Localization by radiographic techniques
8. Faults of dental radiographs and concept of ideal radiograph
9. Quality assurance and audit in dental radiology
10. Extra - oral-imaging techniques
11. OPG and other radiologic techniques
12. Advanced imaging technique like CT Scan, MRI, Ultras one & thermo graphic
13. Radio nucleotide techniques
14. Contrast radiography in salivary gland, TMJ, and other radiolucent pathologies
15. Radiation protection and ICRP guidelines
16. Art of radiographic report, writing and descriptors preferred in reports
17. Radiograph differential diagnosis of radiolucent, radio opaque and mixed lesions
18. Digital radiology and its various types of advantages

Paper III: Oral Medicine, therapeutics and laboratory investigations

1. Study includes seminars / lectures / discussion
2. Methods of clinical diagnosis of oral and systemic diseases as applicable to oral tissue including modern diagnostic techniques
3. Laboratory investigations including special investigations of oral and bro - facial diseases
4. Teeth in local and systemic diseases, congenital, and hereditary disorders

5. Oral manifestations of systemic diseases
6. Oro - facial pain
7. Psychosomatic aspects of oral diseases
8. Management of medically compromised patients including medical emergencies in the dental chair
9. Congenital and Hereditary disorders involving tissues of oro facial region
10. Systemic diseases due to oral foci of infection
11. Hematological, Dermatological, Metabolic, Nutritional, & Endocrinal conditions with oral manifestations
12. Neuromuscular diseases affecting oro -facial region
13. Salivary gland disorders
14. Tongue in oral and systemic diseases
15. TMJ dysfunction and diseases
16. Concept of immunity as related to oro - facial lesions, including AIDS
17. Cysts, Neoplasms, Odontomes, and fibro - osseous lesions
18. Oral changes in Osteo - dystrophies and chondro - dystrophies
19. Pre malignant and malignant lesions of oro facial region
20. Allergy and other miscellaneous conditions
21. Therapeutics in oral medicine -clinical pharmacology
22. Forensic odontology
23. Computers in oral diagnosis and imaging
24. Evidence based oral care in treatment planning

Essential Knowledge

Basic medical subjects, Oral Medicine, Clinical Dentistry, Management of Medical Emergencies, Oral Radiology, Techniques and Inter - Operation, Diagnosis of Oro-facial Disorders

Procedural and Operative Skills:

(The numbers mentioned are minimum to be performed by each candidate)

1st Year

Observe, Assist, & Perform under supervision

1. *Examination of Patient* - *Case history recordings* -50

- *FNAC & Biopsy* - 5 each

Observe, Assist, & Perform under supervision

2. Intra - oral radiograph

Perform an interpret -100

2nd year

1. *Dental treatment to medically compromised patients*
 - *Observe, assist, and perform under supervision*
2. *Extra - oral radiographs, digital radiography - 25*
 - *Observe, assist and perform under supervision*

Operative skills:

1. *Giving intra - muscular and intravenous injections*
2. *Administration of oxygen and life saving drugs to the patients*
3. *Performing basic CPR and certification by Red Cross*

3rd Year

All the above

Performed independently-Case history: Routine cases	-25	Interesting Cases - 25
Intra - oral Radiographs	- 100	
Periapical view	- 50	
Bitewing view	- 25	
- Occlusal view	- 25	
Extra-oral radiographs of different views	- 50	Monitoring Learning Progress

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but

also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV

UNIVERSITY SCHEME OF EXAMINATION

M.D.S. Degree examinations in any branch of study shall consist of dissertation, written paper (Theory) Part I at the end of 1st year and Part II at the end of 3 years Practical/Clinical and Viva voce.

Theory: Part-I: Basic Sciences Paper - 100 Marks

Part-II: Paper-I, Paper-II & Paper-III - 300 Marks (100 Marks for each Paper)

Written examination shall consist of Basic Sciences (Part-I) of three hours duration shall be conducted at the end of First year of MDS course. Part-II Examination shall be conducted at the end of Third year of MDS course.

Part-I : Applied Basic Sciences: Applied Anatomy, embryology, growth and development Genetics, Immunology, anthropology, Physiology, nutrition & Biochemistry, Pathology & Microbiology, virology, Applied pharmacology, Research Methodology and bio statistics,. Applied Dental anatomy & histology, Oral pathology & oral Microbiology, Adult and geriatric psychology. Applied dental materials.

Part-II Examination shall consist of Paper-I, Paper-II and Paper-III, each of three hours duration.

Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each.

Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows:

DISTRIBUTION OF MARKS:

Theory :

(1) Part I University Examination (100 Marks):-

There shall be 10 questions of 10 marks each (Total of 100 Marks)

(2) Part II (3 papers of 100 Marks):-

(i) Paper-I: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(ii) Paper-II: 2 long essay questions of 25 marks each and 5 short essays of 10 marks each. (Total of 100 Marks)

(iii) Paper III: 2 out of 3 essay questions (50 x 2 = 100 Marks)

Practical and Clinical Examination : 200 Marks

Viva-voce and Pedagogy : 100 Marks

B. Practical / Clinical Examination 200 Marks

1st Day

Clinical Case Presentation

2 Spotters 2 x 10 = 20 Marks

2 Short Cases 2 x 15 = 30 Marks

1 Long Case 1 x 50 = 50 Marks

Total = 100 Marks Radiology Exercise

I.A) One Intra Oral Radiograph 10 Marks

B) One Occlusal Radiograph 30 Marks

II. A) Two Extra Oral Radiograph 2 x 30 = 60 Marks Including technique and interpretation

2nd Day

C. Viva Voce : 100 Marks

i. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

ii. Pedagogy Exercise: 20 marks

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes

SECTION IV

TEACHING/LEARNING ACTIVITIES AND MONITORING

LEARNING PROGRESS

All the candidates registered for MDS course in various specialties shall pursue the course for a period of 3 years as full time students. During this period, each student shall take part actively in learning activities designed by the institution / university. A list is given below. Institutions may include additional activities, if so, desired.

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also helps students

to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities using checklists. Model Checklists are given in this section. They may be copied and used. The number of activities attended and the topics prevented are to be recorded in log book. The log book should periodically be validated by the supervisors.

i) Acquisition of Knowledge

Journal Review Meeting (Journal Club): The trainees should make presentation from the allotted journals of selected article at least five times in a year. The ability to do literature search, in depth study, presentation skills, and use of audio- visual aids are to be assessed during presentation. The assessment be made by faculty members and peers attending the meeting using Model Checklist 1 in Section IV.

Seminars: The seminars may be held at least twice a week in each postgraduate department. All candidates are expected to participate actively and enter relevant detail in the logbook. Each candidate shall make at least five seminar presentations in each year. The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio- visual aids are to be assessed using the Model Checklist 2, in Section IV.

Symposium: It is recommended to hold symposiums on topics covering multiple disciplines

Clinico-Pathological Conferences (CPC): The CPCs should be held once in a month involving the faculties in Oral Medicine and Radiology, Oral Pathology and concerned clinical departments. The PG student should be encouraged to present the clinical details, radiological, and histo-pathological interpretations, and participation in the discussion. All departments should attend CPCs.

Interdepartmental meetings: To bring in more integration among various specialities, interdepartmental meetings are recommended, chaired by the dean, with all heads of post graduate departments, at least once a month.

ii) Clinical skills

Day to Day work: Skills in outpatient and ward work should be assessed periodically.

The assessment should include the candidate's sincerity and punctuality, analytical ability and communication skills (see Model Checklist 3, Section IV).

Clinical meetings : Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list (see Model checklist 4, Section IV).

Clinical and Procedural skills : The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation.

Particulars are recorded by the student in the log book. (Table No.3, Section IV)

iii) Teaching skills: All the candidates shall be encouraged to take part in undergraduate teaching programs, either in the form of lectures or group discussions. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students (See Model checklist 5, Section IV)

iv) Periodic tests: The concerned departments may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practicals / clinicals and viva voce.

vii) Work Diary / Log Book: Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate.

viii) Records: Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or DCI.

Continuing dental education programmes: Each postgraduate department is recommended to organize these programs on regular basis involving other institutions. The trainees shall also be encouraged to attend such programs conducted elsewhere

Conferences / workshops / advance courses: The trainee shall be encouraged not only to attend conferences/workshops/advanced courses, but also to present at least 2 papers at state, national specialty meetings during their training period.

Dissertation: Every candidate shall prepare a dissertation based on the clinical or experimental work or any other study conducted by them under the supervision of the post graduate guide. (See Model checklist 6 & 7, Section IV) Log book

The log book is a record of the important activities of the candidates during the training, Internal assessment should be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by exte agencies. The record includes academic activities as well as the presentations and p carried out by the candidate.

Format for the log book for the different activities is given in Tables 1,2 and 3 of Section IV Copies may be made and used by the institutions.

Procedure for defaulters: Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

Section V Ethics in Dentistry

Introduction: There is a definite shift now from the traditional patient and doctor relation and delivery of dental care. With the advances in science and technology and the increased needs of the patient, their families and community, there is a concern for the health of community as a whole. There is a shift to greater accountability to the society. specialists like the other health professionals are confronted with many ethical problems is therefore absolutely necessary for each and every one in the health care delivery to prepare themselves to deal with these problems. To accomplish this and develop human values, it is desired that all the trainees undergo ethical sensitization by lectures or discussion on ethical issues, discussion of cases with an important ethical component.

Course Content: Introduction to ethics -

- What is ethics?
- What are values and norms?
- How to form a value system in one's personal and professional life? Hippocratic oath.
- Declaration of Helsinki, WHO declaration of Geneva, International code of ethics,
- D.C.I. Code of ethics.

Ethics of the individual -

- The patient as a person.
- Right to be respected
- Truth and confidentiality
- Autonomy of decision
- Doctor Patient relationship

Professional Ethics-

- Code of conduct
- Contract and confidentiality
- Charging of fees, fee splitting
- Prescription of drugs
- Over-investigating the patient
- Malpractice and negligence

Research Ethics -

Animal and experimental research

Human volunteer research-informed consent for trials Drug trials

Ethical workshop of cases Gathering all scientific factors Gathering all value factors

Fortifying areas of value - conflict, setting of priorities Working out criteria towards decisions.

Recommended Reading:

1. Francis CM., Medical Ethics, 2nd Edn, 2004, Jaypee Brothers, New Delhi, Rs 150/.
2. Ethical Guidelines for Biomedical Research on Human Subjects, Indian Council of Medical Research, New Delhi, 2000.

CHECKLISTS AND LOGBOOKS

CHECKLIST- 1

MODEL CHECK LIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS.

Name of the Trainee:

Date:

Name of the Faculty / Observer:

<u>Sl. No</u>	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	<i>Article chosen was</i>					
2.	<i>Extent of understanding of scope & objectives of the paper by the candidate</i>					
3.	<i>Whether cross-References have been consulted</i>					
4.	<i>Whether other relevant publications consulted</i>					
5.	<i>Ability to respond to questions on the paper/ Subject</i>					
6.	<i>Audio - Visual aids used</i>					
7.	<i>Ability to discuss the Paper</i>					
8.	<i>Clarity of presentation</i>					
9.	<i>Any other observation</i>					
	<i>Total Score</i>					

CHECKLIST- 2

MODEL CHECK LIST FOR EVALUATION OF SEMINAR PRESENTATIONS.

Name of the Trainee:

Date:

Name of the Faculty / Observer:

Sl no	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Whether other relevant publications consulted					
2	Whether cross - references have been consulted					
3	Completeness of Preparation					
4	Clarity of Presentation					
5	Understanding of subject					
6	Ability to answer the questions					
7	Time scheduling					
8	Appropriate use of Audio -Visual aids					
9	Overall performance					
10	Any other observation					
	Total score					

Please use a separate sheet for each faculty member

CHECKLIST- 3

MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN OPD

Name of the Trainee:

Date:

Name of the Unit Head:

<u>Sl. No.</u>	Items for observation during presentation	<i>Poor</i> 0	<i>Below Average</i> 1	<i>Average</i> 2	<i>Good</i> 3	<i>Very Good</i> 4
1.	<i>Regularity of attendance</i>					
2.	<i>Punctuality</i>					
3.	<i>Interaction with colleagues and supportive Staff</i>					
4.	<i>Maintenance of case Records</i>					
5.	<i>Presentation of cases</i>					
6.	<i>Investigations work –up</i>					
7.	<i>Chair - side manners</i>					
8.	<i>Rapport with patients</i>					
9.	<i>Overall quality of clinical Work</i>					
	<i>Total score</i>					

Please use a separate sheet for each faculty member

CHECKLIST - 4
EVALUATION FORM FOR CLINICAL CASE PRESENTATION

Name of the Trainee:

Date:

Name of the faculty / Observer:

<u>Sl.No</u>	Items for observation during presentation	<i>Poor</i> 0	<i>Below Average</i> 1	<i>Average</i> 2	<i>Good</i> 3	<i>Very Good</i> 4
1.	Completeness of history					
2.	Whether all relevant points elicited					

3.	Clarity of presentation					
4.	Logical order					
5.	Mentioned all positive and negative					
6.	Accuracy of general physical examination					
7.	Investigations required					
	Complete list					
8.	Relevant order					
	Intepretation of Investigations					
	Ability to discuss differential diagnosis.					
9.	Ability to discuss diagnosis.					
10.	Others					
	Grand Total					

Please use a separate sheet for each faculty member

CHECKLIST-5

MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL

Name of the Trainee:

Date:

Name of the faculty Observer:

Sl. No.		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequence of ideas		
5.	The use of practical examples and / or illustrations		
6.	Specking style (enjoyable, monotonous, etc. Specify)		

7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Ask questions		
10.	Answer questions asked by the Audience		
11.	Rapport of speaker with his Audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

Please use a separate sheet for each faculty member

CHECKLIST- 6

MODEL CHECKLIST FOR DISSERTATION PRESENTATION

Name of the Trainee:

Date:

Name of the faculty / Observer:

SI.No.	Prints to be considered	Poor <i>0</i>	<i>Below</i> <i>Average 1</i>	<i>Average</i> <i>2</i>	<i>Good</i> <i>3</i>	<i>Very</i> <i>Good 4</i>
1.	<i>Interest show in selecting topic</i>					
2.	<i>Appropriate review</i>					
3.	<i>Discussion with guide and other faculty</i>					
4.	<i>Quality of protocol</i>					
5.	<i>Preparation of Proforma</i>					
	Total Score					

CHECKLIST- 7

CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE/CO-GUIDE

Name of the Trainee:

Date

Name of the Faculty/Observer:

Sl.No	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Periodic consultation with guide / co- guide					
2.	Regular collection of case material					
3.	Depth of Analysis / Discussion					
4.	Department presentation of findings					
5.	Quality of final output					
6.	Others					
	Total score					

CHECKLIST - 8 OVERALL ASSESSMENT SHEET

Name of the College:

Date:

Check List No	PARTICULARS										
		A	B	C	D	E	F	G	t	J	
1.	Journal Review Presentation										
2.	Seminars										
3.	Clinical work in wards										
4-	Clinical presentation										
5.	Teaching skill practice										
6.											
	TOTAL										

Signature of HOD

Signature of Principal

The above overall assessment sheet used along with the logbook should form the basis for certifying satisfactory completion of course of study, in addition to the attendance requirement.

Academic Presentations made by the trainee

Name :

Admission Year:

College:

Date	Topic	Type of activity - Specify Seminar, Journal club, Presentation, UG teaching

LOGBOOK

Table3 Diagnostic and operative procedures performed

Name

Admission Year:

College:

Date	Name	OP No.	Procedure	Category 0, A, PA, PI
		!		

Key:

C - WASHED UP AND OBSERVED - INITIAL 6 MONTHS OF ADMISSION A - ASSISTED A MORE SENIOR SURGEON - 1 YEAR MDS

PA - PERFORMED PROCEDURE UNDER THE DIRECT SUPERVISION OF A SENIOR SURGEON - II YEAR MDS

PI - PERFORMED INDEPENDENTLY - III YEAR MDS

SECTION VI

LIBRARY & EQUIPMENT REQUIREMENTS

1. Infrastructure & Functional Requirements:

1. Space: In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree.

feet visual

a. A separate clinical area for postgraduate students. Minimum Area-600 sq

b. A seminar room furnished with proper seating arrangement and audio-

equipments - Minimum area -300 sq. ft.

c. A separate room for the use of postgraduate students - Minimum area -200 sq.ft.

2. Equipment: Each postgraduate department shall be provided with the required equipments as recommended by Dental Council of India.

3. Library: A departmental library shall be provided with copies of relevant books. In addition a central library should provide all the recent editions of books pertaining to the speciality and allied subjects as per the recommendations of Dental Council of India.

All the journals of relevant specialty and allied subjects shall be made available..

2. Recommended Books And Journals

I. Prosthodontics Implantology

	<i>Title</i>	<i>Author</i>
1.	Osseo integration in skeletal reconstruction and joint Replacement	Branemark
2.	Advanced osseointegration surgery	Philip
3.	Surgical atlas of dental implant technique	Bubbush
4.	Contemporary implant dentistry	Carl Misch
5.	Dental implant are they for me?	Thomas d Taylor
6.	A color atlas of dental implant surgery	Block
7.	A color atlas of dental and maxillofacial implantology	John Hobkrick
8.	The Branemark novum protocol for same day	Branemark
9.	Osseo integration and esthetics	Branemark
10.	Color atlas of Branemark system of oral reconstruction	Richard A/ Rassmuser
11.	Color atlas of dental medicine (implantology)	Spekerman
12.	Osseo integration in craniofacial reconstruction	Branemark
13.	Endosteal implant	McKiney
14.	Implant Prosthodontics	M. Fagan

15.	Dental Implant	Wolfe
16.	Dental Implant: Implant support prosthesis	Vincente Jimenz
17.	Periodontal and Prosthodontic management of Advanced case.	Marvian
18.	Oral implantology: Basic ITV cylinder	Schroeder
19.	Dental Implant	McKiney
20.	Tissue Integrated prosthesis	Branemark/ Zarb/ Alberketson
21.	Dental implants (The art and science)	Charles Bubbush
22.	Implant and restorative dentistry Carl Misch /Klaus U. Benner	Gerald M. Scortecchi/
23.	Tissue integration in orthopedic and maxillofacial Reconstruction	William R. Laney
24.	Oral Implantology	Andre
25.	Implant therapy	Myron
26.	Guided bone regeneration: Inlmpant dentistry	Daniel Buser
27.	Laboratory techniques for Branemark system	Taylor & Bergman
28.	Implant Prosthodontics: Surgical and prosthetic techniques For dental implants	Fagan
29.	A color atlas of the Branemark system on oral reconstruction	George A. Zarb
30.	Dental implant color atlas fundamentals and advance Laboratory technology	Robert

Dental Materials

Title		Author
1.	Dental ceramics; proceedings of the First international symposium on ceramics	John W. McLean
2.	The science and art of dental ceramics	John W. McLean
3.	Science of dental materials (9th and 10th edition)	Philips
4.	Biocompatibility of dental materials (Vol 1 - 4)	Dennis G Smith / David Williams
5.	Dental materials; Multiple-choice questions	
6.	Dental materials, properties and manifestations	William O. Brien
7.	Porcelain and composite inlays and onlays	Graber and Goldstein

8.	Applied dental materials	Anderson
9.	Dental material science	Basu
10.	Notes on dental materials	Combe
11.	Dental materials a problem oriented approach	Craig
12.	Restorative dental materials	Craig
13	Dental materials: Properties and manipulation	Craig
14	Clinical restorative materials and techniques	Leineelder and Lemons
15.	Restorative dental materials - A preview	Reese and Valega
16.	Dental materials in clinical dentistry	Reisbick
17.	Science of dental materials	Skinner
18.	Clinical handling of dental materials	Smith
TMJ and Occlusion		
Sl. No	Title	Author
1	Introduction to Gnathology	Dr.E.GR. Solomon
2	Clinical management of head, neck and TMJ pain and dysfunction	Harold Gelb
3	The TMJ; a biological basis for clinical practice	Sarnat Laskin
4	Clinical management of TM Disorder and orofacial pain	Richard Pertes / Sheldon G. Gross Gerber

5	Dental occlusion and the TMJ	
6	Imaging atlas of TMJ	Leslie B. Heffez/ Mehmood
7	A color atlas of occlusion and malocclusion	A.P. Howard/N.J. Capp
8	Occlusion (3rd edition)	Ramfjord/Ash
9	Current controversies in TM disorders	Charles McNeill
10	Anthroscopic atlas of TMJ	David I. Blaustein/Leslie B. Heffez
11	Craniomandibular disorders and oro facial pain	Iven Klineberg
12	A text and color atlas of TM JOral rehabilitation; Clinical determination of occlusion	John Norman/Paul BramelySumiya Hobo
13	Total TMJ reconstruction	
14	Medical management of TM disorders	

15	Modern g-nathological concepts (updated)	Victor Lucian
16	Principles and practice of TMJ anthropscopy	Joseph P McCain
17	Evaluation, Diagnosis and treatment of occlusal problems	Dawson
18	Management of TMD and occlusion	Okeson
19	TMD Classification, diagnosis and management	Welden E. Bell
20	TMJ and craniofacial pain diagnosis and management	James R. Fricton
21	TMJ dysfunction: A practice guide	Annika Isberg
22	Occlusion principles and concepts	Jose Dos Santos Jr.
23	Oral rehabilitation problem cases: treatment and Evaluation	Schweizer
24	Occlusion collection of monographs	Guichet
25	Conjoint in occlusion	Marquette. University
26	Occlusion in clinical practice	Thomson

Maxillofacial Surgical Considerations And Reconstruction

Sl. No	Title	Author
1	Color atlas of dental medicine. Oral surgery for the general Dentist	Hermann F. Seiler
2	Maxillofacial rehabilitation; Prosthodontic and surgical Consideration	John Berumer III / Thomas A. Curtis
3	Management of facial head and neck pain	Barry C. Cooper / Frank E. Zucente
4	Prosthetic rehabilitation	Keith F. Thomas
5	Maxillofacial rehabilitation; Prosthodontic and Surgical consideration	John Beumer III / Thomas A. Curtis Branemark
6	Complex cleft palate and cranio-maxillofacial defects	
7	Medical emergencies in dental office	

Fixed Partial Prosthodontics

Sl. No	Title	Author
1	Fixed bridge prosthesis	D.H. Roberts
2	Fundamentals of Fixed Prosthodontics	Shillinburg
24	Essentials of removable partial dentures	Applegate

25	Planned partials	Applegate
26	Color atlas of Removable Partial Denture	I.C. Devenport

General Prosthodontics

Sl. No	Title	Author
1	DENTISTRY: An illustrated history	Malvin E. Ring
2	Text book of Geriatric dentistry	Paul Holm/Pedersor
3	Prosthodontics: Principle and management strategies	Bengt <i>OwaW</i>
4	Prosthodontics for the elderly: Diagnosis and Treatment	Ejvind Budtz
5	Dental secrets	Stephen
6	Essentials of Clinical dental assisting	Joseph
7	Clinical Dental Prosthesis	Fenn
8	Essentials of dental Technology	Fowler
9	Management of Geriatric dental patients	Freedman
10	Diagnosis and treatment plan of maxillofacial prosthodontics	Laney and Gibilisco
11	Facial growth and Facial Orthopedics	Wander Linden
12	Lasers in Dentistry	Leo
13	Pharmacology and therapeutics for dentistry	John A. Yagiela
14	Dental drug reference	Delmars
15	Modern concepts in diagnosis and treatment of fissure caries	Paterson / Watts
16	Biomechanics in clinical dentistry	Caputo and Standlee
17	Color atlas of preprosthetic surgery	Hopkins
18	Clinical epidemiology and biostatistics	Rebecca Knapp
19	Legal procedure in medical cases	Apurva Nandy
20	Law and medicine	Jogaroa
21	Modern dental assisting	Torres
22	Preservation and restoration of tooth structure, esthetics	Graham J. Mount
23	Fundamentals of esthetics	Claud R. Rufenacht
24	Esthetic dentistry and ceramic restorations	Bernard Tauti
25	Esthetic dentistry - Ceramic restorations	IoraWc
26	Esthetics in dentistry	Goldstein
27	Esthetics	Lauller

28	Esthetic guidelines for restorative dentistry	Schareer
29	Suggested chair side procedures for natural esthetics in complete denture	Branemark
30	Esthetic approach in metal ceramic restoration for the mandibular anterior region	Muthethies
31	Natural ceramics	Korson
32	The polychromatic layering techniques	Rinn
33	Creative ceramic color - a practical system	Hegenbarth
34	Basic techniques for metal ceramics	Yamamoto
35	Porcelain laminate	Garber
36	Fundamentals of esthetics	Rufenacht
37	Color atlas of porcelain laminate veneers	Freedman
38	Perspective in dental ceramics	Preston
39	Techniques for porcelain laminate veneers	Haga and Nakazawa

3	Planning and making crowns and bridges	Bernard G.N. Smith
4	Johnston's modern practice in fixed prosthodontics	Dykema
5	Failures in restored dentition; management and Treatment	Michael D. Wise
6	Precision fixed prosthodontics; Clinical and lab aspects	M.Martigone ;
7	Contemporary fixed Prosthodontics	SteephenS. Rosenstie
8	Theory and practice of Fixed Prosthodontics	Tyllman
9	Fundamentals of esthetics	Rufeflacht
10	Esthetics of anterior fixed prosthodontics	Gerald J. Chiche
11	Precision attachment	Gareth
12	Color atlas of ceramo metal technology	Kuwata
13	Inlays, crown and bridges	Krantirowich
14	Advanced restorative dentistry	Bacom
15	Fixed and removable prosthodontics	Bardy
16	Metal ceramic crown and fixed partial denture	Calomn
17	_aboratory manual for fixed partial denture	Douglas
18	Adhesive metal free restorations	Dietschi & Spreafico
19	Ceramo metal fixed partial denture	George
20	Essentials of dental ceramics - an artistic approach	Chuiche&Alspnault
21	Direct bonded retainers	McLaughlin
22	Crown and Bridge Prosthodontics	Allan and Foreman
23	Inlays crowns and Bridges	Cowell
24	Clinical procedures for partial crowns, inlays and pontics	Ravasini
25	Fixed Prosthodontics manual of procedures	Riis
26	Fixed Prosthodontics manual of procedures	Schorr
27	Multiple cantilevers in fixed prosthetics	Schweikert
28	Laboratory procedures for inlays. Crowns and bridges	Stananought
29	Precision fixed prosthodontics	Martignoni Schonenberger
Complete Dentures		
Sl. No	Title	Author
1	Treatment of edentulous patient	Victor O. Lucia
2	A color of Complete Dentures	JA. Hobkirk

3	Esthetics in Complete Dentures	Dr. E.G.R. Solomon
4	Syllabus of Complete Denture	Heartwell
5	Prosthodontic treatment for edentulous patients	Zarb/Boucher
6	Dental lab procedure - Complete Denture	Morrow and Rudd
7	Color atlas of complete denture fabrication	Hirosh Muraoka
8	Complete Denture Prosthodontics (3rd edition)	Sharry
9	Principles and practice of Complete Dentures	Iwao Hayakawa
10	Handbook of immediate over dentures	Robert
11	Over denture	Allen
12	Occlusal correction: Principles and Practice	John
13	Immediate and replacement dentures	Albert
14	Sectional dentures: A clinical and treatment manual	Pullen
15	Mastering the art of complete dentures	Alexander
16	Dental laboratory procedures in complete dentures	Robert
" 21 7	Overdenture made easily	Harold
18	Full dentures	Mack
19	Sectional dentures	Pullen-Wamer& Lestrance
20	Atlas of over dentures and attachments	Kumber
21	Immediate and Replacement dentures	Anderson and Storer
22	Complete dentures	Hobkirk
23	Impressions for Complete Dentures	Levin
24	Complete denture prosthetics, clinical and laboratory manual	Nell and Niern
25	Complete denture prosthetics	Nell and Niern
26	Designing Complete Dentures	Watt and Maggregor
27	Atlas of complete denture	Passamonti
28	Fundamental of complete denture prosthodontics	Shillingburg
29	Essentials of complete denture Prosthodontics	Coinkler

Removable Partial Prosthodontics

Sl. No	Title	Author
1	Removable Partial Prosthodontics	Mc Cracken's

2	Clinical Removable Partial Prosthodontics	Sterward
3	Color atlas of dental medicine	
4	Removable Partial Prosthodontics	George Graber
5	Attachments for Prosthetic Dentistry	Michael Sherring
6	Laboratory procedures for full and partial dentures	Derek Stannought
7	Fundamentals of removable partial dentures	Owen
8	Designing partial dentures	David
9	Advanced removable partial dentures	James Brudvik
10	Partial dentures Singer	
11	Restoration of partially dentate mouth	Bates
12	Removable partial denture construction	Bates
13	Treatment of partially edentulous patients	Boucher and Renner
14	Introduction to removable denture prosthetics	Grant and Johnson
15	Partial removable prosthodontics	Kratochvil
16	Partial denture prosthetics	Neill and Walter
17	Removable partial denture laboratory manual	Reitz and Yokoyama
18	Removable partial dentures	Renner and Boucher
19	Removable partial dentures	Taylor
20	Prosthodontic treatment of partially edentulous patients	Zarb
21	Atlas of removable partial denture design	Starrttpm
22	Removable partial denture	Grasso and Miller
23	Precision attachments in prosthodontics	Preiskel

I. Periodontics

1. Textbook of clinical periodontology and implant dentistry, by Janlinde, Nicklans Lang and Thorklid K., 1st edn. 1997.
2. The periodontium by Schroeder
3. Periodontal Ligament by Berkovitz
4. Contemporary Periodontics by Geneo R. J. and. Cohen S.

5. Periodontics by Grant, Stern and Listgarten
6. Periodontal regeneration-current concepts-further directions by Aban Poison
7. Periodontal Instrumenarium by Gill and Ginger
8. Periodontitis in man and other animals by Page and Schroeder
9. Crevicular fluid updated by Cimason
10. Colour Atlas of Periodontal surgery by Cohen E.
11. Colour Atlas of Periodontal surgery by Cohen E.
12. Advances in periodontics by Wilson and Karnman.

II. Oral & Maxillofacial Surgery

1. Principles of Oral & Maxillofacial Surgery; Vol. 1,2 & 3; Peterson I.J & etal.
2. Rowe and Williams Maxillofacial injuries Vol. 1 & 2; Williams Jlied
3. Handbook of Medical emergencies in the dental office; Malamed S.F.
4. Plastic surgery; Vol. 1 - 5; McCarthy JG
5. Cancer of the face and mouth; McGregor IA & Mc
6. Oral & Maxillofacial Surgery Vol. 1 & 2; Laskin DM
7. Oral & Maxillofacial Trauma; Vol 1 & 2; Fonseca RJ & Davis
8. Oral & Maxillofacial infections; Topazian RG & Goldberg MH
9. Surgical correction of dentofacial deformities Vol 1,2 & 3; Bell WH & etal
10. Surgery of the mouth and jaws; Moore JR.
11. Dentofacial deformities:integrated orthodontic and surgical correction; Vol 1 to 4; Epker BN & Fish LC
12. Maxillofacial Surgery; Peter Wardbooth

CONSERVATIVE DENTISTRY :

Reference:

1. Fractures of the teeth, prevention and treatment of the vital and non-vital pulp by Basrani
2. Textbook of operative dentistry by Baum
3. Dentin and pulp in restorative dentistry by Brannstorm
4. Principles and practice of operative dentistry by Charbeneau
5. Operative dentistry by Gilmore
6. Esthetic composite bonding by Jordan

7. Operative dentistry: modern theory and practice by Marzook
8. Art, science and practice of operative dentistry by Sturdevant
9. Atlas of operative dentistry - pre clinical and clinical procedures by Evans & Wetz
10. New concepts in operative dentistry by Fusiyaama
11. Handbook of clinical Endodontics by Bence.
12. Pathways of the pulp by Cohen & Burns
13. Bleaching teeth by Feinman
14. Endodontic practice by Grossman
15. Problem solving in Endodontics, prevention, identification and management by Gutmann
16. Endodontics in clinical practice by Harty
17. Endodontics by Ingle & Taintor
18. Endodontics- science and practice by Schroeder
19. Endodontology - biologic considerations in Endodontic procedures by Seltzer
20. Restoration of the endodontically treated tooth by Schillingberg & Kessler
21. Principles and practice of Endodontics by Walton & Torabinejad
22. Endodontic therapy by Weine
23. Colour atlas of Endodontics by Messing & Stock
24. The dental pulp by Seltzer & Bender
25. Experimental Endodontics by Spangberg
26. Cariology by Newbrun
27. Silver amalgam in clinical practice by Gainsford
28. Glass ionomer cement by Wilson & McClean
29. Pediatric operative dentistry by Kenedy
30. Fluorides in caries prevention by Muroy & Rugg-Geenn
31. Color atlas and text of Endodontics by Stock
32. Why root canal therapy? By Berns 1986.
33. Contemporary esthetic dentistry- practice fundamentals by Crispin 1994
34. Enamel micro abrasion by Croll 1991
35. Advances in Glass Ionomers by Davidson 1991
36. Complete dental bleaching by Goldstein 1995
37. Fiber reinforced composite in clinical dentistry by Freilich 2000
38. Dental ceramics by Mclean 1983
39. LASERS in dentistry by Miserendind 1995

40. Esthetic approach to metal ceramic restorations by Muterthies 1990
41. Life and times of GV. Black by Pappas 1983
42. Bonded ceramic inlays by Roulat 1991
43. Fundamentals of tooth preparation by Schillingburg 1996
44. Esthetics with indirect restorations by Stein 1992
45. Surgical Endodontics by Barnes 1991
46. Operative dentistry by Marzook 1996
47. Inlays, crowns and bridges by GF.Kantorowicz 19.93

ORTHODONTICS : Recommended:

1. WILLIAM R.PROFFIT, Contemporary Orthodontics
2. GRABER & VANARSDALL, Orthodontics - Current Principles & Techniques
3. MOYERS, Text Book of Orthodontics
4. GRABER, Orthodontics Principles and practice.
5. GRABER, PETROVIC, & RAKOSI Dentofacial Orthopedics with Functional Appliances
6. ATHENASIOU E ATHENASIOU, Orthodontic cephalometry
7. JACOBSON, Radiographic Cephalometry
8. RAKOSI, An Atlas And Manual of Cephalometric Radiography
9. ENLOW, Handbook of Facial Growth
10. EPKER & FISH, Dentofacial Deformities Vol. 1
11. PROFFIT & WHITE, Surgical Orthodontic Treatment
12. NANDA, Biomechanics in Clinical Orthodontics
13. NANDA & BURSTONE, Retention and Stability in Orthodontics
14. OKESON, Management of T.M. Disorders And Occlusion
15. LOU NORTON & DAVIDOWITCH, Biology of tooth movement
16. GERHARD PFIEFER, Craniofacial Abnormalities and clefts of the lip, Alveolus and Palate.
17. OKESON, TMJ Disorders.

References

1. L. JOHNSTON, New Vistas in Orthodontics
2. LEE GRABER, Orthodontics - State of the Art-
3. The Essence of Science
4. NIKOLAI, Bio Engineering Analysis of Orthodontic Mechanics
5. M. RAKOSI & GRABER, A Color Atlas of Dental Medicine
6. BURSTONE, Modern Edgewise Mechanics and Segmented Arch Technique
7. W J CLARK, The Twin Block Functional Therapy
8. McNAMARA & BRUDON, Mixed Dentition
9. R D ROBLEE, Interdisciplinary Dentofacial Therapy
10. NANDA, The Developmental Basics of Occlusion and Malocclusion
11. TIMMS, Rapid Maxillary Expansion
12. WILLIAMS & COOKS, Fixed Orthodontic Appliances

13. RICKETTS, Bioprogressive Therapy
14. VAN DER LINDEN, Quintessence Series
15. MICHIGAN CENTER, Craniofacial Growth Series for human growth and Development
16. SALZMAN, Practice of Orthodontics Vol II and I
17. ROHIT SACHDEVA, Orthodontics for the next millennium
18. SCHWIDLING, The Jasper Jumper
19. ROBERT RICKETTS, Provocations and preceptions in Craniofacial Orthopedics

ORAL PATHOLOGY

I. Oral Anatomy, Histology & Physiology & Biochemistry

1. Oral Histology, development, structure & function - A Color atlas & text book of Oral Anatomy, histology & embryology - A.R.Tencate
2. B.K.B.Berkovitz, GR.Holland & B.J.Moxham
3. Ham's Histology -David.H.Cormack
4. Applied Oral Physiology - Lavelle

5. Basic & Applied Dental Biochemistry - R.A.D. Williams & J.C. Elliot

II. Microbiology, Immunology & Basic Molecular Biology & Genetics

1. Text book of Microbiology - R. Ananthnarayan & C.K.J. Paniker
2. Essential Immunology - Ivan. M. Roitt
3. Immunology of Oral diseases - Thomas Lehner
4. Oral Microbiology & Immunology - Newman & Nisengard
5. PCR - a practical approach - Me Pherson, Quirke P & Taylor
6. Molecular Cloning - a Laboratory manual - Sambrook J, Fritsch E.F & Maniatis

III. Physiology

1. Review of Medical Physiology - Ganong

IV. General Pathology & Haematology

1. Cell, tissue & Disease - Wolf
2. Robbins's pathologic basis of disease - Cotran, Kumar & Robbins
3. Clinical Haematology - R.D. Eastham

V. Oral Medicine & Radiology

1. Burket's Oral Medicine - Lynch, Brightman & Greenberg
2. Oral Radiology - principles & Interpretation - S.C. White, Pharoah M.J

VI. Oral Pathology & Forensic Odontology & Histopathology Techniques.

1. A Text Book of Oral Pathology - Shafer W.G, M.K. Hine & B.M. Levy
2. Oral Pathology - Clinical Pathologic correlations - J.A. Regezi & James Sciubba
3. Oral Diseases in the Tropics - S.R. Prabhu, D.F. Wilson, D.K. Daftary & N.W. Johnson
4. Soft tissue tumours - S.M. Weiss, J.S. Brooks
5. Color atlas of Oral disease, Clinical & Pathologic Correlations - Cawson R.A, Binnie W.H, J.H. Eveson
6. Atlas & text of pathology of tumours of the oral tissues - R.B. Lucas
7. Evan's histological appearances of tumours - David B. Ashley
8. Histopathology of Skin - Lever
9. Cysts of the Oral regions - Mervyn Shear

10. Cellular Pathology Technique - c.F.A.Culling.R.T.Allison & W.T.Barr
 11. Surgical Pathology of Salivary Glands - Ellis, Auclair, Gnepp
 12. Syndromes of Head & Neck - Smith.D.W
 13. Forensic Dentistry - Cameroone J.M, Sims
-
1. Dentistry, dental practice and community by Striffler DF
 2. Primary preventive dentistry by Harris N & Christen AG
 3. Community dental health by Jong AW
 4. Principles of dental public health vol I part 1 &2 vol 2 by Dunning JM
 5. Dental public health: an introduction to community dentistry by Slack G.L.
 6. Fluoride in dentistry by Fejerskar Ok & Etal Ed
 7. Fluorides & dental caries by Tiwari A
 8. Text book of preventive and social medicine by Mahajan BK & Gupta Mc
 9. Dental health education by Who Expert Committee
 10. Metabolism and toxicity of fluoride vol I by Whitford GM.
 11. Epidemiology bio-statistics and preventive medicine by Jekel JF & Etal
 12. Introduction to oral preventive medicine: a programme for the first clinical experience by Muhlemann HR
 13. Text book of preventive medicine by Stallard CE
 14. Handbook of dental jurisprudence and risk management by Pollack BR ED
 15. Fluorides and human health by World Health Organisation
 16. Appropriate use of fluorides for human health by Murry JJ ED
 17. Community health by Green LW
 18. Prevention of dental diseases by Murry JJ ED
 19. Color atlas of forensic dentistry by Whittaker DK & DAC Donald DG
 20. Health research design and methodology by Okolo EN
 21. Oxford text book of public health vol.3 by Holland WW & Et Al
 22. Guidelines for drinking water quality vol 1 recommendations by WHO
 23. Introduction to Bio-statistics by Mahajan B.K.

24. Guidelines for drinking water quality vol. 2 health criteria & other supporting information by WHO
25. Dentistry, dental practice and the community by Burt BA & Et Al
26. Occupational hazards to dental staff by Scully C
27. Forensic dentistry by Cameron JM
28. Research methodology: methods & techniques Kothari R
29. Law & ethics in dentistry by Shear J & Walters L
30. Health research methodology : a guide for training in research methods (western pacific education in action series no.5) by WHO
31. Community oral health by Pine CM
32. Park's text book of preventive and social medicine by Park K
33. Epidemiology, bio-statistics and preventive medicine by Katz DI
34. Oral health surveys basic methods by WHO
35. Essentials of preventive and community dentistry by Peter S
36. Fluorides in caries prevention by Murry JI ED
37. Preventive dentistry by Forrest John O
38. Fluorine and fluorides: a report by World Health Organisation
39. Planning and evaluation of public dental health services: a technical report by World Health Organization
40. Prevention methods and programmes for oral diseases: a technical report by World Health Organization
41. Community periodontal index of treatment needs development, field-testing and static evaluation by World Health Organization
42. Planning oral health services by World Health Organization
43. Guide to epidemiology and diagnosis of oral mucosal diseases and conditions by World Health Organization
44. Community dentistry (pgd hand book series vol 8) by Silberman SI & Tryon AF.ED.

PEDODONTICS & PREVENTIVE DENTISTRY

1. Pediatric Dentistry (Infancy through Adolescence) - Pinkham.

2. Kennedy's Pediatric Operative Dentistry - Kennedy & Curzon.
3. Occlusal guidance in Pediatric Dentistry - Stephen H. Wei.
4. Clinical Use of Fluorides - Stephen H. Wei.
5. Pediatric Oral & Maxillofacial Surgery - Kaban.
6. Pediatric Medical Emergencies - P. S. Whatt.
7. Understanding of Dental Caries - Niki Foruk.
8. An Atlas of Glass Ionomer cements - G J. Mount.
9. Clinical Pedodontics - Finn.
10. Textbook of Pediatric Dentistry - Braham Morris.
11. Primary Preventive Dentistry - Norman O. Harris.
12. Handbook of Clinical Pedodontics - Kenneth. D.
13. Preventive Dentistry - Forrester.
14. The Metabolism and Toxicity of Fluoride - Garry M. Whitford.
15. Dentistry for the Child and Adolescence - Mc. Donald.
16. Pediatric Dentistry - Damle S. G
17. Behaviour Management – Wright
18. Pediatric Dentistry - Mathewson.
19. Traumatic Injuries - andreason.
20. Occlusal guidance in Pediatric Dentistry - Nakata.
21. Pediatric Drug Therapy – Tomare
22. Contemporary Orthodontics - Profit.
23. Endodontic Practice - Grossman.
24. Endodontics-Ingle.
25. Pathways of Pulp - Cohen.
26. Management of Traumatized anterior Teeth - Hargreaves.
27. Essentials of Community & Preventive Dentistry - Soben Peters.
28. Post graduate hand book by Barber
29. Scientific foundation of Pediatric Dentistry by Stewart and Barber

30. Diet and Nutrition in dentistry by Rutgunn

31. Preventive Dentistry by Murray.

ORAL MEDICINE AND RADIOLOGY

- a) Oral Diagnosis, Oral Medicine & Oral Pathology
1. Burkit - Oral Medicine - J.B. Lippincott Company
 2. Coleman - Principles of Oral Diagnosis - Mcsby Year Book
 3. Jones - Oral Manifestations of Systemic Diseases - W.B. Saunders company
 4. Wood and Goaz - Differential diagnosis of Oral Lesions - Mosby Year Book
 5. Langlais - Oral Diagnosis / Oral Medicine and Treatment planning Lea & Febiger & Waverly Co.,
 6. Mitchell - Oral Diagnosis & Oral Medicine
 7. Pindburg- Syndromes of the Head & Neck
 8. Stones - Oral Diseases
 9. Irwin Walter Scopp - Oral Medicine
 10. Kerr - Oral Diagnosis
 11. Miller - Oral Diagnosis & Treatment
 12. Bennier - Differential diagnosis & Oral Lesions
 13. Munford - Orofacial pain
 14. Bell - Oral facial pain
 15. Tullmen - Systemic diseases in Dental Treatment
 16. Mean - Diseases of the Mouth
 17. Hutchinson - clinical Methods
 18. McCleods - Clinical Examination
 19. Chamberlin - Symptoms & Signs of Clinical Medicine
 20. Davidson - Principles and Practice of Medicine

21. Harrison - Principles of Interns Medicine
22. Schweitner - Oral Rehabilitation problem cases
23. Burkhardt - Oral Cancer
24. Dolby - Oral Mucosa in Hearth & Diseases
25. Sonis.S.T, Fazio.R.C. and Fang.L - Principles and practice of Oral Medicine
26. Nally F.F. and Eggleston.D. J. - A Manual of Oral Medicine
27. Prabhu.S.R. et al - Oral Diseases in the Tropics
28. Samaranayake L.Ret al - Oral Candidos is

b) **Oral Radiology**

1. White & Goaz - Oral Radiology - Mosby year Book
2. Weahrman - Dental Radiology - C.V. Mosby Company
3. Stafne - Oral Roentgenographic Diagnosis - W.B.Saunders Co.,
4. Langlairs - Diagnostic Imaging of the Jaws - William & Wilkins
5. Smith - Dental Radiography - Blackwell Scientific Publication
6. Eric Whaites - essentials of Dental Radiography - Churchill Livingstone
7. Sonis.S.T., Fazio.R.C. and Fang.L - Principles and practice of Oral Medicine
8. Malamed S.F. - Book of Medical Emergencies in the Dental
9. Cawson.R.A. and Scully CM. - Medical Problems in Dentistry
10. Pindborg.J.J. - Atlas of diseases of the oral mucosa
11. Linch M.A. - ET'S Oral Medicine, Diagnosis and Treatment

12. Dayal P.K. - Text book of Oral Medicine

- c) Forensic Odontology
 1. Derek H. Clark - Practical Forensic Odontology - Wright
 2. Cottone Standish - Outline of Forensic Dentistry
 3. Whittaker - A colour atlas of Forensic Dentistry

JOURNALS:

The journals are best source of information for professionals to keep abreast with the recent developments and trends in their respective specialties. Considering the array of journals that are available today the council desires that the institutions provide as a minimum requirement the list of journals mentioned below:

Pertaining to Dental education and practice.

1. Journal of Indian Dental Association
2. British Dental Journal
3. Journal of American Dental Association
4. Journal of Dentistry
5. Dental Clinics of North America
6. Journal of Dental Education
7. Dental Abstracts
8. Journal of Dental Research
9. Dental Index '
10. Quintessence International
11. International Dental Journal
12. Australian Dental Journal

13. Journal of dental materials
14. Journal of aesthetic dentistry
15. Journal of cleft palate

PROSTHODONTICS

1. International Journal of Oral & Maxillofacial Implants
2. International Journal of Prosthodontics
3. Journal of Dental Materials
4. Journal of Esthetic Dentistry
5. Journal of Geriatric Dentistry
6. Journal of Prosthetic Dentistry
7. Journal of Prosthodontics
8. International Journal of Oral & Maxillofacial Surgery

9. Journal of Clinical Periodontology.
10. Journal of Periodontology.
11. Dental Technician.
12. Journal of Endodontics.
13. European Journal of Prosthetics & Restorative Dentistry.
14. The Journal of Adhesive Dentistry.
15. International Journal of Endodontics.
16. Journal of Oral & Maxillofacial Surgery

PERIODONTICS

1. Journal of periodontology
2. Journal of clinical periodontology
3. Journal of periodontal Research
4. International journal of periodontics
5. Journal of Indian Society of periodontics
6. Journal of oral and maxillofacial implants
7. Periodontology 2000
8. Annals of periodontology

ORAL & MAXILLOFACIAL SURGERY

1. Journal of Oral & Maxillofacial Surgery
2. International Journal of Oral & Maxillofacial Surgery
3. Journal of Cranio Maxillofacial Surgery
4. British Journal of Oral & Maxillofacial Surgery
5. Oral, Surgery, Oral Medicine, Oral Pathology
6. Oral & Maxillofacial clinics of North America
7. Journal of oro-facial pain
8. Int. Journal of Oral & Maxillofacial Implants
9. Indian Journal of Oral & Maxillofacial Surgery
10. Plastic & Reconstructive Surgery
11. Cancer

CONSERVATIVE DENTISTRY

1. Endodontics & Dental Traumatology
2. International Endodontic Journal
3. Operative Dentistry
4. Esthetic Dentistry
5. Endodontology
6. Dental Materials
7. Oral Surgery, Oral Medicine, Oral Pathology
8. Oral Radiology & Endodontics
9. Journal of Prosthetic Dentistry
10. International Journal of Prosthetic Dentistry
11. Periodontics & Restorative Dentistry
12. Index to Dental Literature

ORTHODONTICS

1. American Journal of Orthodontics and Dentofacial Orthopedics
2. Journal of Orthodontics (formerly British Journal of Orthodontics)
3. Angle Orthodontics
4. Journal of Clinical Orthodontics
5. Journal of Indian Orthodontic Society
6. Seminars in Orthodontics
7. Journal of Orthodontics and Dentofacial Orthopedics

8. European Journal of Orthodontics
9. Australian Journal of Orthodontics
10. International Journal of Adult Orthodontics and Orthognathic surgery
11. The Functional Orthodontist.

ORAL PATHOLOGY

1. Journal of Oral Pathology
2. Journal of Oral Medicine, Oral Surgery, Oral Pathology
3. Journal of Oral and Maxillofacial Surgery
4. British journal of Oral and Maxillofacial Surgery
5. International journal of Oral and Maxillofacial Surgery
6. Journal of Craniofacial surgery
7. Cancer

COMMUNITY DENTISTRY

1. Journal of Community Dentistry and Oral Epidemiology
2. Journal of Public Health Dentistry
3. Fluoride Journal of International Society
4. Journal of Community Dental Health
5. Journal of Fluoride research
6. Journal of clinical preventive dentistry

PEDODONTICS & PREVENTIVE DENTISTRY .

1. ASDC Journal of Dentistry for children.
2. International Journal of Pediatric Dentistry
3. Pediatric Dentistry
4. Journal of Indian Society of Pedodontics & Preventive Dentistry

ORAL MEDICINE AND RADIOLOGY

1. Journal of Oral Pathology/Oral Medicine and Radiology/Oral Surgery
2. Journal of Oral Diseases
3. Journal of Oral Pathology / Medicine
4. Journal of Community Dentistry & Oral Epidemiology
5. Journal of Indian Academy of Oral Medicine and Radiology
6. Journal of Indian association of Oral Pathology

EQUIPMENTS
DEPARTMENT: PROSTHODONTICS AND CROWN & BRIDGE

S. No.	NAME	SPECIFICATION	Quantity		Availability
			1 Unit	2 Units	
1.	Electrical Dental Chairs and Units	With shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor and airtor attachment with handpieces.	One chair and unit per PG student and two chairs with unit for the faculty.		
			1 Unit	2 Units	
2.	Articulators – semi adjustable/ adjustable with face bow		6	12	
3.	Micromotor – (Lab Type can also be attached (fixed) to wall		2	4	
4.	Ultrasonic scaler		2	2	
5.	Light cures		2	2	
6.	Hot air oven		1	1	
7.	Autoclave		2	2	
8.	Surveyor		2	2	
9.	Refrigerator		1	1	
10.	X-ray viewer		1	2	
11.	Pneumatic, Crown bridge remover		2	3	
12.	Needle destroyer		1	2	
13.	Intra oral camera		1	1	
14.	Digital SLR camera		1	1	
15.	Computer with internet connection with attached printer and scanner		1	1	
16.	LCD projector		1	1	
Clinical Lab for Prosthetics					
1.	Plaster dispenser		2	2	
2.	Model trimmer with carborandum Disc		1	2	
3.	Model trimmer with diamond disc		1	2	
4.	High speed lathe		2	3	
5.	Vibrator		2	4	
6.	Acrylizer		1	2	
7.	Dewaxing unit		1	2	
8.	Hydraulic press		1	1	
9.	Mechanical press		1	1	
10.	Vacuum mixing machine		1	1	
11.	Micro motor lab type		2	3	
12.	Curing pressure pot		1	1	
13.	Pressure molding machine		1	1	

Chrome – Cobalt Lab Equipment			
1.	Duplicator	1	1
2.	Index system	1	1
3.	Burn-out furnace	1	1
4.	Welder	1	1
5.	Sandblaster	1	1
6.	Electro polisher	1	1
7.	Model trimmer with carborandum disc	1	1
8.	Model trimmer with diamond disc	1	1
9.	Model trimmer with double disc (one Carborandum and one diamond disc)	1	1
10.	Casting machine, motor cast with the safety door closure, gas blow torch with regulator	1	1
11.	Dewaxing furnace	1	1
	Induction casting machine with vacuum pump, capable of casting titanium chrome cobalt precision metal	1	1
12.	Spot welder with soldering, attachment of cable	1	1
13.	Steam cleaner	1	1
14.	Vacuum mixing machine	1	1
15.	Spindle grinder 24,000 RPM with vacuum suction	1	1
16.	Wax heater	2	3
17.	Wax carvers (Full PKT Set)	2	3
18.	Milling machine	1	1
19.	Stereo microscope	1	1
20.	Magnifying work lamp	1	1
21.	Heavy duty lathe with suction	1	1
22.	Preheating furnace	1	1
23.	Dry model trimmer	1	1
24.	Die cutting machine	1	2
25.	Ultrasonic cleaner	1	1
26.	Composite curing unit	1	1
Ceramic Lab Equipment			
1.	Fully programmable porcelain furnace with vacuum pump	1	1
2.	Ceramic kit (instruments)	3	3
3.	Ceramic materials (kit)	1	1
4.	Ceramic polishing kit	2	2
Implant Equipment			
1.	Electrical dental chair and unit	1	1
2.	Physio dispenser	1	1
3.	Implant kit	2	2
4.	Implants	10	10
5.	Prosthetic components	10	10
6.	Unit mount light cure	1	2
7.	X-ray viewer	1	2
8.	Needle destroyer	1	2
9.	Ultrasonic cleaner capacity 3.5 lts	1	1
10.	Autoclave programmable for all recommended cycles	1	2
11.	X-ray machine with RVG	1	1
12.	Refrigerator	1	1
13.	Surgical kit/prosthetic kit	2	2
14.	Educating models	1	1
15.	Implant removing instruments	1	1

DEPARTMENT: PERIODONTOLOGY

S. No.	NAME	SPECIFICATION	Quantity		Availability
			1 Unit	2 Units	
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor attachment with contra angle handpiece, airroter attachment, ultrasonic scaler (Piezo) with detachable autoclavable hand piece	One chair and unit per post-graduate student and Two chairs with unit for the faculty		
2.	Autoclave (fully automatic) front loading		1	2	
3.	Steel bin		4	6	
4.	Airroter hand pieces		2	2	
5.	UV chamber		1	1	
6.	Formalin chamber		1	1	
7.	W.H.O probe		2	2	
8.	Nabers probe		2	2	
9.	Williams probe		2	2	
10.	UNC-15 probe		4	4	
11.	Gold Man fox probe		1	1	
12.	Pressure sensitive probe		1	1	
13.	Marquis color coded probe		1	1	
14.	Supra gingival scalers	set	2	2	
15.	Sub gingival scaler	set	2	2	
16.	Arkansas sharpening stone		1	1	
Surgical Instruments					
1.	Routine surgical instrument kit (Benquiv periosteal elevator, periostome)	set	2	3	
2.	Surgery trolleys		6	6	
3.	X ray viewer		1	2	

4.	Surgical cassette with sterilisation pouches		4	6	
5.	Electro surgery unit		1	1	
Special Surgical Instruments					
1.	Kirkland's knife	set	1	1	
2.	Orban's knife	set	1	1	
3.	Paquette blade handle		1	1	
4.	Krane kaplan pocket marker	set	1	1	
5.	Mc Call's universal curettes	set	1	1	
6.	Gracey's curettes (No.1-18)	set	2	2	
7.	Mini five curettes	set	1	1	
8.	Cumine sealar		1	1	
9.	Mallet		1	1	
10.	Chisel		1	1	
11.	Oschneubein chisel	straight, curved	1	1	
12.	Schluger bone file		1	1	
13.	Bone fixation screw kit		1	1	
14.	Bone scrapper		1	1	
15.	Bone trephines for harvesting autografts	1 set	1	1	
16.	Bone regenerative materials	Bone graft and GTR membranes	5	5	
17.	Local drug delivery systems	At least two different agents	1 each	1	
18.	Root conditioning agent	At least two different agents	2	2	
19.	Micro needle holder		1	1	
20.	Micro scissors		1	1	
21.	Magnifying loop (2.5 – 3.5x)		1	2	
22.	Operating microscope	optional	1	1	
23.	3 rd generation digital probe	optional	1	1	
24.	Bone expander and bone crester	optional	1	1	
25.	Distraction osteogenesis kit	optional	1	1	
26.	Bone mill	optional	1	1	
27.	Bone graft / membrane placement spoon		1	1	
28.	Bone condenser		1	1	
29.	Peizo-surgery unit	optional	1	1	
30.	Centrifuge for PRF/PRF preparation	optional	1	1	
31.	Soft tissue laser (8 watt)		1	1	
32.	Osteotome	set optional	1	1	
MISCELLANEOUS INSTRUMENTS					

1.	Composite gun with material kit		1	1	
2.	Splinting kit with material		2	3	
3.	Composite finishing kit		1	1	
4.	Glass ionomer cement		1	1	
5.	Digital camera		1	1	
6.	Intra Oral camera		1	1	
7.	Ultrasonic cleaner		1	1	
8.	Emergency kit		1	1	
9.	Refrigerator		1	1	
10.	X-ray viewer		2	2	
11.	LCD projector		1	1	
12.	Computer with internet connection with attached printer and scanner		1	1	
13.	Implant Equipment				
14.	Electrical dental chair and unit		1	1	
	Physio dispenser		1	1	
15.	Implant kit	At least two different systems	2	2	
16.	Implants		10	10	
17.	Implant maintenance kit (plastic instruments)		1 set	1 set	
18.	Implant guide		1	1	
19.	X-ray viewer		1	2	
20.	Needle destroyer		1	2	
21.	Ultrasonic cleaner capacity 3.5 lbs		1	1	
22.	Autoclave programmable for all recommended cycles		1	1	
23.	RVG with x-ray machine		1	1	
24.	Refrigerator		1	1	
25.	Surgical kit		2	2	
26.	Sinus lift kit		1	1	
27.	Educating models		1	1	
28.	Implant removing kit		1	1	

DEPARTMENT: ORAL & MAXILLOFACIAL SURGERY

S.No.	NAME	SPECIFICATION	Quantity		Availability
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and high motorized suction, with micromotor and micro motor attachment	1 Unit	2 Units	

2.	Autoclave	Front loading	2	3	
3.	Fumigators		1	1	
4.	Oscillating saw	With all hand pieces pieces	1	1	
5.	Surgical instruments General surgery kit including tracheotomy kit Minor oral surgery kit Osteotomy kit		2 5 1	2 10 1	
	Cleft surgery kit Bone grafting kit Emergency kit Trauma set including bone plating kit Implantology kit with implants		1 1 1 2 1	1 1 1 2 1	
		Minimum 2 systems	2 10	2 10	
6.	Distraction osteogenesis kit		1	1	
7.	Peizo surgical unit		1	1	
8.	Magnifying loops		1	1	
9.	Operating microscope and Microsurgery kit	desirable	1	1	
10.	Dermatomes		1	1	
11.	Needle destroyer		2	3	
12.	Ultrasonic Cleaner capacity 3.5 ltr.		1	1	
13.	Formalin chamber		1	1	
14.	Pulse oxymeter		1	1	
15.	Ventilator		1	1	
16.	Major operation theatre with all facilities		1	1	
17.	Recovery and Intensive Care Unit with all necessary life support equipments		2 beds	2 beds	
18.	Fibrooptic light		1	1	
19.	Inpatient beds		20	20	
20.	Fiber optic laryngoscopy		1	1	
21.	Computer with internet connection with attached printer and scanner		1	1	
22.	LCD projector		1	1	
23.	Refrigerator		1	1	

DEPARTMENT : CONSERVATIVE DENTISTRY AND ENDODONTICS

S.No.	NAME	SPECIFICATION	Quantity	Availability
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized	One chair & unit per post-graduate student and two chairs with unit for the faculty	

		suction, micromotor, motor attachment with hand pieces	1 Unit	2 Units
2.	ENDOSONIC HANDPIECES Micro endosonic Tips, retro treatment		2	3
3.	Mechanised rotary instruments including hand pieces (speed and torque control) and hand instruments various systems		3	6
4.	Rubber dam kit		1 per chair	1 per chair
5.	Autoclaves for bulk instrument sterilization vacuum (front loading)		2	3
6.	Autoclaves for hand piece sterilization		1	1
7.	Apex locators one for every two chairs		2	4
8.	Pulp tester		2	4
9.	Equipments for injectable thermoplasticized gutta percha		1	2
10.	Operating microscopes 3 step or 5 step magnification		1	1
11.	Surgical endo kits (Microsurgery)		2	2
12.	Set of hand instruments (specifications required)		1	2
13.	Sterilizer trays for autoclave		4	4
14.	Ultrasonic cleaner capacity 3.5 ltr		1	1
15.	Variable Intensity polymerization equipments - VLC units	Desirable	1	1
16.	Conventional VLC units one for every two chairs		2	4
17.	Needle destroyer		2	2
18.	Magnifying loupes one for students and one for faculty		1	2
19.	LCD projector		1	1
20.	Composite kits with different shades and polishing kits		2	4
21.	Ceramic finishing kits, metal finishing kits	In ceramic labs	2	3
22.	Amalgam finishing kits		2	3
23.	RVG with x-ray machine developing kit		1	1
24.	Chair side micro abrasion		1	1
25.	Bleaching unit		1	1
26.	Instrument retrieval kits		1	1
27.	Computer with internet connection with attached printer and scanner		1	1
28.	Refrigerator		1	1
29.	Equipments for casting procedures		1	1
30.	Equipments for ceramics including induction casting machines/ burnout preheat furnaces/ wax elimination furnaces		1	1
31.	Lab micro motor/ metal grinders / sand blasters/ polishing lathes/ duplicator equipment/ vacuum investment equipments		1	1

32.	Laser (preferably hard tissue)	1	1	
33.	Face bow with semi adjustable articulator	1	2	

DEPARTMENT : ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

S. No.	NAME	SPECIFICATION	Quantity		Availability
			1 Unit	2 Units	
1.	Dental Chairs and Unit	Electrically operated with shadow less lamp, spittoon, 3 way syringe, instrument tray and motorized suction	One chair & unit per PG student and Two chairs with unit for the faculty		
2.			1 Unit	2 Units	
3.	Vacuum/pressure moulding unit		1	1	
4.	Hydrogen soldering unit		1	1	
5.	Lab infeno motor		3	5	
6.	Spot welders		3	5	
7.	Model trimmer (Double disc)		2	3	
8.	Light curing unit		2	2	
9.	High intensity light curing unit		1	2	
10.	Polishing lathes		2	3	
11.	Tracing tables		3	5	
12.	SLR digital camera		1	1	
13.	Scanner with transparency adapter		1	1	
14.	X ray viewer		3	4	
15.	LCD projector		1	1	
16.	Autoclaves for bulk instrument Sterilization vacuum (front loading)		1	1	
17.	Needle destroyer		1	1	
18.	Dry heat sterilizer		1	1	
19.	Ultrasonic sealer		1	1	
20.	Sets of Orthodontic pliers		3	3	
21.	Orthodontic impression trays		3	5	
22.	Ultrasonic cleaner capacity 3.5 lts		1	1	
23.	Electropolisher		1	1	
24.	Typodonts with full teeth set		3	3	
25.	Anatomical articulator with face bow attachments		1	1	
26.	Free plane articulators		1	1	
27.	Hinge articulators		4	4	
28.	Computer software for cephalometrics		1	1	
29.	Computer with internet connection with attached printer and scanner		1	1	
30.	Refrigerator		1	1	

DEPARTMENT: ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY

S. No.	NAME	SPECIFICATION	Quantity		Availability
			1 Unit	2 Units	
1.	Dental Chairs and Units	Electrically operated with shadow less lamp, spittoon, 3 way syringe, instrument tray and suction	3	6	

2.	Adequate laboratory glassware's as required for processing of biopsy specimens and staining.	Reasonable quantity should be made available		
3.	Adequate tissue capsules / tissue embedding cassettes	Reasonable quantity should be made available		
4.	Paraffin wax bath	thermostatically controlled	1	1
5.	Leuckhart pieces		10	10
6.	Block holders		25	25
7.	Microtome	Manual	1	1
8.	Microtome	semi automated	1	1
9.	Tissue floatation water bath	thermostatically controlled	1	1
10.	Slide warming table		1	1
11.	Steel slide racks for staining		5	5
12.	Diamond glass marker		2	2
13.	Research microscope with phase contrast, dark field, polarization, image analyzer, photomicrography attachments		1	1
14.	Multi head microscope	Penta headed	1	1
15.	Binocular compound microscope		2 for faculty and one per student	4 for faculty and one per student
16.	Stereo microscope		1	1
17.	Aluminium slide trays		5	5
18.	Wooden / plastic slide boxes		5	5
19.	Wax block storing cabinet		5,000 capacity	10,000 capacity
20.	Slide storing cabinet		5,000 capacity	10,000 capacity
21.	Refrigerator		1	1
22.	Pipettes		5	5
23.	Surgical kit for biopsy		3	6
24.	Immunohistochemistry lab		1	1
25.	Computer with Internet Connection with attached printer and scanner		1	1
26.	LCD projector		1	1
27.	Desirable Equipment			
28.	Cryostat		1	1
29.	Fluorescent microscope		1	1
30.	Hard tissue microtome		1	1
31.	Tissue storing cabinet (frozen)		1	1
32.	Microwave		1	1

DEPARTMENT : PUBLIC HEALTH DENTISTRY

S. No.	NAME	SPECIFICATION	Quantity	Availability
Instruments in the department for comprehensive Oral health care programme				
1.	Dental chairs	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor attachment	One chair and unit per post graduate student and one chair with unit for	

		with contra angle handpiece, airrotor attachment, ultrasonic scaler (Piezo) with detachable autoclavable hand piece with min 3 tips.	the faculty		
2.	Extraction forceps		1 Unit	2 Units	
3.			4 sets	6 sets	
4.			4 sets	6 sets	
5.	Scaling instruments	Supra gingival scaling	4 sets	6 sets	
6.	Amalgamator		1	1	
7.	Pulp tester		1	1	
8.	Autoclave		1	1	
9.	X ray viewer		1	1	
10.	Instrument cabinet		1	1	
11.	LCD or DLP multimedia projector		1	1	
	Computer with internet connection with attached printer and scanner		1	1	
13.	For peripheral dental care or field programme				
14.	Staff bus		1	1	
15.	Mobile dental clinic fitted with at least 2 dental chairs with complete dental unit with fire extinguisher		1	1	
16.	Ultrasonic scaler,		1	2	
17.	Ultrasonic cleaner capacity 3.5 lbs		1	1	
18.	Compressor	One with chair			
19.	Generator		1	1	
20.	Public address system, audio-visual aids		1	1	
21.	Television		1	1	
22.	Digital Versatile Disc Player		1	1	
23.	Instrument cabinet, emergency medicine kits, Blood pressure apparatus		1	1	
24.	Portable oxygen cylinder		1	1	
25.	Portable chair		1	1	
26.	Refrigerator		1	1	

DEPARTMENT : PAEDODONTICS AND PREVENTIVE DENTISTRY

S. No.	NAME	SPECIFICATION	Quantity	Availability
1	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, and motorised suction.	One chair and unit per post-graduate student and Two chairs with unit for the faculty	

2.		micromotor attachment with contra angle miniature handpiece, arotor attachment with miniature handpiece. dental operator stool (40% dental chairs shall be pedo chairs)	1 Unit	2 Units
3.	Pedo extraction forceps sets		3	4
4.	Autoclaves for bulk instrument sterilization vacuum (front loading)		1	2
5.	RVCi with intra oral x-ray unit		1	1
6.	Automatic developer		1	1
7.	Pulp tester		2	3
8.	Apex locator		1	1
9.	Rubber dam kit	One set per student	1	1
10.	Injectable GP condenser		1	1
11.	Endodontic pressure syringe		1	1
12.	Glass bead steriliser		2	4
13.	Spot welder		2	3
14.	Ultrasonic scalers		2	4
15.	Needle destroyer		1	1
16.	Formulan chamber		1	1
17.	Ultrasonic cleaner capacity 3.5 lts		1	1
18.	X-ray viewer		2	3
19.	Amalgamator		1	2
20.	Plaster dispenser		2	2
21.	Dental lathe		1	2
22.	Vibrator		2	3
23.	Typodonts	One set per student	1	1
24.	Soldering unit		1	1
25.	Band punching beak pliers		2 Sets	2 Sets
26.	Proximal contouring pliers		2	3
27.	Crown crimping pliers		2	3
28.	Double beak pliers anterior and posterior		2	3
29.	Lab micro motor		2	3
30.	Acryliser		1	2
31.	Magnifying loupes		1	1
32.	Conscious sedation unit	Desirable	1	1
33.	Pulse oxymeter		1	1
34.	Phantom head table with attached Light, Arotor and micro motor	One set per each P.G. Student	1	1
35.	Computer with internet connection with attached printer and scanner		1	1
36.	LCD projector		1	1
37.	Refrigerator		1	1

DEPARTMENT: ORAL MEDICINE AND RADIOLOGY

S. No.	NAME	SPECIFICATION	Quantity	Availability
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe,	One chair and unit per post-graduate student and one chair with unit	

Sl. No.	Description	instrument tray and suction	for the faculty	
			1 Unit	2 Units
2.				
3.	RVG with intra-oral radiography machine (FDA Approved)	55-70 kVp with digital compatibility	1	1
4.	Extra-oral radiography machine	100 kcp	1	1
5.	Panoramic radiography (OPG) machine with cephalometric and TMJ attachment with printer	Digital compatibility	1	1
	Intra-oral camera		1	2
	Pulp tester		2	4
	Autoclave		1	1
	Punch biopsy tool		2	3
	Biopsy equipment		1	2
	Surgical trolley		2	2
	Emergency medicines kit		1	1
	Extra-oral cassettes with intensifying screens (Conventional and rare earth)		4	6
	Lead screens		2	2
	Lead aprons		2	2
	Lead gloves		2	2
	Radiographic filters (Conventional and rare earth)		1	1
	Dark room with safe light facility		1	1
	Automatic radiographic film processors		2	2
	Radiographic film storage lead containers		1	1
	Thyroid collars		1	1
	Digital sphygmomanometer		1	1
	Digital blood glucose tester		1	1
	Digital camera		1	1
	X-ray viewer boxes		2	3
	Lacrimal probes		2 sets	2 Sets
	Sialography cannula		2 sets	2 Sets
	Illuminated mouth mirror and probe		2	2
	Computer with internet connection with attached printer and scanner		1	1
	LCD projector		1	1
	Refrigerator		1	1

Note: Any regulations, clause which is not mentioned in the above, shall be as per the DCI – MDS Regulations notified vide ref No. DE-87-2017, Dated 1st September 2017.

